PERCIEVED SOCIAL SUPPORT IN FEMALE PATIENTS WITH BIPOLAR AFFECTIVE DISORDER: IMPACT OF PROLONGED HOSPITALIZATION ON MARRIAGE

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ABSTRACT:

Background: *Studies on bipolar disorder have revealed that 90 percent of patients with bipolar disorders end in divorce giving 10 percent chance of survival. The present study was designed to assess clinical, social, cultural, economic and demographic factors in female bipolar patients who are either separated or staying together with their respective spouse despite having a serious psychiatric morbidity.* ***Method:*** *Total sample consisted of two groups of married female patients. Each group consisted of 25 patients diagnosed with bipolar affective disorder according to ICD-10 DCR. Test used to assess support system was Sarson Social Support Questionnaire and Young Mania Rating Scale was used to assess the severity of manic symptoms.* ***Results:*** *The result showed that stable partnerships seem to be achievable when the partner's impairment is perceived as moderate or moderately severe, and when the frequency at which psychotic episodes occur is tolerable.* ***Conclusion:*** *Factors like, economic independence, less number of episodes and those hailing from urban areas are important that keep people in their marriages.*

Key words: ***Bipolar Disorder, Separated, Social Support, Women***

Introduction

Every marriage has challenges even among the most healthy, well-adjusted adults. When you add a mental health condition such as bipolar disorder into the mix, it can really strain a relationship. Being involved in a marriage with a patient who is suffering from bipolar disorder can be one of the toughest challenges for a loving relationship. With the spouse suffering from bipolar disorder experiencing mood swings and the bipolar disorder symptoms of mania or depression at any given time, it can present a tough challenge for both the husband and wife in the relationship. It has been seen that patients with bipolar disorder who had never married or who had been divorced or separated were similar to a group of healthy individuals. Results have shown that these patients have more severe difficulties in their relationships with their husbands than healthy controls matched for age and socioeconomic status. While these problems improve with remission of depressive symptoms, residual difficulties remain (Ruestow et al, 2004). Another study assessed the impact of bipolar disorder on aspects of everyday functioning and partners' attributions for patients' disturbing behaviour. Standardized instruments assessed partners' sexual and marital satisfaction across different affective states. Findings suggested that marital disharmony was greater when patients were ill and worse during manic than depressed phases. Marital disharmony was also more likely when partners believed the patient could control their illness; they had increased domestic responsibilities; or were sexually dissatisfied (Lam et al, 2005). The reason patients with bipolar disorders have extra problems and great risk of divorce is because the spouse suffering from bipolar disorder may experience bouts of depression as well as mania with or without treatment. These mood swings may have nothing to do with their partner or their marriage, yet the partner may feel the impact causing strain on the relationship (Sheets & Miller, 2010).

Increasing number of studies has examined the impact of bipolar disorder on spouse. Recent work on disability associated with psychiatric illness has emphasized the chronic burdensome nature of most psychiatric illness to the individual, their immediate social group and at a worldwide level (Murray and Lopez, 1996). The available data suggest that bipolar disorder may have an important impact on outcome of a marital relationship. In particular, spouse with high expressed emotion and/or negative affective style may be associated with an increased tendency to relapse in bipolar patients (Miklowitz et al, 1988).

Social interventions may be useful in these cases, particularly for those patients who are only partial responders to lithium and live with highly emotional spouses (Priebe et al, 1989). Another group, in New York, examined the gains achieved when a marital intervention was added to a randomly selected sample of married in

patients with bipolar disorder. It was found that additional marital therapy did not differ in symptoms at follow up but patients showed higher overall function and were more adherent to their recommended treatment. The two studies suggest that it is possible to conduct relevant research in these questions and subjective burden of care, difficult behaviours (Clarkin et al, 1990; 1998). However, studies on influence of bipolar disorder in outcome of marriages are scarce, more so in Indian population where strong social support mark an important societal asset for maintenance of relationships.

MATERIAL AND METHOD

The sample was collected from the Central Institute of Psychiatry, Ranchi, India from October 2010 to December 2010. Purposive sampling was used in a cross-sectional design. Patients with bipolar disorder, who were separated, and those who were not, served as participants for this study, respectively. The participants were informed about the intent of the study. The total sample size consisted of 50 married female patients diagnosed with bipolar disorder out of whom 25 were under treatment on outpatient basis and were living with their spouses and other group consisted of 25 patients who were separated from their spouses, convalescing at Inpatient department of CIP. Bipolar Disorder was diagnosed by consensus of two psychiatrists using ICD-10, Diagnostic Criteria for Research. Both group consisted of patients, between ages 18 and 35 years. Clinical groups were assessed on the Sarson Social Support Questionnaire (Short Form) (SSQ) and Young Mania Rating Scale (YMRS). Socio-demographic datasheet included age, education, and habitat, and financial support, number of episodes and duration of illness.

SSQ (Sarson, 1983) was administered on all participants in order to quantify the availability and satisfaction with social support. It is a 6 item self-administered scale. Each item involves two parts: respondents are asked to list the individuals that are available to them for help in specific situational circumstances and how satisfied they are with the support available. Each situational circumstance allows a participant to list up to nine individuals (who are identified through their initials and relationships with the respondent). A six point rating scale (from "very satisfied" to "very dissatisfied") was used to rate the individual's satisfaction with his or her support available. A support score for each item is calculated by the number of individuals the participant listed (number score). The overall support score (SSQN) is calculated by the mean of this scores across the items. The overall satisfaction score is calculated by the means of the 6 satisfaction scores (McDowell & Newell, 1996). For the current study short version (SSQ-SR) (Sarson, 1987) was used. It is popular because of its short administration time. Criterion validity of this test shows a significant negative correlation between the SSQ and a depression scale (ranging from -0.22 to -0.43), and correlations of 0.57 and 0.34 were obtained between an optimism scale and the satisfaction score and the number score, respectively (Sarason, 1983). Cronbach's alpha for internal reliability was 0.97. The inter-item correlations for the satisfaction scores ranged from 0.21 to 0.74, and the coefficient alpha was 0.94. Test-retest correlations of 0.90 for overall number scores and satisfaction scores of 0.83 were obtained (Sarason, 1983).

Young Mania Rating Scale (YMRS) (Young et al, 1978) is an 11-item instrument used to assess the severity of mania. YMRS features operationally-defined anchor points and the normal expected score is $\geq$20. Ratings are based on patients self-reporting, combined with clinician observation. Descriptive statistics, independent sample t-test and Pearson's correlation wherever applicable, were used using SPSS, version 13.

RESULTS

In socio-demographic variables (Table 1), significant difference was observed in occupation ($p<.05$) and education ($p<.01$) of the selected samples. It was observed that, in the non-separated group, most of the respondents of were employed, were hailing from urban areas, and also had educational background of intermediate to graduation. In the separated group, however, most of them were illiterate, unemployed and belonged to lower socio-economic status. [Insert Table 1 here]

Statistical significance was found between separated and non-separated female patients of bipolar disorder with respect to scores of age, number of episodes, duration of illness (years) and SSQ. It was found that scores of SSQ was significantly higher in non-separated patients as compared to separated patients, representing better perceived social support. The scores were significantly higher with respect to age, number of episodes, and duration of illness and YMRS representing poor illness profile in separated patients with bipolar disorder (Insert Table 2 here).

No correlation was found between scores of SSQ and YMRS with various clinical variables in the non-separated group (table 3a), whereas, significant negative correlation was found between number of episodes and SSQ ($p<0.01$) and between Duration of illness (Years) and SSQ ($p< .05$). (Table 3b) It can be understood that more is the duration of illness and number of episodes, poorer will be the perceived social support in female patients with bipolar disorder who have been separated from their respective spouses. [Insert table 3a and 3b here]

DISCUSSION

This is one of the introductory attempts in order to find out perceived social support and its association with illness variables in separated female patients with bipolar disorder. In this study we used SSQ, YMRS and clinical, social, cultural, economic and demographic details in order to see what factors are responsible for patients having poor social support (both separated and non separated with their spouses) despite having serious psychiatry morbidity and to determine the impact of bipolar disorder on marriage.

We found significant difference in the scores of SSQ between two groups clearly defining lack of social support secondary to social isolation due to factors like divorce, deliberate isolation etc, which could be aggravated due to lower education level and increased unemployment in the separated group. Studies have shown that divorce is associated with a wide variety of quality of life indicators, including low economic well-being, physical illness, and low overall life satisfaction (Gove, 1972; Kessler & Mcrae, 1984), also making it an important outcome factor.

Higher YMRS scores show increased disease burden in separated group which could be attributed primarily to lack of social support or the reverse causality in terms of higher affective symptoms leading to lack of social support. Similar findings were seen in other studies though both separated and non-separated groups were not compared simultaneously (Kessler & Mcrae, 1984; Ruestow et al, 2004). Dorz et al, 2005 found the presence of psychopathology in association with interpersonal sensitivity; hostility and perceived social support aspects, and not the severity of affective symptoms being most important factors affecting social adjustment in women with bipolar disorder.

The significant correlation between lower SSQ scores, number of episodes and duration of illness in separated group in comparison to non-separated group, shows that affective disorder can cause interpersonal difficulties which can lead to divorce, also shown by Kessler et al, who found that 48.2% of the respondents had at least one psychiatric disorders either before or during the first marriage subsequently divorced, compared to 35.9% of the respondents who had no disorder before or during the first marriage (Kessler et al, 1998). It is possible that unmeasured variables, such as childhood adversity or stressful living conditions, could have led both to psychiatric disorders and to subsequent adverse marital outcomes.

The findings of the current study could not be generalized due to representation of female gender and small sample size. Also cross-sectional examination makes the result more difficult to interpret as social support changes with time and improvement in illness. Other factors like attitudes, expressed emotions and marital adjustment may also provide with important additional information. Future effectiveness trials are needed to adjudicate between these contending causal interpretations to determine whether divorce can be prevented through treatment of psychiatric problems.

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Table 1: Comparison Of socio-demographic characteristics between separated and non-separated patients of Bipolar Disorder (N=50)

Variable		Non-Separated patients, (N=25) n/(%)	Separated Patients (N=25) n/(%)	X^2	df	p
Religion	Hindu	20(80)	20(80)	5.43	2	.516
	Muslim	2(8)	4(16)			
	Christian	3(12)	1(4)			
Occupation	Employed	17(68.0)	8(32.0)	6.48	1	.023*
	Unemployed	8(32.0)	17(68.0)			
Habitat	Rural	9(36.0)	14 (60.9)	2.97	1	.148
	Urban	16(64.0)	9(39.1)			
Education	Illiterate	5(20.0)	13(56.5)	6.82	1	.016**
	Literate	20(80.0)	10(43.5)			
Socio-economic status	LSES	6(24)	15(60)	7.21	2	.022
	MSES	14(56)	9(36)			
	HSES	5(20)	1(4)			

Significant at *p<.05, **p<0.01

Table no. 2: Group Difference in Social Support Questionnaire, YMRS, Duration of illness (years) and number of episodes (N=50)

Variable	Non-Separated patients (N=25) Mean±SD	Separated Patients (N=25) Mean±SD	t	df	P
Age	28.04±2.82	31.61±2.95	4.71	46	.001**
Number of episodes	3.16±.987	5.52±1.71	5.975	46	.001**
Dur of illness (yrs)	3.64±.907	6.52±1.782	7.200	46	.001**
SSQ3.66±.877	2.55±.890	4.450	48	.001**	
YMRS35.80±8.078	47.12±9.144	.756	48	.001**	

**p is significant at <0.01

SSQ= Social Support Questionnaire, YMRS= Young Mania Rating Scale

Table no. 3a: Correlation between scores of SSQ and YMRS with number of episodes, duration of illness (years) and education in Non-Separated patients of Bipolar Disorder (N=25)

Variable	SSQ r	YMRS r
Number of episodes	.234	-.205
Duration of illness (Years)	.212	-.181
Education	.151	-.240

P=NS

Table no.3b: Correlation between scores of SSQ and YMRS with number of episodes, duration of illness (years) and education in Separated patients of Bipolar Disorder (N=25)

Variable	SSQ r	YMRS r
Number of episodes	-.572**	.278
Duration of illness (Years)	-.150*	.469
Education	.050	-.048

SSQ= Social Support Questionnaire, YMRS= Young Mania Rating Scale

Correlation is significant at*p<.05, **p<0.01 (2-tailed)

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