
POOR OUTCOME MANIC SYNDROME AMONG FIRST ADMITTED MANIC PATIENTS : PREVALENCE AND LONGITUDINAL CLINICAL CORRELATES

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Poor Outcome Manic Syndrome among First Admitted Manic Patients: Prevalence and Longitudinal Clinical Correlates

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INTRODUCTION: A First Manic Episode (FME) can evolve differently and some patients remain chronically ill (Poor Outcome Manic Syndrome = POMS). Even, the majority of subsequent episodes reoccur over the time; few studies have looked at the long-term course of a FME. The aim is therefore to look at the longitudinal clinical characteristics of FME in a hospital setting.

METHOD: The subjects, developing POMS, were patients admitted to hospital with at least 2 hospitalizations for mania and having received continuing psychiatric care for ≥ 5 years. The control group subjects were FME patients with only one admission. The data was gathered from hospital discharge summaries for all 472 subjects with FME (age 14-64) admitted to a Quebec regional psychiatric hospital for the first time during a 30 year period (1980-2011).

RESULTS: Amongst all first admitted FME patients, 27% ended up with POMS. A logistic regression analysis indicates the subsequent development of POMS was correlated with younger age, male gender and alcohol misuse at the time of the initial admission to hospital. The historical data available (median=11 years) shows that the diagnosis evolved towards bipolar disorder (76%), schizoaffective disorder (17%) and schizophrenia (6%).

CONCLUSION: The results indicate that development of POMS is an inevitable clinical reality. The influence of alcoholism on the evolution of FME is clearly adverse. It is particularly associated with more manic episodes. The results underline the necessity for concomitant intervention for alcoholism in the presence of FME.