

Mr Bill MONTGOMERY

J Kulkarni¹, M Berk^{2,6,7}, PB Fitzgerald¹, A R de Castella¹, S Folia¹, K Folia¹, S Dodd², L Berk², F Biffin¹, K Kelin³, M Smith⁴, A Brnabic⁵, RE Granger⁵, W Montgomery³.

¹Alfred Psychiatry Research Centre, The Alfred and Monash University, School of Psychology, Psychiatry & Psychological Medicine, Melbourne, ²Department of Clinical and Biomedical Sciences: Barwon Health, The University of Melbourne, ³Eli Lilly Australia Pty Led, West Ryde NSW, ⁴School of Social Sciences, University of Western Sydney, ⁵Intercontinental Information Sciences, Eli Lilly Australia Pty Led, Macquarie Park NSW, ⁶Orygen Research Centre, Parkville VIC, ⁷Mental Health Research Institute, Parkville VIC.

Quality of Life of Participants with Bipolar and Schizoaffective Disorder in an Australian Cohort: Results After 12 Months

Abstract:

Background: The Bipolar Comprehensive Outcomes Study (BCOS) is a 2-year, observational study of participants with bipolar I or schizoaffective disorder.

Aims: To examine the clinical, functional, and economic outcomes associated with ‘real-life’ treatment.

Methods: Participants (n=239) prescribed mood stabilisers were assessed at 3-month intervals for 12 months using the EuroQol instrument (EQ-5D), the 36-Item Short-Form Health Survey (SF-36), DIP (Diagnostic Interview for Psychosis) and SLICE/LIFE to examine quality of life.

Results: Participants’ overall health state improved after 12 months according to EQ-5D overall ([mean±SE] 70.3±1.28 vs. 66.4±1.30 baseline, best imaginable health state 100, p=.005) and utility (0.80±0.02 vs. 0.74±0.02, perfect health 1, p=.095) scores. Overall SF-36 mental scores were significantly increased after 12 months (36.8±0.84 vs. 41.1±0.88, p<.001) although physical scores were relatively unchanged (46.7±0.68 vs. 47.7±0.69, p=.047). More participants were satisfied/very satisfied with their overall health after 12 months (56.2% vs. 46.8% baseline; SLICE/LIFE total: 2.13±0.04 vs. 2.42±0.04, p<.001). The unemployment rate had decreased (29.3% vs. 17.6%) and mental illness prevented fewer participants from working (17.6% vs. 7.3%). During the 12-month period, 28.0% of participants were hospitalised at least once, staying an average of 26.8 days, although fewer participants required hospitalisation at 12 months than baseline (0.0% vs. 7.1%).

Conclusion: The results suggest that people undergoing treatment for bipolar and schizoaffective disorders largely experience improved or unchanged quality of life after 12 months observation. Data at 24 months will allow us to examine emerging trends that can be further explored.

Supported by funding from Eli Lilly.