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An Analysis of People with Bipolar Disorder and Occupational Functioning

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Abstract

The social and occupational functioning of people with Bipolar Disorder (BD) has been the focus of previous research, but this ignores people who may be functioning exceptionally or well. To help with applied research and practice in this area, this paper presents the first systematic review of how functioning is measured and the range of functioning observed in BD. Six measures the Global Assessment of Functioning (GAF), the Functioning Assessment Short Test (FAST), the Social and Occupational Functioning Scale (SOFAS), the Social Adjustment Scale (SAS), and the LIFE-Range of Impaired Functioning (LIFE-RIFT) were arranged in accordance with the frequency of use over the past ten years from studies reporting use of a social and/or occupational functioning measure in BD. Cross-study values for each measure were obtained by pooling descriptive statistics of sample scores. It is estimated that approximately 16% of people with BD function at a high level, which is defined as being within two standard deviations of the mean score on each measure. Some measures have a ceiling effect, which suggests that BD functioning might have been underestimated when the measures were made. Higher functioning in people with BD and factors that may support this are the subject of future research. Significant mood swings, from severe depression to extreme mania and irritability, are hallmarks of bipolar disorder (BD), which is frequently accompanied by difficulties in daily life.

Keywords: Bipolar disorder; Social; Occupational; Functioning; Outcome measures

Introduction

Up to 65 percent of people with BD are unemployed, despite evidence that they have higher educational attainment than the general population. In comparison to the general population during euthymia, between 30 and 60 percent of people with BD report limited occupational and psychosocial functioning [1]. However, this suggests that between 40% and 70% of people with bipolar disorder may not have this kind of impairment. The broader distribution of the BD population's social and occupational functioning has been overlooked because this group has received much less research attention. Additionally, there is evidence that some people with BD function at higher levels than the general population. For instance, case studies of exceptional people like Ernest Hemingway, Charles Dickens, Tchaikovsky, Vincent Van Gogh, and Winston Churchill have shown that BD is overrepresented in people with creative talents and occupations [2]. This work requires accurate and consistently applied functioning measurement, but knowing what factors influence functioning outcomes could help inform better BD interventions.

Method

The majority of studies examining functional outcomes in BD exclude subjects who have not received mental health services and recruit participants from a variety of inpatient and outpatient settings, which may lead to selection bias and adverse outcomes. This group's social and/or occupational functioning has been evaluated using a variety of different instruments, including; Social and Occupational Functioning Scale [3], the Bipolar Disorder Functioning Questionnaire, and the Personal and Social Performance Scale are all components of the Global Assessment of Functioning. It's hard to compare results from different studies because there are so many different measures with different psychometric quality that it's hard to choose the best ones for future research. To address these issues, this review will extract data from studies employing the most frequently used social and occupational measures to provide a summary of functioning levels, ranges, and distributions across BD studies [4]. With the ultimate goal of facilitating cross-study comparisons and raising awareness of the current range of functioning in BD, this will help to guide future research in the selection of appropriate functioning measures. Commonly used outcomes measures for people with BD have been identified in previous systematic reviews. However, these reviews have conflated measures of functioning with the much broader domain of quality of life, which, although it can include aspects of functioning, is also linked to assessments of physical health, pain vitality, and mental health. These reviews have also failed to report on the distribution of functioning across these measures. Additionally, the searches for these reviews were carried out more than a decade ago; consequently, an up-to-date re-search into functioning measures in BD is required [5].

Results

This review considered PsycINFO, MEDLINE, Web of Science, Academic Search Complete, and CINAHL databases. PsycINFO and MEDLINE were picked because they cover the most topics that are relevant to the current review. The additional databases were then subjected to scoping searches, guided by the topic librarian at Lancaster University, to determine which ones contained more relevant information without a large number of irrelevant references. PsycINFO and MEDLINE were then given CINAHL, the only additional database that met this requirement, as an information source for the review. October 2018 marked the completion of the initial database

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search, which took place in October 2017 [6]. The systematic review management software DistillerSR (Evidence Partners, Ottawa, Canada) was used to import the titles.

After the data were extracted, the included social and/or organizational functioning measures were ranked according to the total number of uses and the number of uses over the past ten years. In order to focus on the measures that are most likely to be most relevant to practice, the three most commonly used measures for BD and the three most commonly used measures overall over the past ten years were identified. The measure had to have been psychometrically examined for reliability and/or validity in BD in order to be considered validated in BD. Using each selected measure, pooled means and standard deviations (SD) of scores from studies were calculated and weighted according to sample size, with studies with larger samples receiving greater weight in accordance with Cohen's formula [7]. To be included in the distributional analysis, studies had to report the mean, standard deviation, and number of participants. Because no pooled mean or standard deviation could be calculated, the study data were not included in the analysis if only the median and interquartile range were reported. The authors of papers that did not have enough data were contacted to ask for it, and those who did so were included in the analysis.

Discussion

The SOFAS studies were the most consistent in reporting demographic and clinical data, whereas the SFS studies were the least consistent. The duration of the illness had the highest percentage of missing data across all measures, while gender had the lowest. Pooled samples may contain slightly more females than males, according to available demographic data. The pooled samples' mean ages range from 38.58 to 43.83, but standard deviations indicate that most were between 26 and 56 years old. There were a greater number of euthymic participants in the GAF, SAS, SOFAS, and FAST studies than there were patients in episodes in the SFS and LIFE-RIFT studies. In general, more outpatients than inpatients were included in studies across all measures (GAF and LIFE-RIFT had the highest proportion of inpatients). In the LIFE-RIFT pooled sample, the age at which illness began was 23.38 years, while in the SFS pooled sample, it was 34.18 years [8]. The SFS pooled sample's illness duration ranged from 9.55 years to 21.49 years in the LIFE-RIFT pooled sample. For SAS studies that were used in the pooled analysis, there was no information on the duration of illness.

Conclusion

The purpose of this review was to learn more about the range and distributions of people with BD's functioning based on the measures that were found to be most commonly used and to identify the measures that have been used to evaluate social and occupational functioning. In the 379 included studies since 1981, 38 measures were used to assess social and occupational functioning across a wide variety of sample types (euthymic, acutely ill, inpatient, and outpatient, for example). This has decreased to 30 distinct measures over the past ten years. We combined data from all of the studies to create a comprehensive picture of the BD population's expected range of functioning. We hoped to obtain more accurate estimates of the range of functioning in BD than those offered by individual studies by pooling data from studies and sample types that have used the same functioning measure. Six measures were found to have been used the most frequently over the past ten years, and three of them had been tested with a BD-only sample. Ten of the measures in the included studies had only been used once, and many of the other measures had only been used a few times (see Appendix B). This emphasizes the necessity of establishing a fundamental set of outcomes that can be utilized consistently across studies to facilitate study comparison. The distribution analysis used the following measures the most frequently: the GAF, SOFAS, and SAS, which were not validated in BD, as well as the FAST, SFS, and LIFE-RIFT, which were.

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