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RESEARCH ARTICLE

A Comparative Study of Affective Bipolar Disorder with Schizoaffective Disorder from a Longitudinal Perspective

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Introduction: In the last years there is a great interest for the theory of the "psychotic continuum", which accepts that there is a transition between schizophrenia and affective pathology, including bipolar disorder with psychotic interferences and the recently introduced diagnosis of schizoaffective disorder. There are few studies that analyze bipolar disorder with mood-incongruent psychosis. The purpose of this study was to observe the way in which the interference of mood-incongruent psychotic symptoms can influence the long term evolution of patients diagnosed with bipolar disorder and the similarities that exists between this type of pathology and schizoaffective disorder.
Material and methods: Sixty subjects were selected, who are now diagnosed with schizoaffective disorder and bipolar disorder, with and without psychotic features. All cases have at least 15 years of evolution since the first episode of psychosis and were analyzed in term of their age of onset and longitudinal evolution.
Results: The results showed that bipolar patients who had mood incongruent psychotic symptoms had an earlier age of onset and a higher rate of hospitalizations in their long term evolution compared to bipolar patients without psychotic features, which brings them closer to patients with schizoaffective disorder in term of their pattern of evolution.
Conclusions: This study has demonstrated that the interference of mood-incongruent psychosis with bipolar disorder determines a worse prognosis of this disease, very similar with the evolution of patients with schizoaffective disorder.

Keywords: bipolar disorder, mood-incongruent psychosis, long-term evolution, schizoaffective disorder

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Introduction

Manic-depressive psychosis, in Kraepelin's view, had become at one point a very well defined disorder, completely opposite to schizophrenia. In the last decades this approach has changed, with the development of many other clinical perspectives: envisaging psychopathological disorders not as clinical entities, but as subtypes of a spectrum, also the progresses made in pharmacological therapy, neurobiology, genetics, in the theory of evolutionism and so on. This view also modifies the understanding of the correlation between bipolar disorder and schizophrenia, or "psychoses" in general.

Nowadays, international studies challenge the dichotomy between schizophrenia and bipolar disorder following the recent progress mainly in the field of genetics and neurobiology. Several lines of evidence suggest that patients with psychotic features in bipolar disorder are very similar to patients with schizophrenia in genetic and neurobiological respects and many psychopharmacologic interventions are effective in both disorders [1,2].

Other important clinical issues which are currently debated and researched are: differencing the status of schizoaffective disorder which is not very well clarified presently and its relation with bipolar disorder with „psychotic features", by which we usually understand the presence of symptoms like delusions and hallucination. A wide range of clinical and genetic studies revealed multiple similarities between schizoaffective disorder, schizophrenia and psychotic bipolar disorder, suggesting that schizoaffective disorder unifies schizophrenia and bipolar disorder [3,4].

The purpose of this study was to assess, from a clinical longitudinal perspective, the similarities between schizoaffective disorder and bipolar disorder with incongruent psychotic symptoms and without psychotic symptoms. Another aim of this study was to examine how the interference of incongruent psychoses affects the long term evolution of bipolar disorder, worsening the prognosis and bringing it closer to the evolution of schizoaffective disorder.

Material and methods

The present study is part of a larger project based on the study of endogenous psychosis, which was carried out in the Psychiatric Clinic of Timișoara. The project included patients hospitalized in this clinic between 1985 and 2000, diagnosed with the first psychotic episode, who are currently in continuous follow-up as outpatients in the psychiatric ambulatory service in Timișoara.

The study included a number of 60 cases, who were selected from the Register of cases for endogenous psychosis.

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For the selection of these patients we used inclusion and exclusion criteria.

Inclusion criteria:

1. Subjects with a current diagnosis of schizoaffective disorder (F25) or with Bipolar Affective Disorder (F31) according to ICD-10 criteria.
2. At least 15 years of evolution.
3. In the subjects currently diagnosed with schizoaffective disorder, the diagnosis is maintained for at least 5 years.
4. In the subjects currently diagnosed with bipolar disorder the diagnosis is maintained for at least 5 years, with or without the presence of mood-incongruent psychotic symptoms.
5. All the subjects are presently under continuous psychiatric follow-up (case management).
6. Subjects have given their informed consent for the participation in the study.

Exclusion criteria:

1. Presence of personality disorders or mental retardation;
2. Presence of a disease caused by drug use or an organic disorder.

The following parameters were analyzed:

1. The average duration of evolution.
2. Number of hospitalizations after 10, 15 and 20 years of evolution.

Clinical diagnosis at the first episode of psychosis was established according to ICD-9 criteria, presently being converted to ICD-10 criteria. Subjects were analyzed retrospectively on the basis of the existing case files, but during 2011 a sectional assessment was also conducted [5,6]. Cross evaluation was performed during the remission period of clinical symptoms and several parameters have been analyzed.

Due to a low number of subjects, no statistical processing of data was carried out, but a simple results analysis.

The group of 60 cases was divided into 20 subjects diagnosed with schizoaffective disorder and 40 patients diagnosed with bipolar disorder. The group of subjects with bipolar disorder was also formed by 20 cases who presented in their long-term evolution the interference of mood-incongruent psychotic symptoms in one or all of the affective episodes (predominantly in manic episodes), and 20 cases with an evolution without any psychotic symptoms. Psychotic symptoms are commonly regarded as delusions and hallucinations which are not congruent and typical for affective episodes. Also, in the evolution of some bipolar patients with psychotic symptoms, the team accepted the presence of one, up to three schizoaffective episodes, which on the long term did not affect the positive diagnosis of bipolar disorder.

Results

The group of 60 cases was divided into three subgroups: subgroup A, made up of 20 patients diagnosed with schizoaffective disorder, subgroup B, made up of 20 patients with bipolar disorder, who presented in the long-term evolution of the disease the interference of mood-incongruent psychotic symptoms more than one episode, and subgroup C, made up of 20 bipolar patients without psychotic symptoms.

The average age of onset in subgroup A was 25.3 years, compared with subgroup B where the average age of onset was 27.4, and with subgroup C where the average age of onset was 30.02 years.

After analyzing the long-term evolution of the three subgroups of patients, the following results were obtained:

- After 10 years of evolution, by comparing the average number of hospitalizations in the three subgroups, it was ascertained that subgroup B had the most severe evolution with an average number of 7.1 hospitalizations, very similar to subgroup A with an average number of 6.3 hospitalizations, and worse than subgroup C, which had an average number of 4.6 hospitalizations.
- After 15 years, the trend remained the same, with a more severe evolution in subgroup B (with an average of 8.8 hospitalizations) and subgroup A (with an average of 8.4 hospitalizations), compared to subgroup C (with an average of 5.7 hospitalizations).
- Also, the differences in evolution were the same after 20 years, when subgroup B had an average of 10.5 hospitalizations, very similar to group A, with an average of 9 hospitalizations, and worse than in subgroup C, which had the better outcome with an average of 7.6 hospitalizations (Table I).

Discussions

This study is a longitudinal follow-up of endogenous psychoses and one of the most important aspects of this project – from a longitudinal perspective – is that each subject

Table I. Average age of onset and number of hospitalizations in the studied period

	Schizoaffective n = 20	Psychotic bipolar n = 20	Bipolar n = 20
Average age of onset (years)	25	27	30
Average number of hospitalizations in the first 10 years of evolution	6	7	4.6
Average number of hospitalizations in the first 15 years of evolution	8.4	8.8	5.7
Average number of hospitalizations in the first 20 years of evolution	9	10.5	7.6

was assessed at the onset and at each relapse in the Psychiatric Clinic of Timișoara.

The official classifications maintain a very clear distinction between bipolar pathology with psychotic symptoms and schizoaffective disorder, but the clinical experience shows that sometimes it is difficult to establish a diagnosis because of the many similarities and ambiguities between the two disorders. At present, there are no longitudinal long term studies on this subject.

Although psychosis is common in bipolar disorder, few studies have examined the prognostic significance of psychotic features. Some studies suggest that the presence of incongruent psychoses is associated with poorer outcome compared with mood congruent psychosis [4,7,8].

The most common mood-incongruent psychotic symptoms noticed in the evolution of bipolar disorder are paranoid delusions and they appear predominantly in manic episodes. Also, in one third of bipolar patients with psychotic interferences, Schneider's first rank symptoms have been noted in schizoaffective episodes that occurred throughout the evolution (not more than 3 episodes) but did not significantly change the bipolar course of the disease.

In this context the study of the long-term interference between bipolar pathology and psychoses becomes a very rewarding field of research [9,10].

Internationally, at present, regarding schizoaffective disorder, four nosological concepts are being described: schizoaffective disorder is a variant of schizophrenia, is a variant of affective disorders, is an intermediate entity between schizophrenia and affective disorders, is a continuum of functional psychoses with schizophrenia at one end and affective psychoses at the other end of the spectrum [11].

Regarding the average age of onset in the three subgroups, it can be noticed that schizoaffective patients have the earliest onset age, followed by the psychotic bipolar patients and the latest onset was in the subgroup of bipolar patients without psychotic symptoms. The interpretation of this result shows that schizoaffective disorder emerges at a younger age, probably due to its schizophrenic component [12,13,14].

After analyzing the relapse rate at 10, 15 and 20 years of evolution in the three subgroups of patients, we observed that the patients with schizoaffective disorder and bipolar disorder with incongruent psychosis had a poorer prognosis compared with bipolar patients without psychosis. [15,16,17]. This shows that the presence of mood-incongruent psychotic symptoms in the evolution of affective pathology, especially bipolar disorder, influences the long term evolution of this disease, worsening the prognosis [18,19].

Also, the study reveals a very similar relapse rate in schizoaffective patients and bipolar patients with incongruent psychosis. This rate grows constantly after 10, 15 and 20 years of evolution of the disease and is slightly higher in psychotic bipolar patients.

In the long term, bipolar patients with mood incongruent psychosis seem to have the most severe prognosis, very similar with schizoaffective patients and much worse than bipolar patients without incongruent psychosis.

The novelty of this research is the comparison between schizoaffective and bipolar patients with a minimum of 15 years of evolution from a longitudinal perspective, and the fact that there are few studies that focus on the interference of mood-incongruent psychosis in the evolution of bipolar disorder and how this affects the long term evolution of the disease [20].

Conclusions

- Affective bipolar pathology, especially bipolar disorder with psychotic features presents many similarities and overlaps with schizoaffective disorder from the point of view of the age of onset and long term evolution.
- The study of affective pathology, from a longitudinal perspective (minimum 15 years of evolution) reveals an important subgroup of bipolar patients with a constant interference of mood-incongruent psychotic symptoms, which seems to have a very poor prognosis.
- This group of psychotic bipolar patients has more similarities in term of the evolution and age of onset with schizoaffective patients, than with the bipolar patients without incongruent psychosis.
- The group of subjects with bipolar disorder without mood-incongruent psychotic interferences seems to have the best prognosis on the long term.
- In conclusion, the interference of mood-incongruent psychosis with affective pathology influences the evolution of the disease, determining an earlier age of onset and a worse prognosis.

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