

ARE SOMATISATION SYMPTOMS IMPORTANT EVIDENCE FOR AN EARLY DIAGNOSIS OF BIPOLAR SPECTRUM MOOD DISORDERS?

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SUMMARY

Four-hundred and twentythree consecutive patients who have been seen in a private psychiatric clinic were assessed for bipolar disorder. A large proportion of these patients were found to demonstrate a number of somatic syndromes. The main somatic syndromes found on the patients' "first visit" have been: colitis (45% of the patients), gastritis (25%), migraine (8%) others (above all with dermatological symptoms: 2%). All the patients presented muscular tension at their "first visit". Somatic syndromes constitute an important pointer for the diagnosis of bipolar spectrum disorders.

Key words: somatic syndromes - bipolar spectrum - temperaments

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INTRODUCTION

An observational study of the diagnosis of 423 consecutive new patients over a period of six years (2003-2008) demonstrated that there were a high percentage of soft bipolar spectrum diagnosis (Akiskal 1999, Tavormina 2007, Tavormina 2007), and this led to the development of a new classification of "the bipolar spectrum" (ten sub-types of bipolar spectrum mood, including the sub-threshold forms), in which there is a fluctuation concept between the manic/hypomanic phase of the bipolar spectrum (Akiskal 1996) and the depressive phase, and including all the mixed states with very high and rapid fluctuation of mood.

Furthermore this study demonstrated the presence of the temperaments emerging from the patient's personal anamnesis as analyzed at their "first visit", as sub-clinical evidence of the bipolar spectrum (hyperthymic temperament: 35%; cyclothymic-irritable temperament: 49%; depressive temperament: 16%), (Rihmer 2009, Tavormina 2009, Tavormina 2010, Tavormina 2011). The cyclothymic-irritable temperament also includes the "Softly-unstable temperament" (a mild cyclothymic temperament).

METHODS

All the clinical cases-history of 400 patients of this group of 423 (161 men and 239 women; 23 patients with organic diagnosis have been excluded) have been reassessed to demonstrate the presence of somatic syndromes which they reported at their "first visit" in my office, to assess whether this evidence might begin useful in making an early diagnosis of bipolar spectrum mood disorders.

RESULTS

The main somatic syndromes found on the patients' "first visit" have been: colitis (45% of the patients),

gastritis (25%), migraine (8%) others (above all with dermatological symptoms: 2%). All the patients presented muscular tension at their "first visit".

Only 20% of the patients did not present any somatization at their "first visit" (almost all of this "no-somatization" group were men, only 16% were women) (Figure 1).

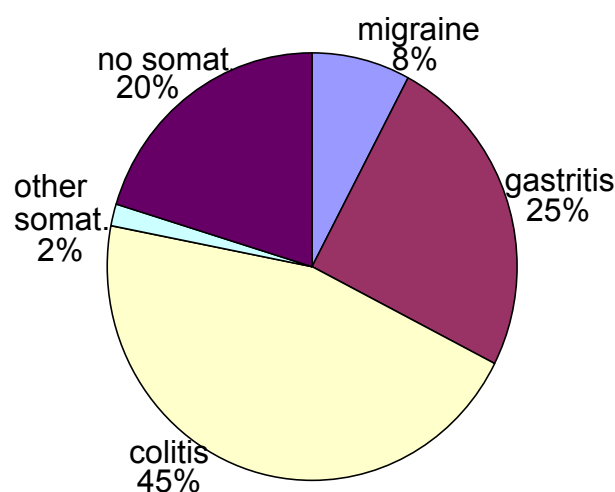


Figure 1. Bipolar spectrum: somatizations in 400 pt

CONCLUSIONS

The subthreshold presence of the temperaments in the history of the patients with bipolar spectrum disorders allow us to consider this an important piece of evidence for early diagnosis of bipolar spectrum mood disorders. However, the chronic presence in the life of the patients of some somatic syndromes (above all colitis, gastritis and migraine) should also catch the attention of the psychiatrist and/or the GP as key-symptoms for an early diagnosis of bipolar spectrum mood disorder.

All the described somatic syndromes disappeared during the months of the pharmacological treatment of their bipolar mood disorders, except for some residual and soft symptoms that periodically increases together with other mood disorders symptoms (during phases of disease exacerbation).

The pharmacological treatment of the bipolar mood disorders consists in a combination therapy between mood-regulators (mainly: lithium, carbamazepine, valproate, gabapentin, oxcarbazepine, lamotrigine, topiramate, olanzapine, pipamperone) and antidepressants (mainly: SSRI, SNRI); never using the antidepressants alone and/or in combination with benzodiazepines (and never using long term benzodiazepines) in order to avoid an increase in instability and the development in patients of diphoric-mixed states (Agius 2011).

When the patients with bipolar mood disorders present somatisations, very often these symptoms are mis-diagnosed or mistaken for somatic symptoms consequent on organic diseases: with the consequence of the use of a long series of blood and instrumental tests, which are often useless for management of the patient's illness.

There is a public health issue regarding the correct diagnosis of bipolar mood disorders: these diseases are often under-referred, under-diagnosed and under-treated/mistreated (Agius 2007, Tavormina 2007). To fail to treat bipolar mood disorders may sometimes result in serious complications (loss of work, relationship crisis, substance-abuse, suicide, rapes, etc).

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