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BIPOLAR DISORDER AND SUBSTANCE ABUSE

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SUMMARY

The body of evidence shows that bipolar subjects are much more at risk of substance dependence than abuse. The risk of having a mania or hypomania in people addicted to alcohol is multiplied by 5 compared to the risk of having a mania or hypomania without co-occurrence of alcohol dependence. In all epidemiological works; The diagnoses of alcohol abuse and dependence are higher in people with bipolar disorder than in the general population. However, the reasons for this striking association between these two disorders remain poorly understood. Common risk factors could increase vulnerability to both bipolar disorder and addiction behaviors.

I. INTRODUCTION

The consumption of toxic substances in general, and alcohol, is particularly important in subjects suffering from bipolar disorder.

In all epidemiological works; The diagnoses of alcohol abuse and dependence are higher in people with bipolar disorder than in the general population.

However, the reasons for this striking association between these two disorders remain poorly understood.

II. Frequency of alcohol / bipolar disorder comorbidity

Three North American studies;

1. The Epidemiological Catchment Area, among bipolar patients, 43.6% with an addictive alcohol disorder, including 27.6% dependence, and 16.1% abuse (vs 13.5% of disorder, 7, 9% dependency, and 5.6% abuse in the general population).
2. The National Comorbidity Survey (1997) found 40.5% dependence and 17.4% abuse, with an Odds Ratio of 9.7 for alcohol dependence, 0.3 for alcohol abuse, and 8.2 for drug dependence.
3. The NESARC study (2005) found 58% alcohol-related addictive disorder in bipolar people, including 40.5% dependence and 17.4% abuse.

The body of evidence shows that bipolar subjects are much more at risk of substance dependence than abuse.
The risk of having a mania or hypomania in people dependent on alcohol is multiplied by 5 compared to the risk of having a mania or hypomania without co-occurrence of alcohol dependence.

III. Epidemiology

Women with bipolar disorder are much more likely than men, compared to the general population, to be overconsumed with alcohol. ESEMED study (European Study of the Epidemiology of Mental Disorders): young women with mood disorders are at increased risk of overconsumption of alcohol.

Bipolar patients with a problem of alcohol misuse:

Earlier age of onset of bipolar disorder;θ

More frequently hospitalized for thymic episodes;θ

More often present rapid cycles and mixed states.θ

The lifetime prevalence of mood disorders in alcohol-dependent subjects was about 10 times that of the general population; NCS (National Comorbidity Survey)

In Algeria: Study on 100 bipolar patients: 41%: notion of taking poisons. In 46% of alcohol consumption (alcoholism, abuse, occasional consumption) 54%: Alcohol + Cannabis. In 61.5% Type I, in 38.5% Type II The mode of onset of symptoms: - Excitement state - Behavioral problems and substance abuse - Rarely depressive symptoms.

IV. Clinic

Severe disability, morbidity and an increased risk of suicidal behavior (Potash et al 2000, Goldberg et al 2001), Comorbidities: are more difficult to diagnose have a poorer response to treatment require more complex treatments.

The impact of substance abuse on the disorder

- Factors of poor prognosis.
- Patients are more frequently hospitalized, increased risk of suicide,
- A lower compliance with drug and psychotherapeutic treatment than patients suffering from non-comorbid bipolar disorder.
- The consumption of toxic substances is associated with a poorer therapeutic response, in particular with lithium.

The impact of bipolar disorder on addictive prognosis is less well studied

The appearance of a mood disorder leads to:
An increase in the quantities of toxic substances consumed,θ
An increase in suicidal thoughtsθ
An increase in violent behavior, making addictological care more difficult.θ

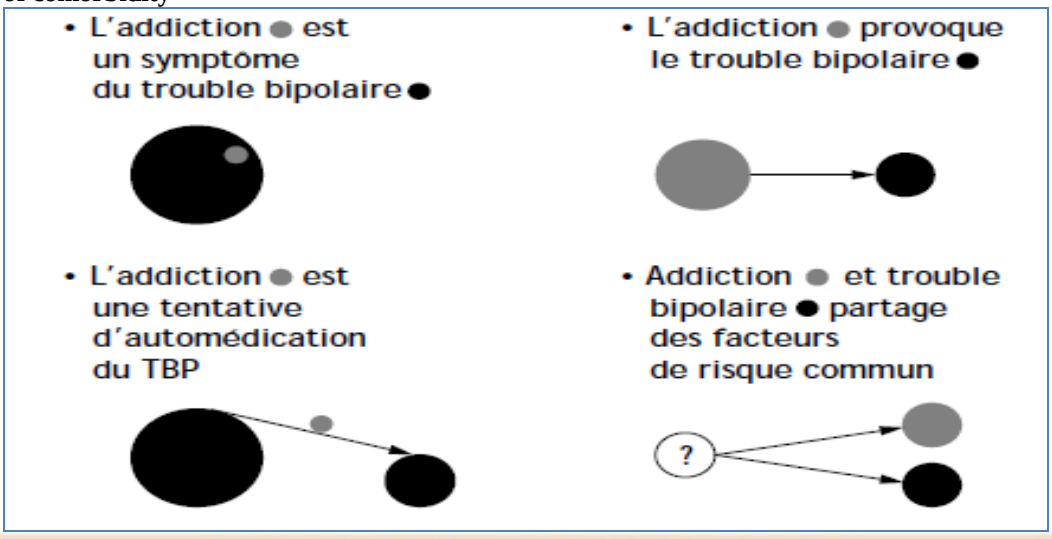
The role of diagnostic error

Over 2/3 of patients with bipolar disorder have received different - and wrong - diagnoses in their lifetime.
The average time before the actual diagnosis and the care resulting from it is estimated at ten years.

These diagnostic errors and delay in care appear even more significant in the context of Type II bipolar disorder, probably due to the difficulty in identifying hypomanic episodes.

The higher frequency of mixed states in patients with alcohol dependence may explain this overdiagnosis, due to the particularly difficult distinction between dysphoria and alcohol-induced states of excitement with mixed symptomatology.

Etiologies of comorbidity



L'Encéphale (2008) Supplément 4, S138-S142 Comorbidité addictive des troubles bipolaires
P. Gorwood(1), Y. LeStrat(2), M. Wohl(3)
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If bipolar disorder is underdiagnosed in both the general and clinical populations, it is likely to be overdiagnosed in people who are dependent on a substance.

V. Etiopathogenic hypotheses of comorbidity

Common risk factors (genetic example) could increase vulnerability to both bipolar disorder and addiction behaviors.

The existence of an addiction could worsen a preexisting bipolar disorder.

Conversely, the existence of a bipolar disorder in alcohol-dependent subjects is, for some, the reflection of an attempt at self-medication, that is to say an attempt to alleviate symptoms psychiatric.

Alcohol use: as a symptom of bipolar disorder.

The increase in alcohol consumption in manic subjects probably linked to the more general disinhibition of behaviors.

In 1913, Kraepelin wrote in "La folie maniaco-depressive"

"Alcoholism exists in about a quarter of male patients, but it should be seen as a consequence of the excesses committed during arousal, not as a cause."

More recently, the hypothesis of a decrease in sensitivity to alcohol during manic episodes has been raised. Neurobiological data support this hypothesis. Indeed, patients in the manic phase have a decrease in the activation of the brain areas involved in reward phenomena. In particular, there is a decrease in the activation of the ventral tegmental area in experimental paradigms of expectation of reward.)

Identification of specific clinical dimensions: In subjects with bipolar disorder, substance abuse is preferentially associated with: - The search for novelty (Henry et al 1999) - The search for sensation (Bizzari et al 2007).

The impact of alcohol dependence on bipolar disorder may be related to the fact That alcohol is a destroyer of social rhythms, that it promotes the recall of the positive effects of the manic state.

VI. CONCLUSION

Relationships between one another are not fully understood.

The particularity of dual diagnoses is based both on the complexity of identifying disorders, on the importance of stabilizing bipolar disorder to control addiction behaviors, and also on reducing the impact of bipolar disorder on consumption. toxic.

The impact of addiction is a key dimension in the prognosis of bipolar disorder and should be taken into account in adherence to therapy.