

STUDY OF ASSOCIATION OF POST-TRAUMATIC STRESS DISORDER WITH EACH OF ACUTE PSYCHOSIS AND FIRST EPISODE BIPOLAR DISORDER

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Introduction

Post-traumatic stress disorder (PTSD) is a mental disorder occurring after exposure to trauma or a life threatening events and has significant sequelae like bad physical health, serious mental comorbidities, poor life quality, and early mortality. Individuals present with persistent “remembering/reliving” of the stressor as intrusive flash backs, recurring dreams, or vivid memories.

“Psychosis” indicates a clinically significant syndrome characterized by delusions, perceptual abnormalities and a gross abnormalities in personality and identity of a person. Acute and transient psychotic disorders (ATPDs) in the ICD-10 Classification is corresponding to “brief psychotic disorder” (BPD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM) with diagnostic criteria of sudden onset of florid psychotic symptoms and grossly disorganized or catatonic behavior for less than 1 month. These symptoms are strongly distressing for the patient as well as psychosis treatment may include involuntary hospital admission, enforced sedation, separation from family and also employment loss, all known to be stressful to patients.

Bipolar disorders also known as a set of severe disorders which defined as the presence of a manic or a hypomanic episode and a major depressive episode. There is greater evidence suggests a notable link between Bipolar Disorder (BD,) trauma and Post-traumatic Stress Disorder (PTSD). Hypomanic, manic or mixed mood conditions have been recognized at the time of trauma exposure as a risk factor to PTSD development and also on the PTSD onset and maintenance.

Aim of the work

The aim was to study the association of post-traumatic stress disorder (PTSD) among patients recovering from acute psychotic disorder or first episode bipolar disorder in the main Alexandria University Hospital, and to detect the factors associated with it.

Subjects and Methods

A case - control study include 75patients from the main Alexandria University Hospital with diagnosis of acute psychotic disorder (brief psychotic disorder) or first episode of bipolar disorder who were recovering from their episode, 18-65 years age, of both sexes, with no history of PTSD prior to the onset of psychotic disorder or bipolar disorder and other psychiatric or medical disorders (Case groups) and 75 persons not have past history of PTSD or other psychiatric or medical disorders (Control group).

Semi-structured interview based on DSM-IV-TR are done to diagnose the acute psychotic disorder (brief psychotic disorder) or first episode bipolar disorder after that screening for the presence of posttraumatic stress disorder were done using Arabic version of posttraumatic stress diagnostic scale (PDS).

Cases with mild to severe score of PTSD symptoms using Arabic version of (PDS) scale were subjected to semi structured interview using DSM-IV criteria to confirm diagnosis of PTSD (at least one symptom of re-experience, three symptoms of avoidance and two symptoms of arousal).

Results

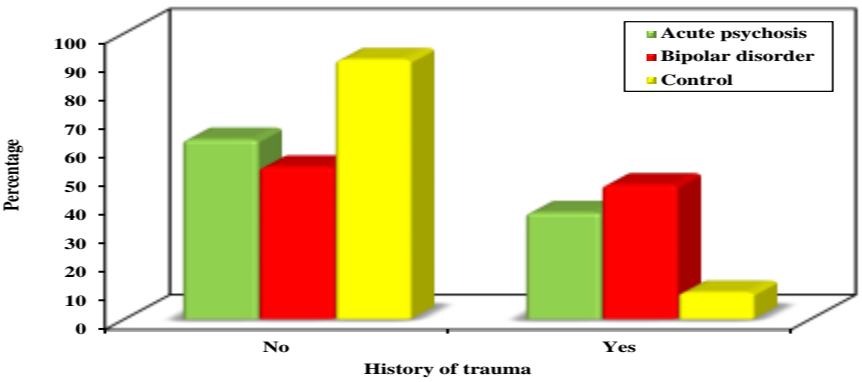


Figure 1:
Comparison between the three studied groups according to history of trauma

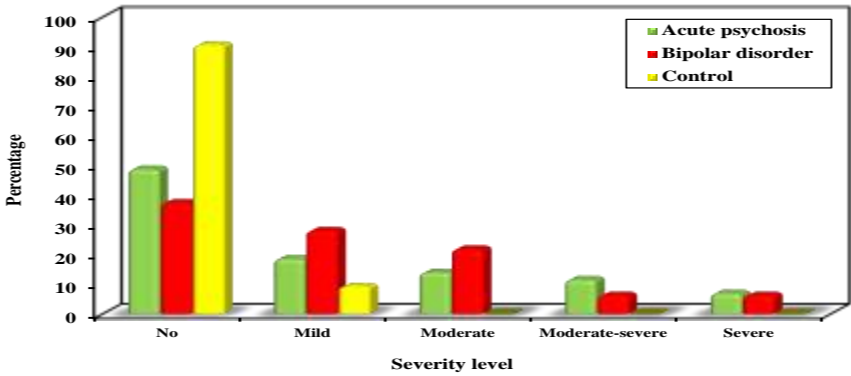


Figure 2:
Comparison between the three studied groups according to severity level

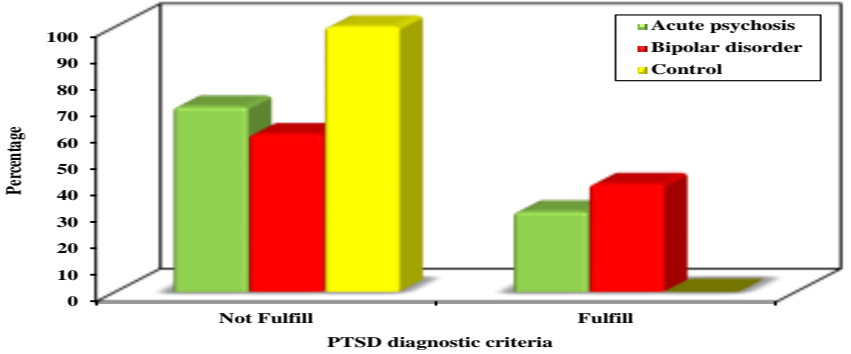


Figure 3:
Comparison between the three studied groups according to PTSD diagnostic criteria

Table : Comparison between the three studied groups according to post-traumatic variables (PDS)

	Acute psychosis (n = 43)		Bipolardisorder (n = 32)		Control (n = 75)		Test of Sig.	P
	No.	%	No.	%	No.	%		
History of trauma								
No	27	62.8	17	53.1	68	90.7	$\chi^2=21.207^*$	<0.001*
Yes	16	37.2	15	46.9	7	9.3		
Severity level								
No	21	48.8	12	37.5	68	90.7	$\chi^2=48.161^*$	^{MC} p<0.001*
Mild	8	18.6	9	28.1	7	9.3		
Moderate	6	14.0	7	21.9	0	0.0		
Moderate-severe	5	11.6	2	6.3	0	0.0		
Severe	3	7.0	2	6.3	0	0.0		
PTSD diagnostic criteria								
Not Fulfill	30	69.8	19	59.4	75	100.0	$\chi^2=32.834^*$	<0.001*
Fulfill	13	30.2	13	40.6	0	0.0		
Sig. bet. grps.	$p_1=0.350, ^{FE}p_2<0.001^*, ^{FE}p_3<0.001^*$							

Conclusion

- The experience of acute psychotic and first episode bipolar disorders including symptoms and treatment, can be significantly associated with increased level of traumatic exposure, and with the development and severity of clinically significant PTSD symptoms, as well as PTSD diagnosis, which highlights the importance of PTSD as an underappreciated associated symptoms and disorder in each of acute psychotic and first episode bipolar disorders.
- Future large-scale studies are needed to prospectively assess the timing of and risk factors for PTSD symptoms and we need evidence-based interventions to treat PTSD symptoms in the context of acute psychotic and first episode bipolar disorders to address this burden and improve outcomes after acute psychotic and first episode bipolar disorders.