Psychiatria Danubina, 2025; Vol. 37, Suppl. 1, pp 403-405
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Conference paper
Brief report

THE IMPORTANCE OF HOBBIES TO SUPPORT PHARMACOLOGICAL TREATMENT IN BIPOLAR DISORDER TYPE I AND II: 40 CASES-REPORT IN A GP'S EXPERIENCE

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SUMMARY

Bipolar disorder in its various forms is a widespread, often poorly treated condition. This observational study highlights how patients with bipolar I and bipolar II disorder can benefit from engaging in hobbies, in addition to their pharmacological and psychotherapeutic treatments.

Key words: *bipolar disorders – hobbies activities*

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INTRODUCTION

Bipolar disorder is a chronic mood disorder that typically develops around the age of 20. This disorder is characterised by chronic episodes of mania, in bipolar disorder type I and hypomania in bipolar disorder type II, as well as episodes of depression. In general, it is characterized by oscillations and changes in mood between hyperactive and depressive phases in their various facets.

The estimated prevalence of bipolar disorders type I and II in the general population is 2.4%. It affects especially young people. Is not clearly established the aetiology of bipolar disorder, but multifactorial causes are involved. Through studies of monozygotic twins, genetic risk factors have been identified, as well as viral infections during childhood maltreatment, (Kim et al. 2015).

The standard treatment for bipolar disorder typically involves the use of mood stabilizers, such as lithium, or antiepileptic drug, as well as neuroleptic.

METHODS

This observational study aimed to highlight how stimulating hobbies in patients with bipolar disorder type I and II (in addition to pharmacological and psychotherapeutic therapies) produces a high efficacy in improving the thymic well-being of the same patients, (Kato 2019; Bortolato et al. 2017).

In this study we consider two group, called A and B, of 20 outpatients each: 20 women and 20 men, with average age of 38 years old; two groups of 20 patients each; these patients did not know each other, and were mixed randomly.

Both group A and B were taking their own drug therapy regularly (lithium, carbamazepine, quetiapine, olanzapine, aripiprazole, risperidone) according to their needs; having also a psychotherapeutic support.

Drug therapy is a fundamental therapy for the treatment of bipolar disorder (Tavormina et al. 2013; Tavormina 2016, 2019); our approach was born with the aim of finding new ways to better manage daily stress, reduce mood swings and consequently improve the quality of life of patients with bipolar disorder, in addition to their pharmacological and psychotherapeutic therapies. We invited the 20 patients in group A to engage in hobbies twice a week based on their aptitudes and abilities, without ever suspending their pharmacological and psychotherapeutic therapies, choosing between these nine types:

- Graphics art drawing, work with mosaics, work with fretwork,.
- Sport: mountain trips, routes on glaciers, swimming, tennis, volley ball;
- gardening and vegetable garden management activities;
- Crochet work, embroideries;
- listening to music and playing musical instruments.
- Dance competitions;
- Cooking preparation of typical menu;
- Volunteering (visiting lonely elderly people, or sick or disabled people);
- Spirituality: religion practice, pilgrimage to some sanctuary.

Instead, the patients in group B continued only taking their therapy (pharmacological and psychotherapeutic).

The observation period for these two groups lasted two years (from April 2023 to April 2025), during which three doctors supervised the progress of all patients every 15 days, also monitoring drug dosages, where necessary, and therapeutic management.

Table 1. Tavormina's schema of bipolar spectrum (with the possible evolutionism described after the arrow)

Acute Mania		
1	Bipolar I	(→ dysphoric mania)
2	Bipolar II	(→ rapid cycling bipolarity, mixed disphoria)
3	Cyclothymia	(→ rapid cycling bipolarity)
4	Irritable Cyclothymia	(rapid cycling bipolarity)
5	Mixed Dysphoria	(depressive mixed state)
6	Agitated Depression	(→ depressive mixed state)
7	*Cyclothymic temperament*	(→ Mixed Dysphoria, depressive mixed state, rapid cycling bipolarity, agitated depression, bipolar I-II)
8	*Hyperthymic temperament*	(→ Agitated Depression, Irritable Cyclothymia, bipolar II)
9	*Depressive temperament*	(→ brief rec. depr, agitated depression)
10	Brief recurrent depression	(→ dysthymia, major depressive episode, agitated depression)
Unipolar Depression		

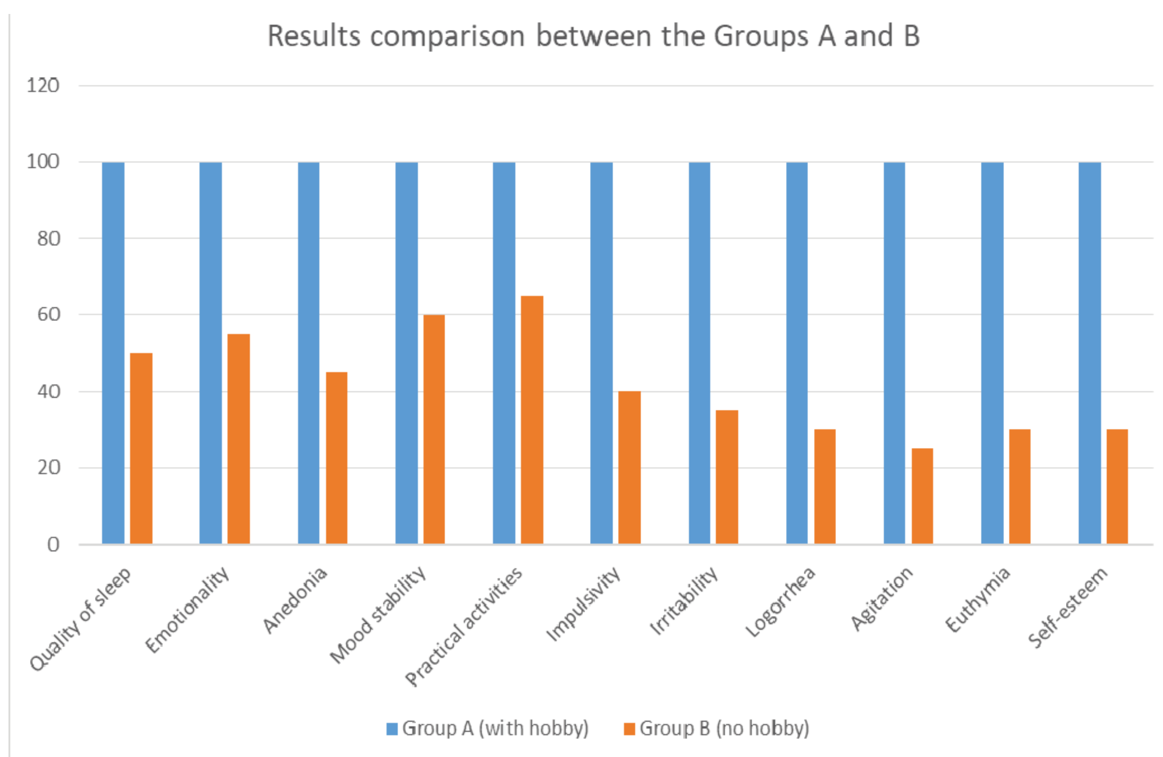

Figure 1. Results comparison between the Groups A and B

Our diagnosis has been done using the Tavormina's schema of bipolar spectrum (Table 1) structured in ten subtypes (Tavormina 2013).

RESULTS

The final evaluation highlighted how group A of patients (those who systematically devoted themselves to their hobby), compared to those of group B, achieved excellent results in improving the quality and duration of sleep, reducing emotional lability, apathy and even hyperthymia, reducing mood swings and oscillations, reducing irritability, impulsivity and verbosity, with a general increase in self-esteem (Figure 1).

CONCLUSIONS

This study, despite its limitations, has highlighted the importance of combining traditional pharmacological and psychotherapeutic therapies with therapies that we might define as behavioural, such as hobby-based therapies in their various facets (sports, recreation, culture, volunteering), in clinical practice and in optimizing therapeutic outcomes for bipolar disorder. Further future studies may contribute with additional clinical data.

Acknowledgements: None.

Conflict of interest: None to declare.

Contribution of individual authors:

Margherita Marinoni & Gabriele Boglioni projected and designed the manuscript;

Rossella Soldi carried out the bibliographic research;

Giuseppe Tavormina supervised and reviewed it for its final version.

All authors approved the final manuscript.

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