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PSYCOSOCIAL STRESS AND RELAPSE IN BIPOLAR DISORDER

Introduction
Bipolar disorder is a prevalent psychiatric disorder and presents with high rates of recurrences, relapses, comorbidities, co-occurring pathology and functional impairments. Genetic and environmental factors are assumed to be present in the onset and course of bipolar disorder. In this regard bipolar disorder is considered one of the most genetically mediated disorders. Although there are high concordance rates of bipolar disorder in identical twins, the concordance rates are 50-60%, leaving room for other influences such as psychosocial stress. Bipolar disorder tends to run in families, but approximately 50% of patients with bipolar disorder don't have a family history of bipolar disorder. It appears that the role of the environment and psychosocial stress are markedly underestimated. It's therefore important to explore the role of psychosocial stressors in the onset, development, and course of bipolar disorder.

Psychosocial Stress
Psychosocial stress plays an important role at various junctures in the onset and course of bipolar disorder. Furthermore, an array of psychosocial stressors may be relevant not only to the onset, recurrence, and progression of mood episodes, but the high prevalence of substance use disorder in bipolar disorder as well.

Various studies have indicated that patients with bipolar disorder reports the presence of stressful life events prior to episodes of depressed and manic mood dysregulation compared to euthymic mood in patients and control groups. Psychosocial stress related to achieving goals, the disruption of social rhythms, high expressed emotions and seasonal factors impact on bipolar disorder negatively.

Psychosocial Stress and Relapse
Psychosocial stress independent of bipolar psychopathology occurring within one year prior to bipolar mood dysregulation resulted in faster relapses and slower recovery. In this regard there is a bidirectional influence, namely that psychosocial stress impacts on the course of bipolar disorder and that mood dysregulation generally leads to psychosocial stress especially within relationships with significant others and work colleagues.

It is interesting to note that patients with bipolar disorder are exposed to significantly more stressful psychosocial life events than the physically ill. Data shows that patients with bipolar disorder experience an increased number as well as higher intensity of psychosocial stress events prior to an acute mood episode.

Childhood and Trauma
Traumatic life events in childhood causes a dysregulation of the inflammatory immune system and may be a risk factor for vulnerability to psychiatric and physical illnesses.

Studies have shown that patients with bipolar disorder who had experienced early severe environmental adversity, such as physical or sexual abuse as children, had an earlier age of onset of bipolar disorder compared with non-abused patients, and presented with an overall more serious, complicated, and treatment-resistant course once bipolar disorder manifested. These patients also present with faster cycling frequencies (four

or more mood episodes per year), an increased incidence of suicide attempts and higher level of more severe manic symptoms.

Tasks at the neural-developmental level, including emotional regulation and modulation and the ability to exert higher levels of cortical and cognitive control over activity in lower centres may be seriously impaired due to childhood adversity.

Comorbidities

Patients with bipolar disorder that experienced childhood adversity developed more axis (DSM) 1, 2 and 3 disorders compared to patients that did not experience such childhood adversity. There is a higher risk for the co-occurrence of substance use disorder and substance abuse mediate higher risk for poor outcomes and higher degrees of non-compliance to treatment leading to an increased risk of relapse.

Childbirth

When patients diagnosed with bipolar disorder experience childbirth as a stressful life event a significant number of these patients will present with mood dysregulation. It's also important to note that hormonal changes that occur during childbirth may impact negatively on mood regulation. Therefore, patients diagnosed with bipolar disorder may present with a depressed or manic mood episode. When compared to patients diagnosed with major depression fewer of them will experience an episode of depressed mood after childbirth. It's important to note that childbirth can be a positive or negative experience. For example, worrying about one's ability to look after the newborn or feeling confident to do so, the quality of social support, the type of family environment, the temperament of the baby can all mediate as either a positive or negative experiences. The disruption of sleep is of concern after childbirth in patients with bipolar disorder.

Stress Sensitisation

Psychosocial stress sensitisation may also occur, meaning that when psychosocial stress acts as a trigger for a mood episode in bipolar disorder, the patient may become more sensitive to relapse into a dysregulated mood with a similar stressor and leading to increased reactivity to stressors later in life. Thus, the occurrence of a sufficient number of "triggered" mood episodes result in lesser degree of stress and the anticipation of stress, to be associated with mood dysregulation.

Suicide Behaviour

Suicide attempts are a serious risk factor and predictor for suicide attempts in the future. Suicide attempts are usually preceded by a psychosocial stressor. Patients with bipolar disorder presenting with suicide attempts show a worse course of their mood disorder especially severe episodes of depression. Psychosocial stressors that are linked to suicide attempts are loss of social support, abandonment, financial difficulties, and lack of a good family structure. Furthermore, the loss of a family member by suicide is a stressor significantly associated with the onset of a manic episode. Also, the death by suicide of a mother or sibling is a greater risk factor for subsequent hospitalisation for a manic episode compared to death by suicide of other relatives. Attending a funeral has been shown to increase the risk of a manic episode. It appears that in men psychosocial stressors involving employment, legal matters and medical adversities are higher rated risk factors leading to suicide attempts. In women early childhood abuse and adult physical abuse as well as the pressure of multiple social role demands are risk factors for suicide attempts. Being hospitalised for more than four depressive episodes increase the risk for suicide in both men and women, although the odds ratio is much higher for women.

Gender Differences

In women the loss of their social network and support system are pertinent to triggering episodes of depression. In contrast, work related problems, divorce or separation tend to trigger depressive episodes in men.

Time Towards Mood Dysregulation

Research indicates that there is a substantial difference in time lapse from when psychosocial stressors occur until the presentation of mood dysregulation, in this regard it is approximately four weeks for manic episodes and up to six months for depressive episodes.

Mediating Factors

Of interest is that the following factors have been shown to be mediators of negative psychosocial stressors leading to relapse namely: interpersonal dependency, obsessionality and introversion.

It appears that family conflicts and financial problems are present in a significant proportion of relapses in bipolar disorder. Furthermore approximately 71% of patients with bipolar disorder experience a psychosocial stressor prior to mood dysregulation. Patients that experienced a psychosocial stressor and then relapse into a depressive or manic episode, perceive the stressor(s) as more severe than patients that remained euthymic after the occurrence and experience of a similar stressor. It therefore appears that there are certain factors that may positively contain mood destabilisation. It seems that the severity of depressive episodes correlates with the level of severity of the psychosocial stressor. This does not seem to be the case with manic episodes.

Conclusion

Bipolar disorder is a severe and disabling mood disorder, with an unpredictable course that varies strongly among patients. It's important that both positive and negative life events and their respective stressors be evaluated clinically because psychosocial stressors are associated with the occurrence of manic and depressive symptoms as well as functional impairment. Mental health practitioners should also be aware that psychosocial stressors tend to have a bidirectional relationship with bipolar disorder namely to precede mood dysregulation and to occur because of mood dysregulation. Furthermore, practitioners should be mindful to include treatment modalities that would improve resilience towards psychosocial stressors as this will help patients to acquire the necessary skills to improve mood regulation and stabilisation.

References available on request. MHM