Factors that affect duration of untreated illness in pregnant women with bipolar disorder

TO THE EDITORS: We read with interest the paper by Mei-Dan et al[1] who conducted a study about perinatal outcomes among women who are affected by bipolar disorder. The authors found that mothers with bipolar disorder have an increased risk of preterm birth and severe large-for-gestational-age babies. This latter finding may be due to treatment with atypical antipsychotics (eg, olanzapine), which are associated to higher risk of diabetes mellitus and increased weight of newborn infants.[2]

Unfortunately the authors did not consider pharmacologic treatment as a covariate of perinatal outcomes. In any case, the early diagnosis and proper treatment of patients with bipolar disorder are associated with better outcomes, including perinatal ones.[3]

In a sample of 26 pregnant patients with bipolar disorder, we investigated variables that were associated with longer *duration of untreated illness* (DUI), which is defined as the time between onset of symptoms and proper treatment (mood stabilizers or atypical antipsychotics).[3] Longer DUI (>1 year) was found to be associated with family history of bipolar disorder ($\chi^2 = 9.72$; df = 6; $P < .05$; phi = 0.61). In contrast, a history of suicidal attempts was associated with a shorter DUI (≤1 year; $\chi^2 = 5.31$; df = 1; $P < .05$; phi = −0.45).

Pregnant patients with relatives with bipolar disorder tend to seek psychiatric care later than patients with healthy/major depressed relatives. Probably major depressive episodes and suicidal attempts generate more concern in pregnant patients and their relatives with respect to hypomania. Suicidal attempts perhaps induce the patients to come into contact with psychiatric care through emergency services. ■

Marta Serati, MD
Massimiliano Buoli, MD
A. Carlo Altamura, MD
Department of Psychiatry
University of Milan
Fondazione IRCCS Ca'Granda Ospedale Maggiore Policlinico,
Milan, Italy
massimiliano.buoli@hotmail.it

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REPLY

We thank Dr Serati et al for their letter to the editor about our paper.[1] They posit that our observed higher risk of gestational diabetes mellitus and large-for-gestational birthweight might be due to atypical antipsychotic medication use in pregnancy. While not evaluated in the current study, we did an evaluation within another population-based study of 1021 antipsychotic-exposed pregnancies that were matched by high-dimensional propensity score to 1021 unexposed pregnancies.[2] Therein, although antipsychotic users were at higher than general population risk for the aforementioned perinatal outcomes, there were no differences between antipsychotic users and matched control subjects.[2] In another recent population-based study among 874 pregnant women with bipolar disorder, those with bipolar disorder were at higher risk for various adverse perinatal outcomes than those without bipolar disorder, but there were no differences of treated vs untreated women with bipolar disorder on these outcomes.[3] Taken together, we believe that factors other than medications, such as prepregnancy medical health and social and lifestyle factors, better explain the higher risk for adverse perinatal outcomes in this population. As the authors of the letter correctly point out, the early care of women with bipolar disorder is of great importance, whether pregnant or not. ■

Simone N. Vigod, MD, MSc
Department of Psychiatry
Women's College Hospital and Women's College Research Institute
University of Toronto, Toronto
Institute for Clinical Evaluative Sciences
Toronto, Ontario, Canada
simone.vigod@wchospital.ca

Elad Mei-Dan, MD
University of Toronto
Sunnybrook Health Sciences Centre
Toronto, Ontario, Canada

Joel G. Ray, MD, MSc
University of Toronto
Institute for Clinical Evaluative Sciences
Departments of Medicine and Obstetrics and Gynecology
Keenan Research Centre
St. Michael's Hospital
Toronto, Ontario, Canada

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