A CROSS-SECTIONAL DESCRIPTIVE STUDY OF CLINICAL FEATURES AND COURSE OF ILLNESS IN A SOUTH AFRICAN POPULATION WITH BIPOLAR DISORDER

By

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Thesis submitted in fulfilment of the requirements for the degree of

MEDICINAE DOCTOR

at the Faculty of Health Sciences, University of Pretoria

Promotor: Prof JL Roos

October 2012

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Declaration

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

__________________
Dr. Christoffel Grobler

__________________
Date
Dedication

For my mother Celine,
who encouraged my passion for reading
Acknowledgements

I wish to thank the following people who in some way or another supported, contributed or helped shape my thoughts on the subject of Bipolar Disorder:

Professor Louw Roos, my promoter, for his unwavering support throughout this journey.

Dr Elisabeth Weiss, my mentor and friend.

Magriet Lee.

The Medical Officers and Nursing staff of the three hospitals where I conducted my study for their help recruiting and interviewing study subjects.

Professor Lizette van Rensburg.

Dr David Browne, Dr Tom McBride, Professor Colm McDonald and Ms Virginia Reid, my Irish connection.

Professor Gary Sachs.

Jacques Nell.

Professor Pieter Becker and Mr Lwando Kondlo.

Barbara English.

My children, in particular my two daughters, Stephanie and Elizabeth.

My wife, Noekie, for her support and taking of the photographs.

Lastly my Father in heaven.
Abstract

There is generally a lack of studies examining prevalence and phenomenology of bipolar disorder in Africa. In literature, a unipolar manic course of illness in particular is reported to be rare.

The purpose of this study was to investigate and describe the course of illness and clinical features in a cross-section of patients diagnosed with bipolar disorder attending public hospitals in Limpopo Province, South Africa and to determine the rate of a unipolar manic course in this sample of patients.

This was a descriptive, cross-sectional study of patients presenting with a history of mania between October 2009 and April 2010, to three hospitals in Limpopo Province. A purposeful sample of 103 patients was recruited and interviewed using the Affective Disorders Evaluation.

This study confirms that a unipolar manic course is indeed much more common than rates suggested in present day literature with 57% of the study sample only ever experiencing manic episodes.

The study also confirms the debilitating nature of bipolar disorder with more than two-thirds being unemployed in spite of a quarter of the study
subjects having a tertiary education. The high rates of attempted suicide, history of violence and history of drug abuse all furthermore points to the devastating effects bipolar disorder has on individuals and their families.

Treatment choice appeared to be a combination of a mood-stabilising agent in combination with an anti-psychotic. It was found that two-thirds of study subjects had consulted with faith- or traditional healers.

Significant gender differences appeared in that females were more likely to suffer from comorbid anxiety disorders, have a history of sexual trauma, and be HIV positive whilst men were more likely to have a forensic- and substance-abuse history, experience hallucinations and receive clozapine.

Patients presenting with a unipolar manic course of illness, as described in this thesis, may contribute to the search for an etiologically homogeneous sub-group which presents unique phenotype for genetic research and the search for genetic markers in mental illness. A unipolar manic course therefore needs to be considered as a specifier in diagnostic systems in order to heighten the awareness of such a course of illness in bipolar disorder, with a view to future research.
Key phrases: “affective disorders”, “bipolar disorder”, “recurrent”, “mania”, “unipolar mania”.
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADE</td>
<td>Affective Disorders Evaluation</td>
</tr>
<tr>
<td>AESOP</td>
<td>Aetiology and Ethnicity of Schizophrenia and Other Psychoses</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>CCMD-3</td>
<td>Chinese Classification of Mental Disorders, 3rd Edition</td>
</tr>
<tr>
<td>CGI</td>
<td>Clinical Global Impression of severity</td>
</tr>
<tr>
<td>CNV's</td>
<td>Copy-number variants</td>
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<tr>
<td>DAM</td>
<td>Depressive and Manic episodes</td>
</tr>
<tr>
<td>DSM</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
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<tr>
<td>EAOO</td>
<td>Early age of onset</td>
</tr>
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<td>EMBLEM</td>
<td>European Mania in Bipolar Longitudinal Evaluation of</td>
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<tr>
<td>GAD</td>
<td>Generalised anxiety disorder</td>
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<tr>
<td>GC</td>
<td>Cuban Glossary</td>
</tr>
<tr>
<td>Medication</td>
<td>Medication</td>
</tr>
<tr>
<td>GWAS</td>
<td>Genome-wide association studies</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>ICD</td>
<td>International Classification of Diseases</td>
</tr>
<tr>
<td>MHCU</td>
<td>Mental Health Care User</td>
</tr>
<tr>
<td>MO</td>
<td>Manic Only episodes</td>
</tr>
<tr>
<td>NEC</td>
<td>Not elsewhere classified</td>
</tr>
<tr>
<td>NIMH</td>
<td>National Institute for Mental Health</td>
</tr>
<tr>
<td>OCD</td>
<td>Obsessive-compulsive disorder</td>
</tr>
<tr>
<td>PMHC</td>
<td>Polokwane-Mankweng Hospital Complex</td>
</tr>
<tr>
<td>PTSD</td>
<td>Posttraumatic stress disorder</td>
</tr>
<tr>
<td>SASH</td>
<td>South African Stress and Health</td>
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<tr>
<td>SASOP</td>
<td>South African Society of Psychiatrists</td>
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<tr>
<td>SCID</td>
<td>Structured Clinical Interview for DSM-IV</td>
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<tr>
<td>STEP-BD</td>
<td>Systematic Treatment Enhancement Program for Bipolar Disorder</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>ZCC</td>
<td>Zion Christian Church</td>
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