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Quality of Life With Bipolar Disorder

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Reviewed by John M. Grohol, Psy.D. on October 29, 2008

Wednesday, Oct 29 (Psych Central) --



New research evaluates the quality of life of patients suffering from [bipolar disorder](#) (BD) in comparison with the general population.

In the study, University of Granada scientists analyzed 108 patients with bipolar disorder against a comparative group made up of 1,210 persons from a general population sample.

Inside the group of patients, 48 of them were euthymic, this is, without active symptoms of the disease; the remaining 60 patients (non-euthymic) presented relevant symptoms during the evaluation.

Bipolar disorder, known in the past as manic-depressive disorder, affects approximately 3 of every 100 persons and consists of suffering recurrent depression episodes (depressive phases) alternating with periods of euphoria (manic phases). The patients swing intensely (usually in weeks or months) from happiness to sadness, besides enjoying periods of normality (euthymia).

Scientists discovered patients with BD present worse mental health than the general population; in addition, they found bipolar patients have a poorer quality of life at a physical level.

This could be due to a higher consumption of addictive substances such as alcohol and tobacco, the long-term secondary effects of the pharmacological treatment and a more sedentary way of life.

The research also suggests that people with bipolar disorder who suffer a lower quality of mental life are those who started to suffer the disease before 20 years old, who have been suffering it for a longer time, who suffer the II subtype of the disease, who are dependent on tobacco and who are suffering depressive symptoms at present.

However, Granada researchers found that having a high social support (such as that of the family) is connected with a better quality of life for the patient.

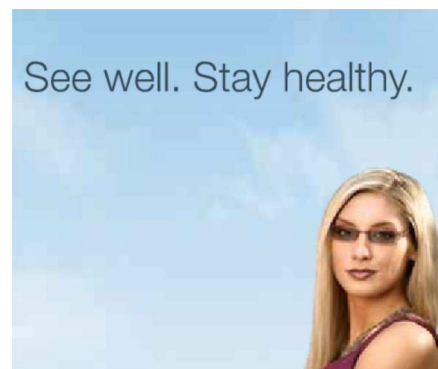
Furthermore, their work has made clear that depressive symptoms (sadness, listlessness, tiredness, concentration difficulty, insomnia, poor appetite, etc.) have a higher impact in the quality of life than maniac symptoms (excessive self-esteem, lack on inhibition, verbosity, hyperactivity, increase of sexual appetite, etc.).

Depressive symptoms also produce more disability or negative repercussions for work, family and social life; this observation reflects the fact that maniac symptoms are usually shorter in time and have a good response to medication, whereas depressive ones are usually more difficult to eliminate.

In conclusion, lead researcher Luis Gutiérrez Rojas insists that there should be a more active intervention to help those people who present depressive symptoms or a high tobacco dependence.

However, other variables which could seem less relevant a priori, such as having a family history of the disease, having suffered many episodes of the disorder or having carried out suicide attempt, are not variables significantly connected with a bad quality of life.

Source: [Universidad de Granada](#)



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