PATTERN OF RECURRENCE IN MAJOR AFFECTIVE [MOOD] DISORDERS
A CLINICAL STUDY ON A SAMPLE OF IRAQI PATIENTS
Kareem Naseer Hussain

College of Medicine – Al-Qadissia University – Iraq

ABSTRACT:

Background: Mood refers to the internal emotional state of an individual also pervasive and sustained emotion that in the extreme markedly colors one's perception of the world. Affect refers to the external expression of emotional contents. Affect and emotion are commonly used interchangeably.

Objectives (Aims): To define the most important data that are correlated to the recurrence of mood disorders in a sample of Iraqi patients and to compare the finding of our study with that carried out in other cultures.

Methods: This is a cohort study that enrolled fifty patients with all the patients had at least four affective episodes half of the have unipolar depression and the other half has bipolar disorder. The sample was chosen from both the outpatient and inpatient in psychiatric unit at Al-Diwaniyah Teaching Hospital during period between 1, April, 2012 1, Jan, 2013.

For each patient clinical interview was done by the researcher a reliable close contract informant was also interrogated according to National Institute of Mental Health Diagnostic Interview Schedule (NIMH).

Results: This study revealed the following results:

No significant difference between males and females regarding the level of education. The relationship between state of employment and sex of patient is statistically significant also the relationship between sex of patient and marital status is statistically significant.

50% of patients had bipolar affective disorder (BAD), and other 50% had unipolar affective disorder (UAD). Studying the life events which may act as precipitating factor in the initiation of affective episodes within one month prior to the onset.

Conclusion: This study proved that consistency of the clinical picture throughout the course of the affective disorder (i.e. exclusively recurrent manic or exclusively depressive episodes). It was found that 66% of patients had constant clinical picture, 75% of these parents were females suffering from depressive episode changeable clinical picture was more in males (45.45%) than in female patients (25%).

The result of his study were compared to others and found to be relatively comparable

NOTES: BAD: Bipolar Affective Disorder.
UAD: Unipolar affective Disorder.

الخلاصة

خلفية الموضوع: الاضطرابات الوجدانية عامة واسعة الاشارت جدا بل ل الجنوادش القصص و أن نسبة كبيرة من مراجعات

العلاجات الخاصة والمستشفيات يعانون من أمراض عاطفية و قلق و عصاب. و في هذه الدراسة تبين أن حمض الأشباه من مرضى الاكتئاب المتباين، و حمض الأشباه و عضور مرضاً كانوا يشتكون من مرض الاكتئاب المزمن، و حمض الأشباه و عضور مرضاً كانوا يشتكون من مرض الألزات المتباين، و حمض الأشباه و عضور مرضاً كانوا يشتكون من مرض الاكتئاب المزمن، و تكون الأعراض بشكل نوبة تمتد لبضع شهور أو سنوات ثم تميل إلى الشفاء النام ثم تليها نوبة أخرى بعد فترة من حياة طبيعية.

الأهداف: حساب نسبة انتشار الاضطرابات الوجدانية الرئيسية المتكررة لدى المرضى العراقيين و مقارنتها مع بقية الدراسات في العالم و تقييم مختلف عوامل الأحداث الحياتية في نسبة الحدوث.

الطريق: هذه الدراسة مقسمة ضمت خمسين مرضاً مصاباً بالاضطرابات الوجدانية الرئيسية المتكررة عند مراجعاتها العلاجية في مستشفى النفسي التعليمي خلال فترة من 1 نيسان، 2013 و 2014. كيفًا كلاً من 2012 و تم تطبيق الاضطراب

طبقًا لاستخدام قائمة بالأمراض المزمنة وأمراض النفسية و السالخة

النتائج: أثبتت هذه الدراسة بأن نسبة 50% من المرضى كان لديهم الاضطراب الوجداني المزمن و 50% من المرضى كان لديهم الاضطراب الوجداني المزمن و كذلك أشارت الدراسة إلى وجود 50% كانت لديهم بداية طبية للمرض و قد وجدنا في هذه

1696
INTRODUCTION:

Definition:

Mood refers to the internal emotional state of an individual (Amebelas A), and it is also defined as a pervasive and sustained emotion that in the extreme markedly colors one's perception of the world (American Psychiatric Association).

Affect refers to the external expression of emotional contents (Amebelas A). Affect and emotion are commonly used interchangeably (American Psychiatric Association).

In mood (affective) disorders, the fundamental disturbance is a change in mood or affect usually to depression (with or without anxiety) or to elation. This mood is normally accompanied by a change in the overall level of activity, and most other symptoms are either secondary to, or easily understood in the context of such changes. Most of mood disorders tend to be recurrent American Psychiatric Association.

There are some of the terms have been used in the DSM-IV-TR as follows:

• **Mood syndrome**: is a group of mood and other symptoms occurring together for a minimum period of time (specified as two weeks for a depressive and a “distinct period” for a manic episode). A mood syndrome can occur in a schizoaffective disorder or an organic mental disorder, as well as an affective disorder American Psychiatric Association.

• **Mood episode**: is a term restricted to mood syndromes occurring in the absence of either an organic disorder or a ‘non – mood’ psychiatric disorder (that is schizophrenia, schizoaffective disorder, or delusional disorder) American Psychiatric Association.

• **Mood disorder**: is a term refers to a sequence of mood episodes. Mood disorders are further classified as depressive (major depression) or bipolar. The course of disorder is characterized as unipolar or bipolar.

Classification:

In the (10th) revision of the ICD all mood disorders have been brought together in one section and provided with operational criteria American Psychiatric Association.

Two basic syndromes - manic episode and depressive episode - are adequately described and defined; a distinction is drawn between unipolar and bipolar disorders; the terms like manic depression, melancholia, reactive, endogenous and psychogenic are relegated to the status of inclusion terms.

Most of the distinction drawn are explicitly based on difference in severity or duration rather than assumed differences in aetiology. For example, a distinction is drawn between single, recurrent and persistent disorders (cyclothymia and dysthymia). There are then two gradation of mood elevation (mania & hypomania)
and three of depression (mild episode, moderate depressive episode and severe depressive episodes.

In summary, the classification of mood disorders in ICD - 10 is quite complicated, and makes provision for a wide range of detailed distinctions, but is singularly free of assumption about disease entities and causation (Brown G.W).

Classification in (DSM-IV-TR), differs only in minor ways from its predecessor. The detailed criteria for a major depressive episode are different and now make it possible for the diagnosis to be made in the absence of a depressed mood, provided there is anhedonia. The criteria for melancholia are also changed, with diagnostic weight now is given to a good previous response to antidepressants or ECT and to full recovery from a previous episode. There is also a new set of criteria for seasonal mood disorder (Silvestone T.&Romans ).

Epidemiology:

Mood (affective) disorders periodically disable many people over the world. Although manic disorders are comparatively rare, depression is, quite possibly, the most widespread serious and costly psychiatric disease afflicting humankind today. It is at least ten times as prevalent as schizophrenia. Severe depression affects fully 2 - 3% of the world's population (Dunner D. L).

The life time expectancy of developing unipolar depression is approximately 20% in women and 10% in men, the onset can occur from childhood through senescence, but 50% of the patients have the onset between ages 20 and 50, the mean age being about 40. In general, more often in divorced or separated individuals. There is no correlation between social class and unipolar depression (Amebelas A).

The life time expectancy of developing bipolar disorder is about 1% in both men and women. The mean age of onset is earlier than that of unipolar disorder, the range begins from childhood to 50 years. It may be more common in divorced and single individuals than among married persons. Bipolar disorders are more frequent in the upper social class (Amebelas A).

Course:

Three groups of patients have been distinguished. First, a group of individuals who experience their symptoms in response to an identifiable life event and whose depression remits rapidly and often spontaneously (Eissa M. A). This may account for up to half the depressed individuals in the community (England J.A). Second, there is a group of depressed individuals whose depression lasts longer and recur more frequently. Third, there is a group of chronically depressed individuals, many of whom might be regarded as having a personality disorder (Eissa M. A).

Depressive psychosis is characterized by remission and relapse. While few patients may have only one episode of illness, the majority have recurrence. Remission is usually total, even without treatment: before effective antidepressant therapy was available (i.e. before1935), “melancholics” would almost invariably recover provided they were prevented from committing suicide (Eissa M. A).

Unipolar depression is fundamentally a cyclic disorder with periods of illness separated by periods of mental health. Approximately 50 - 85% of patients have a second depressive episode, very often in the next 4 to 6 months. Over a 20 years period the mean number of episodes is five or six. An untreated episode of depression lasts 6 to 13 months; most treated episodes last approximately 3 months (Amebelas A).

In unipolar depression, it is often said that successive episodes of depression tend to get longer with increasing age.
Bipolar disorder is a recurring illness, characteristically, recovery is usually complete between episodes. Most patients experience both depression and manic episodes, though approximately 10 - 20% experience only manic episodes. The manic episodes typically have a very rapid onset (hours or days), but they may evolve over a few weeks. Early in the disorder manic episode may be associated with precipitating events, but this is less so as the disorder progresses. An untreated manic episode lasts about 3 months. (Amebelas A)

The frequency of episodes and the pattern of remissions and relapses are both very variable, though remission tend to get shorter as time goes on and depression to become commoner and longer lasting after middle age. (American Psychiatric Association).

Silverstone et al. (1989) described that the majority of patients with bipolar affective disorder relapse at least once during their lifetime, most several times. Factors which appear to play a facilitatory and in some cases a causal role in determining a relapse, include the season of the year, change in endocrine status, treatment with drugs affecting central monoamine neurotransmission and untoward life events (Gelder M).

Most of mood disorders tend to be recurrent and the onset of the individual episode is often related to stressful events. (American Psychiatric Association).

It is an every days clinical observation that depressive disorders often follow stressful events. An excess of life events has been shown in the months before the onset of depressive disorder (4, 6 &18). The frequency of stress factors before the first and subsequent episodes of affective disorder have been variously estimated by different authors from 16-17% to 100% (Silvestone T. & Romans).

**AIM OF THE STUDY**

The purpose of this study is:
1- to define the most important data that are correlated to the recurrence of mood disorders in a sample of Iraqi patients.
2- to compare the findings of our study with that carried out in other cultures.
3- to identify the sociodemographic characteristics of Iraqi patients with recurrent mood disorders.

**PATIENTS AND METHODS:**

A cohort composed of fifty patients suffering from primary mood disorders with repeated recurrence were studied. All the patients had at least four affective episodes, half of them have unipolar depression and the other half has bipolar disorder. Time since their first episode ranged between 4-30 years. The sample was chosen from both the outpatient and inpatient in Psychiatric Unit in Al-Diwaniya Teaching Hospital. The study was carried out during the period from ____ to the end of ____. For each patient clinical interview was done by the researcher, a reliable close contact informant was also interrogated. The sociodemographic data was recorded according to (Appendix A). The interview is based on:
1- National institute of mental health diagnostic interview schedule (NIMH-DIS), question specific for the diagnosis of depression (72-99) and for mania (100-117) were used to confirm the diagnosis (Appendix B).
The NIMH-DIS is a fully structured interview designed to enable physicians to make a consistent and accurate psychiatric diagnosis according to three diagnostic systems, DSM, III, Feighner criteria and research diagnostic criteria (Kaplan and Sadock’s).

2- Data identify pattern of recurrence (Appendix C).
3- Checklist schedule of life events (Appendix D).

Life events recorded were derived from Holemes-Rahe (1967) (Lehmann H. E.) and Paykel (1969) (14). The schedule was modified to include life events relevant to our culture. The life events have been reported within one month and within six months prior to the onset of the first three episodes.

This study was designed to provide both descriptive and analytic data. Statistical methods were used in the analysis of the findings include: frequency, mean, range and standard deviation. We used also Chi-Square and t-test to measure the significance of important results obtained. We used correlation coefficient to measure the degree of closeness between some related data.

RESULTS
This study revealed the following results:

22 patients (44%) were males and 28 patients (56%) were females; their ages ranged between 21 to 59 years (mean ± S. D. 38.6 ±11.04), for males ranged between 23 to 59 years (mean ± S. D. 42.5 ±11.55) and for females ranged between 21 to 56 years (mean ± S. D. 35.53 ±9.76), Table (1).

38% of patients were unemployed, females more than males (60.7% vs. 9.09%). 18% of patients were unskilled, males more than females (36.3%, vs. 3.57%). 10% of patients were skilled, unskilled males were more than skilled males (36.3% vs. 4.5%). 12% of patients were professionals, 10% were students and 12% were retired. 54.4% of males were employed compared to unemployed (9.09%). The relationship between state of employment and sex of patients is statistically significant (p < 0.05), Table American Psychiatric Association.

68.63% of males were single, while 14.3% of females were single (p<0.05). The relationship between sex of patients and marital statistically significant (p< 0.05), Table American Psychiatric Association.

50% of patients had bipolar affective disorder (BAD), and the other 50% had unipolar affective disorder (UAD). 12 males (48%) had recurrent BAD, current episode was mania in 22 patients (88%); more than half of them (64%) had rapid onset of the episodes. On the other hand, more than half of female patients (64%) had recurrent UAD, about two thirds of them (44%) had gradual onset of depressive episode, Table American Psychiatric Association.

Regarding the age of onset of the first affective episode, it was found that recurrent BAD begins at a younger age (mean 25.5±8.4) than recurrent BAD (29.0±8.2). Recurrent bipolar disorder began earlier in both sexes than recurrent UAD. Affective disorders (unipolar and bipolar) started about three years earlier in females than males. Recurrent bipolar disorder began about 2.5 years earlier in both sexes than recurrent unipolar disorder. All differences are statistically insignificant, Table (Brown G.W).

Studying the life events which may act as precipitating factor in the initiation of affective episodes within one month prior to the onset. 58% of patients with major mood disorders had suffered stressful life events before the onset of their first episode. With progress of the disorder, the number of patients suffering stressful life events gradually diminishes, so that preceding their second and third episodes, only 32% and 22% of patients reported stressful events respectively, this is statistically significant.
60% of the patients with BAD had suffered stressful life events within one month before the onset of their first episode, only 36% and 28% of them had suffered stressful events in their second and third episodes respectively; this is statistically significant, Table (Dunner D. L).

Studying the role of life events in the initiation of manic episode in patients with recurrent BAD within one and six months prior to the onset. 50% and 55% of patients had suffered life events before their first manic episode within one and six months prior to the onset respectively. With progress of the disorder, the number of patients suffering stressful events gradually diminishes, so that preceding their second manic episode, only 15.4% of patients had reported stressful event within 6 months prior to the onset of their second and third episodes, the difference are statistically significant, Table (Eissa M. A).

The mean duration of the affective episodes (mania or depression) was nearly constant along the course of illness (Table 8), duration of manic episode is about 1.9 months, while the duration of depressive episode is about 2.7 months.

Looking for consistency of the clinical picture throughout the course of affective disorder (i.e. exclusively recurrent manic or exclusively depressive episodes), it was found that 66% of patients had constant clinical picture, 75% of these patients were females suffering mainly from depressive episodes (53.57%). Changeable clinical picture was more in males (45.45%) than in female patients (27%), Table (Gelder M).

DISCUSSION:
This study has identified some important correlates of recurrent affective (mood) disorders in a sample of Iraqi patients. Although the studied sample (50 patients) was relatively small, yet it reflected the subsequent observations.

In this study, the female - male ratio In UAD was (1.5:1), this result is comparatively similar to many studies which had been done in our country, some other countries, Europe, and North America(Theodore A. Stern ), while Rao (1970) found that depression is more in males than in females in the Indian subcontinent (Paykel E.S. Myers J.K ), this may be attributed to cultural differences. Egeland et al (1983) found equal sex ratio of major depression in his study of the Amish (Paykel E.S., Prusoff B. A., mayers ), this study is potentially important because alcoholism and sociopathy are virtually absent from this population, a presumed equal sex ratio could mean that alcoholism or antisocial behaviour in males is obscuring male depression (Boyed & Wissman,1981)(Paykel E.S., Prusoft B. A., Tanner ).

In the BAD, the female-male ratio was almost equal in this study (13:12), this is consistent to many studies, e.g. Joyce (1984) (R.E. Kenell).

Recurrent affective disorders were found to be more common in employed and unskilled males and unemployed (housewives) females. This finding is similar to that of Eissa (1995) (Rao, A. V).

Married males were less than married females (27.2 vs. 57.14), while single males were more than single females (68% vs. 14.28%). These differences in marital status may be explained by the finding that most female patients (60%) had UAD with a mean age of onset of 28.6 years which gives them a better chance of marriage since the usual age of marriage in females is known to be lower than males in our society. On the other hand, economic burden on males may act as an obstacle for marriage, so they get married at a later age which coincides with the disease onset.

In this sample, the mode of onset of recurrent mania was more rapid than that of recurrent depression. This is consistent with many studies, Winokur (1976) (Robins L. N)
had recognized that most manic attacks are of acute onset and typically develops over days.

In the present study recurrent BAD begins about 3.5 years in both sexes earlier than recurrent UAD, BAD started at a mean age of (25.5±8.4) years, while UAD started at a mean age of (29.0±8.2) years.

Tables 6-7 show that stressful life events may act as a precipitating factor and played a more significant role in the initiation of the first affective episode (within one month and six months prior to the onset) than in subsequent episodes in patients with major affective disorders, and in the patients with the recurrent mania. These findings are relatively similar to those of Elssa (1995) who founded that life events play a more significant role in the initiation of the first affective episode than in subsequent episodes (58% vs. 24% of patients) one month prior to the onset (Rao, A. V.).

Amebelas (1979) had studied patients suffering from episodes of mania, he found that 66% of patients had experienced stressful events within six months prior to the onset, whereas only 20% of the recurrent group gave such history(Rufaie O.E.).

In this study, the sex of the patient was found not to be related to the presence of stressful events (1 & 6 months prior to the onset) along the course of the illness. This finding is consist to studies carried out by Eissa (Rao, A. V.) and Amebelas (Rufaie O.E.).

In this sample the mean duration of affective episodes was nearly constant (1.9 months in mania, 2.7 months in depression) along the course of the illness. This finding is nearly consistent with many studies, e.g. Angst et al (1973) found that the average duration of manic episodes is under 3 months and the length of each episode doesn't seem to alter systematically in the later attacks and they reported that the average duration of depressive episodes in UAD is under 4 months. More than half of depressed patients recover in less than 2-3 months with modern treatment(S.M. Lawrie).

In this study, the inter - episode period (remission) in major affective disorders insignificantly varies inversely with the duration of the episode along the course of the illness. This finding is also consistent to those of Coryell and Tsuang (30). The inverse correlation between the duration of episode and remission was more apparent in later episodes especially depressive ones, this may interpreted by the finding of Angst et al (1973) who found that in BAD, the length of remission between episodes become shorter up to the 3rd attacks, but did not change after that (S.M. Lawrie).

Regarding the consistency of the clinical picture along the course of the illness in the present study, 66% of the clinical picture was constant, male patients with changeable picture were more than females (45.5% vs. 25%). These findings are relatively in agreement with that of Paykel et al (1976) who indicated some consistency in clinical picture in successive affective episodes (10, 29). Dunner (1976) found about 5-10% of patients with an initial diagnosis of unipolar depression have a manic episode 6-10 years after the first depressive episode(25, 28).

**CONCLUSION**

This study has declared some important features of the pattern of recurrence of affective disorders. It was found that with the progress of the illness, the mean duration of affective episodes is nearly constant, while the mean duration of remissions is getting shorter and varies inversely with the mean duration of episodes. The precipitating factors play a significant role in the initiation of the first episode more than subsequent ones. The onset of recurrent mania is more rapid than that of recurrent depression. The clinical picture tends to be constant with the progress of the illness. These results are relatively comparable to other studies.
**TABLE I**

Age (in years) & sex of patients with recurrent affective disorders

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Recurrent affective disorder Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total: (n=50)</td>
<td>Range mean ± S.D.</td>
</tr>
<tr>
<td></td>
<td>21-59</td>
</tr>
<tr>
<td>Range</td>
<td>38.6±11.04</td>
</tr>
<tr>
<td>Male: (n=22)</td>
<td>Range mean ± S.D. percentage</td>
</tr>
<tr>
<td></td>
<td>23-59</td>
</tr>
<tr>
<td>Percentage</td>
<td>38.6 ± 11.04</td>
</tr>
<tr>
<td>Percentage</td>
<td>44.0%</td>
</tr>
<tr>
<td>Female: (n=28)</td>
<td>Range mean ± S.D. percentage</td>
</tr>
<tr>
<td></td>
<td>21-56</td>
</tr>
<tr>
<td>Percentage</td>
<td>35.53±9.76</td>
</tr>
<tr>
<td>Percentage</td>
<td>56.0%</td>
</tr>
</tbody>
</table>

**TABLE 2**

State of Employment of Patient with Recurrent Affective Disorders

<table>
<thead>
<tr>
<th>State of employment</th>
<th>Total (n=50)</th>
<th>Males (n=22)</th>
<th>Females (n=28)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Professionals</td>
<td>6</td>
<td>12.0</td>
<td>3</td>
</tr>
<tr>
<td>Skilled workers</td>
<td>5</td>
<td>10.0</td>
<td>1</td>
</tr>
<tr>
<td>Unskilled workers</td>
<td>9</td>
<td>18.0</td>
<td>8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>19</td>
<td>38.0</td>
<td>2</td>
</tr>
<tr>
<td>Students</td>
<td>5</td>
<td>10.0</td>
<td>3</td>
</tr>
<tr>
<td>Retired</td>
<td>6</td>
<td>12.0</td>
<td>5</td>
</tr>
</tbody>
</table>

\[X^2=21.54, \ df=5, P<0.05: S.*\]

S. =significant

**Table 3**

Marital status of patients with recurrent affective disorders.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Total (n=50)</th>
<th>Males (n=22)</th>
<th>Females (n=28)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>%</td>
<td>NO</td>
</tr>
<tr>
<td>Single</td>
<td>19</td>
<td>38.0</td>
<td>15</td>
</tr>
<tr>
<td>Married</td>
<td>22</td>
<td>44.0</td>
<td>6</td>
</tr>
<tr>
<td>Divorced</td>
<td>6</td>
<td>12.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>4.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>2.0</td>
<td>1</td>
</tr>
</tbody>
</table>

\[X^2=11.61, \ df=4; CI-95; P<0.05; S.

(single males VS. single females)

\[X^2=15.18, df=1; CI-95; P<0.05; S.\]
TABLE 4
Diagnostic breakdown & mode of onset of current affective episode.

<table>
<thead>
<tr>
<th>Diagnosis &amp; mode of onset</th>
<th>Total (n=50)</th>
<th>Males (n=22)</th>
<th>Females (n=28)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Current UAD Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid</td>
<td>25</td>
<td>50.0</td>
<td>10</td>
</tr>
<tr>
<td>Gradual</td>
<td>10</td>
<td>20.0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>30.0</td>
<td>4</td>
</tr>
<tr>
<td>Current BAD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mania</td>
<td>25</td>
<td>50.0</td>
<td>12</td>
</tr>
<tr>
<td>Rapid</td>
<td>22</td>
<td>44.0</td>
<td>10</td>
</tr>
<tr>
<td>Gradual</td>
<td>16</td>
<td>32.0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>12.0</td>
<td>4</td>
</tr>
<tr>
<td>Depression</td>
<td>3</td>
<td>6.0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2.0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4.0</td>
<td>1</td>
</tr>
</tbody>
</table>

TABLE 5
Age (in years) at onset of the first episode of recurrent affective disorders

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Recurrent UAD (n=25)</th>
<th>Recurrent BAD (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>Range</td>
<td>16-44</td>
</tr>
<tr>
<td></td>
<td>Mean ± SD</td>
<td>29.0±8.2</td>
</tr>
<tr>
<td>Male</td>
<td>Range</td>
<td>16-44</td>
</tr>
<tr>
<td></td>
<td>Mean ±S.D.</td>
<td>29.5±9.6</td>
</tr>
<tr>
<td>Female</td>
<td>Range</td>
<td>16-44</td>
</tr>
<tr>
<td></td>
<td>Mean ±S.D.</td>
<td>28.6±7.5</td>
</tr>
</tbody>
</table>

All differences are statistically not significant.

(UAD VS. BAD)
\(t-cal^*<t-tab^{**}, n_1+n_2=48, CI-95; P>0.05, \text{N.S.}\)
Males (UAD VS. BAD)
\(t-cal^*<t-tab^{**}, n_1+n_2=20, CI-95; P>0.05, \text{N.S.}\)
Females (UAD VS. BAD)
\(t-cal^*<t-tab^{**}, n_1+n_2=26, CI-95; P>0.05, \text{N.S.}\)

(UAD)
(males VS. females)
\(t-cal^*<t-tab^{**}, n_1+n_2=23, CI-95; P>0.05, \text{N.S.}\)

(BAD)
(males VS. females)
\(t-cal^*<t-tab^{**}, n_1+n_2=23, CI-95; P>0.05, \text{N.S.}\)

* \(t-cal = t-calculated\)
**TABLE 6**

Life events in recurrent affective disorders within one month prior to the onset

<table>
<thead>
<tr>
<th>Presence of life events</th>
<th>Recurrent UAD (n=25)</th>
<th>Recurrent BAD (n=25)</th>
<th>Total (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Before 1&lt;sup&gt;st&lt;/sup&gt; episode</td>
<td>9</td>
<td>36.0</td>
<td>14</td>
</tr>
<tr>
<td>Before 2&lt;sup&gt;nd&lt;/sup&gt; episode</td>
<td>9</td>
<td>36.0</td>
<td>7</td>
</tr>
<tr>
<td>Before 3&lt;sup&gt;rd&lt;/sup&gt; episode</td>
<td>7</td>
<td>28.0</td>
<td>4</td>
</tr>
</tbody>
</table>

UAD

(1<sup>st</sup> VS. 2<sup>nd</sup>)<sup>2</sup> X= 2.88, df= 1, CI-95; P>0.05, N.S.

(1<sup>st</sup> VS. 2<sup>nd</sup>) X= 5.19, df= 1, CI-95; P<0.05, S.

BAD

(1<sup>st</sup> VS. 2<sup>nd</sup>) X= 4.09, df= 1, CI-95; P<0.05, S.

(1<sup>st</sup> VS. 2<sup>nd</sup>) X= 8.68, df= 1, CI-95; P<0.05, S.

TOTAL

(1<sup>st</sup> VS. 2<sup>nd</sup>) X= 6.83, df= 1, CI-95; P<0.05, S.

(1<sup>st</sup> VS. 2<sup>nd</sup>) X= 13.5, df= 1, CI-95; P<0.05, S.

**TABLE 7**

Life events preceding recurrent manic episodes in bipolar disorder within one month & 6 month prior to the onset

<table>
<thead>
<tr>
<th>Manic Episodes</th>
<th>Presence of life events</th>
<th>Within one month</th>
<th>Within Six months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>First</td>
<td>20</td>
<td>10</td>
<td>50.0</td>
</tr>
<tr>
<td>Second</td>
<td>13</td>
<td>2</td>
<td>15.4</td>
</tr>
<tr>
<td>Third</td>
<td>10</td>
<td>1</td>
<td>10.0</td>
</tr>
</tbody>
</table>

Within one month

(1<sup>st</sup> VS. 2<sup>nd</sup>)<sup>2</sup> X=4.08, df=1, CI-95; P<0.05, S.S.

(1<sup>st</sup> VS. 2<sup>nd</sup>)<sup>2</sup> X=4.59, df=1, CI-95; P<0.05, S.S.

Within six months

(1<sup>st</sup> VS. 2<sup>nd</sup>)<sup>2</sup> X=5.17, df=1, CI-95; P<0.05, S.S.

(1<sup>st</sup> VS. 2<sup>nd</sup>)<sup>2</sup> X=5.6, df=1, CI-95; P<0.05, S.S.

**TABLE 8**

Duration (in months) of recurrent affective episodes.

(mean ± S.D.)

<table>
<thead>
<tr>
<th>Episode</th>
<th>Depression</th>
<th>Mania</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>2.55±2.07</td>
<td>1.87±1.08</td>
</tr>
<tr>
<td>Second</td>
<td>2.7±2.9</td>
<td>1.9±1.4</td>
</tr>
<tr>
<td>Third</td>
<td>2.85±2.32</td>
<td>2.0±1.3</td>
</tr>
</tbody>
</table>

Depression

(1<sup>st</sup> VS. 2<sup>nd</sup>)

t.cal <t.tab; n1+n2-2=48, CI-95; P>0.05, N.S.

(1<sup>st</sup> VS. 2<sup>nd</sup>)

t.cal <t.tab; n1+n2-2=48, CI-95; P>0.05, N.S.

Mania

(1<sup>st</sup> VS. 2<sup>nd</sup>)

t.cal <t.tab; n1+n2-2=48, CI-95; P>0.05, N.S.
t.cal <t.tab; n1+n2-2=33, CI-95; P>0.05, N.S.  (1\textsuperscript{st} VS. 2\textsuperscript{nd})
t.cal <t.tab; n1+n2-2=30, CI-95; P>0.05, N.S.

<table>
<thead>
<tr>
<th>TABLE 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistency of clinical picture along the course of recurrent affective episodes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Picture</th>
<th>Males</th>
<th></th>
<th></th>
<th>Females</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSTANT</td>
<td>33</td>
<td>66.0</td>
<td>12</td>
<td>54.5</td>
<td>21</td>
</tr>
<tr>
<td>Depression</td>
<td>25</td>
<td>50</td>
<td>10</td>
<td>45.45</td>
<td>15</td>
</tr>
<tr>
<td>Mania</td>
<td>8</td>
<td>16.0</td>
<td>2</td>
<td>9.09</td>
<td>6</td>
</tr>
<tr>
<td>CHANGED</td>
<td>17</td>
<td>34.0</td>
<td>10</td>
<td>45.45</td>
<td>7</td>
</tr>
</tbody>
</table>

---

Appendix (A)

Sociodemographic Data

المعلومات الإحصائية الاجتماعية

<table>
<thead>
<tr>
<th></th>
<th>الاسم</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>العمر</td>
</tr>
<tr>
<td></td>
<td>الجنس</td>
</tr>
<tr>
<td></td>
<td>الحالة</td>
</tr>
<tr>
<td></td>
<td>القومية</td>
</tr>
<tr>
<td></td>
<td>الزوجية</td>
</tr>
<tr>
<td></td>
<td>العنوان</td>
</tr>
<tr>
<td></td>
<td>المهنة</td>
</tr>
<tr>
<td></td>
<td>عدد أفراد العائلة</td>
</tr>
<tr>
<td></td>
<td>طبيعة المسكن</td>
</tr>
<tr>
<td></td>
<td>التاريخ العائلي (قرآن درجة أولى)</td>
</tr>
<tr>
<td></td>
<td>الكابة</td>
</tr>
<tr>
<td></td>
<td>التخرج العلمي السبب</td>
</tr>
<tr>
<td></td>
<td>الطبي</td>
</tr>
<tr>
<td></td>
<td>النفسي</td>
</tr>
<tr>
<td></td>
<td>الدخل السابق إلى أي مستشفى</td>
</tr>
<tr>
<td></td>
<td>عدد الدخولات</td>
</tr>
</tbody>
</table>

APPENDIX (B)

(جدول المقابلة التشخيصية)

27- خلال حياتك، هل عانيت من الحزن و الكابة لمدة أسبوعين أو أكثر؟ أو فقدت كل الاهتمام والشعور بالسعادة بالأشياء التي كنت تهم و تفرح بها؟ (نعم/كلا).

28- هل حصل في أي وقت و شعرت لمدة أسبوعين أو أكثر بالكابرة أو الحزن معظم الوقت حتى لو شعرت أحياناً بذلك مرتاب؟ (نعم/كلا).

29- هل حصل و فقدت شهيتك و لمدة أسبوعين أو أكثر؟ (نعم/كلا).

30- هل حصل أن فقدت من وزنك دون إرادتك بحدود كيلوغرام واحد في الأسبوع و لعدة أسابيع (بحدود 4-5) كغم جمعاً؟ (نعم/كلا).

31- هل حصل في أي وقت و لفترة زمنية زادت فيها شهيتك لدرجة ازداد وزنك بحدود كيلوغرام واحد في الأسبوع (بحدود 4.5 كغم جمعاً)؟ (نعم/كلا).

1706
هل حصل في أي وقت كانت عانيت من الاستيقاظ في النوم، الاستيقاظ المبكر حداً قبل الوقت المعتاد؟

- ٧٧ هل حصل في أي وقت كأن لفتة أسبوعين أو أكثر؟ (نعم/كلا).
- ٧٨ هل حصل في أي وقت كان لفتة أسبوعيين أو أكثر كنت تتأم كثيراً و إلى حد بعيد؟ (نعم/كلا).

هل هناك فترة شعرت خلالها بالتعب كل الوقت واستمرت لفترة أسبوعيين أو أكثر؟ (نعم/كلا).

- ٧٩ هل حصل في أي وقت، كنت تتلك أو تتحرك بصورة أبطأ من المعتاد بالنسبة لك و استمرت الحالة لمدة أسبوعيين أو أكثر؟ (نعم/كلا).

هل حصل في أي وقت و لمدة أسبوعيين أو أكثر، كنت تتتحرك كل الوقت، أي لا تستطيع أن تسكن و تهدأ و تدرع المكان جيئة و ذهباً؟ (نعم/كلا).

- ٨٠ هل حصل لك في وقت ما، كانت رغبت في الجنين أقل من المعتاد بالنسبة لك و استمرت الحالة لفترة أسبوعيين أو أكثر؟ (نعم/كلا).

هل حصل لك كأن أنت شعرت بالتعب كثيراً، أمذنب و استمرت الحالة لفترة أسبوعيين أو أكثر؟ (نعم/كلا).

- ٨١ هل حصل في أي وقت كان و لفترة أسبوعيين أو أكثر، أحسست خلالها بأن تفكيرك أبطأ كثيراً من المعتاد، أو أفكارك بدت مشوشاً؟ (نعم/كلا).

هل حصل لك كأن فكرت بالموت كثيراً - موتك، أو موت شخص آخر، أو بالموت عمتها و استمرت الحالة لأسبوعيين أو أكثر؟ (نعم/كلا).

- ٨٢ هل حصل لك أن شعرت برغبة في الموت و استمرت الحالة لفترة أسبوعيين أو أكثر؟ (نعم/كلا).

هل حصل في أي وقت كنت حاولت الانتحار؟ (نعم/كلا).

- ٨٣ قلت إنك مرتت بفترة شعرت خلالها (بالحزن أو الكآبة) أو أيضاً عانيت من بعض المشاكل الأخرى (٤٧-٧٧)؟ هل هناك وقت شعرت فيه بالكآبة و بعض تلك المشاكل معاً و في نفس الشهر؟ إذا كان الجواب كلاً (أسأل سأ). إذا كان الجواب نعم (أسأل س٢١).

أ. أي لا توجد فترة شعرت خلالها بالكآبة و الحزن و بعض من تلك المشاكل الأخرى معاً و في نفس الوقت؟

لا توجد هناك فترة (انتقال إلى س١٠٠ مباشراً).

- ٨٤ توجد هناك فترة (انتقال إلى س٩٩ مباشراً).

هل هناك وقت عانيت فيه عدداً من تلك المشاكل معاً و في نفس الشهر؟

إذا كان الجواب نعم (أسأل سأ). إذا كان الجواب كلاً (أسأل س٢٢).

أ. عندما كنت تعاني من بعض تلك المشاكل، هل كنت في نفس الوقت تشعر بالراحة، أم بالكآبة و الحزن و التشابم و فقدان الرغبة بكل شيء؟ إذا كنت تشعر بالراحة (انتقال إلى س١٠٠ مباشراً).
إذا كنت تشعر بالكآبة والحزن والتشاؤم ...الخ (الجواب 29).

22- ما هي أطول نوبة حصلت لك حين شعرت خلالها بالاكتئاب والعديد من المشاكل الأخرى في نفس الوقت؟
(فترة أطول نوبة ___________________).

إذا كانت فترة أطول نوبة من (1-10) يومًا (الجواب 100 مشاكل).

92- خلال حياتك، كم كان عدد النوبات التي استمرت أسبوعين أو أكثر التي شعرت خلالها (بالكآبة وما شابه ذلك) بالإضافة إلى بعض المشاكل الأخرى (49-87)؟ (عدد النوبات ____________).

94- هل استمرت طبيعياً حول (تلك النوبة أو أي من هذه النوبات)؟
إذا كان الجواب كلا (الجواب أ).
إذا كان الجواب نعم (الجواب س).
أ. هل استشرت أي شخص آخر مختص حول (تلك النوبة أو أي من هذه النوبات)؟
إذا كان الجواب كلا (الجواب ب).
إذا كان نعم (الجواب س).

ب. هل تناولت دواء لأكثر من مرة بسبب (تلك النوبة أو أي من النوبات)؟
إذا كان الجواب كلا (الجواب ج).
إذا كان الجواب نعم (الجواب س).

ج. هل تلك (النوبة أو النوبات الأخرى) تعارض كثيراً مع حياتك أو نشاطتك؟ (نعم/كلا).

95- كم كان عمرك عندما عانيت من أول نوبة استمرت لمدة أسبوعين أو أكثر حين شعرت خلالها بالاكتئاب و بعض من تلك المشاكل الأخرى (مثلًا: ___________________)? (العمر ________________).

96- هل (هذه النوبة أو أي من تلك النوبات) حدثت مباشرة بعد وفاة أحد الأحبة؟
إذا كان الجواب كلا (الجواب ش).
إذا كان الجواب نعم (الجواب س).
أ. هل حصل لك أي نوبة (كآبة أو ما شابه ذلك) برفقة تلك المشاكل الأخرى (مثلًا: _______________)? -- في أوقات و لم تكن بسبب الموت؟

97- هل أنت الآن في إحدى هذه النوبات من الشعور بالكآبة وفقدان الرغبة وازدرار وتعاني بعض من تلك المشاكل الأخرى؟
إذا كان الجواب كلا (الجواب أ).
أ. متى أنتهت آخر نوبة من تلك النوبات؟
خلال أسبوعين الأخيرة __ __ __ __ __ __
خلال شهر الأخيرة __ __ __ __ __ __ __ __
خلال السنة الأخيرة __ __ __ __ __ __ __ __ __ __
أكثر من سنة __ __ __ __ __ __ __ __ __ __ (الجواب ب).

ب. كم كان عمرك خلالها؟
8- كم كان عمرك عندما حصلت لك نوبة استمرت على الأقل لمدة أسبوعين شعر خلالها (بالإكتتاب أو ما شابه ذلك)، وعانتي في نفس الوقت من أكثر عدد من تلك المشاكل الأخرى (العمر __ __ __ __)؟
9- خلال (هذا أو تلك) الفترة من (الكتابة أو ما شابه ذلك)، أي من تلك المشاكل الأخرى عانتي على سبيل المثال: خلال تلك النوبة (عندما كان عمرك __ __ __ __ سنة) عانتي من __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ___
111- ما هي أطول نوبة شعرت خلالها بمزاج (مرح، هوس، تهيجي، أو مضطرب) على الأقل فترة أسبوع و
أيضاً عانيت من بعض تلك المشاكل الأخرى (1910)?

112- خلال حياتك كم كان عدد النوبات التي استمرت أسبوع واحد أو أكثر؟ عدد النوبات

113- هل استمرت طبيعاً حول (تلك النوبة أو أي تلك النوبات)؟

114- كم كان عمرك عندما حدثت تلك النوبة؟

115- هل كنت الآن في إحدى هذه النوبات من الشعور بمزاج (مرح، أو تهيجي، أو مضطرب)؟

بعض تلك المشاكل؟ (نعم/كلا).

116- كم كان عمرك عندما حصلت تلك نوبة شعرت خلالها بمزاج (مرح، أو تهيجي أو مضطرب) و عانيت في
نفس الوقت من أكبر عدد من تلك المشاكل الأخرى؟ (العمر __ __ سنة)

117- خلال (هذه أو تلك) النوبة من الشعور (المرح أو المضطرب) أي من تلك المشاكل عانيت؟ على سبيل
المثال خلال تلك النوبة (عندما كان عمرك __ __ سنة) عانيت

١٧١٠
APPENDIX (C)

Data identify patterns of recurrence
1- Age at onset of the first episode:
2- Time period since the first episode:
3- Type and duration of each episode:
   A- 1st episode.   B - 2nd episode
   C- 3rd episode.  D - 4th episode
   E - 5th episode and above.
4- Duration of each remission:
   A- Duration after 1st episode.  B - Remission after 2nd episode.
   C- Remission after 3rd episode.
5- Seasonality of recurrence:
   Present: Not present:
   If present:
   A- Season of recurrence: winter: spring: summer: autumn:
   B- Frequency: every year: every two years: more than two years:
6- Mode of onset of current affective episode: Rapid: Gradual:
7- Constancy of clinical picture: Depression: Mania: Changed:
8- The presence of life events before each episode:
   A- Six months period before each episode:
      1st period: present: Type: Not present:
      2nd period: present: Type: Not present:
      3rd period: present: Type: Not present:
   B- One month period before each episode:
      1st episode: present: Type: Not present:
      2nd episode: present: Type: Not present:
      3rd episode: present: Type: Not present:

APPENDIX (D)

الحداث الحياتية

بالمرض خلال شهر خلال 6 أشهر

REFERENCES