This is the published version:


Available from Deakin Research Online:

http://hdl.handle.net/10536/DRO/DU:30035610

Reproduced with the kind permission of the copyright owner.

Copyright : 2008, Cambridge University Press
Early age of onset is associated with high rates of anxiety comorbidity in bipolar I and schizoaffective disorders

S. Dodd1, F. Ng1, M. Berk1, P. Fitzgerald1, A. de Castella2, J. Kalmar3, K. Keil1, B. Montgomery1; 1University of Melbourne, Clinical & Biomedical Sciences, Geelong, Australia; 2Monash University, AFRIC, Melbourne, Australia; 3Eli Lilly Australia, West Ryde, Australia

Objective: The Bipolar Comprehensive Outcomes (BCOS) study is a 2-year observational study, conducted at two sites (Melbourne and Geelong) in Australia, which tracked various illness and functional outcomes of patients with either bipolar I disorder (n = 176) or schizoaffective disorder, bipolar type (n = 63). As a substudy, the relationship between comorbid diagnoses and age at onset of the first symptoms of mental illness was investigated in BCOS participants.

Methods: Participants were assessed by structured clinical interview at study entry. The diagnosis of bipolar I or schizoaffective disorder, bipolar type, as well as any other comorbid diagnoses were determined using the Mini-International Neuropsychiatric Interview, Version 5. Information on the history of illness of participants prior to study entry was obtained by administration of a questionnaire.

Results: Comorbidities were common in both the bipolar I disorder and schizoaffective disorder groups, and consisted mainly of anxiety, alcohol and substance disorders. High rates of psychotic disorders and mood disorder with psychotic features were recorded, but were likely to be overlapping diagnoses with the primary bipolar or schizoaffective disorders. Suicidal ideation was prevalent in both groups. Among participants with bipolar I disorder, an association was found between comorbid anxiety disorders and early age of bipolar illness onset. There was no association between early onset bipolar illness and alcohol or substance use disorders. No association between comorbid status and age at onset was found for schizoaffective disorder, possibly affected by the smaller sample size, although this could also represent a true difference between the two diagnostic groups.

Conclusion: This study confirms the high rates of psychiatric comorbidities in bipolar I and schizoaffective disorders and highlights the strong association of anxiety disorders with bipolar disorder, particularly among those with early onset illness.