Abstract

Quality of life is individual’s perceptions on their position in life. Present study examined the Quality of Life and Depression among Bipolar mood disorder’s depressive episodes. Two hundred and ninety six (296) patients diagnosed with bipolar mood disorder are participated in the present study. The present study examined the relationship between quality of life and depression of patients with bipolar mood disorder’s depressive episodes by using WHO-QOL BREF and MADRS (Montgomery- Asperger Depression Rating Scale) respectively. The present study also tried to analyze subscales of quality of life and depression, on the basis of duration of illness and difference in quality of life of patients. Sub factors of quality of life include physical health, psychological health, social relationships and environment. The results are analyzed using ANOVA, Student s ’t’ test and Carl-Pearson’s product moment Correlation. Result showed that, depression and quality of life and its four dimensions are negatively correlated. The result also showed no significant difference in quality of life in terms of duration of illness. Depression and psychological health shows high negative correlation compared with other three dimensions of quality of life. This indicates that increased quality of life will help to reduce depression in patients with bipolar mood disorders.
1. Introduction

Quality of Life represents the sum of a person’s physical, occupational, social, and spiritual well-being. It is also a measure of personal satisfaction with adaptation to the conditions of life and is affected by an individual’s responses to the physical, psychological and social effects of disease (Eser, 2006). In this regard Quality of Life is not a concept specific to any disease, but it is a multi-dimensional concept for exploring the effects of disease on patient’s lives. Bipolar disorder (BD) is a complex and heterogeneous condition characterized by a variety of symptoms and marked variability in disease course. A patient with Bipolar Disorder can experience episodes of depression, hypomania, mania, or psychosis and, indeed, can experience a mixture of emotional states or cycle rapidly between them. In fact, recent research has highlighted the prevalence of marked subsyndromal features between episodes, (Judd, Schettler, Akiskal, et al. 2003) but despite currently available treatments, Bipolar Disorder remains a chronic relapsing condition (DePaulo., 2006)

The depressive episodes seen in bipolar disorder, in contrast to those typically seen in a major depression, tend to come on fairly acutely, over perhaps a few weeks, and often occur without any significant precipitating factors. They tend to be characterized by psychomotor retardation, hyperphagia, and hypersomnolence and are not uncommonly accompanied by delusions or hallucinations. Their mood is depressed and often irritable. The patients are discontented and fault-finding and may even come to loathe not only themselves but also everyone around them. (DSM-IV-TR)

Quality Of Life is commonly understood as a subjective indicator of patient well-being. The WHO has described Quality Of Life as the "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns.” (The WHOQOL group,1995) Although the domains encompassed by Quality Of Life and functioning may overlap (e.g., social, occupational, and independent living), the former are characterized by an emphasis on subjective assessment of satisfaction. The present study focuses on the subjective assessments of Quality Of Life in Bipolar Disorder.

Quality of life usually refers to satisfaction with major areas of daily functioning, including physical, emotional, social, and spiritual well-being (Ritsner, Gibel,et al., 2004). Health-related quality of life is specifically concerned with those aspects of functioning in the following areas, i.e., physical health, psychological health, social relationships and environment a detailed study in these areas can be directly attributed to illness in a psychological dimension and helps to choose consequent therapy for the particular problem (Namjoshi, Buesching, 2001)

According to World Health Organization (WHO) estimates, Bipolar Disorder was the 6th leading cause of disability worldwide among young adults at the turn of the century. (Murray, Lopez.1997) Disturbingly, the lifetime suicide rates of patients with Bipolar Disorder (treated or not) may be as high as 15% (Simpson, Jamison,1999) While outcomes in patients with Bipolar Disorder have traditionally been assessed as objectively measured clinical information (such as relapse rates, number of hospitalizations, or symptom reduction as rated by a clinician-rated scale), a number of arguments suggest the need for the addition of functional and quality-of-life (QOL) measures. It has been observed clinically, for example, that some patients appear to function poorly despite relatively few symptoms, while others function well in the context of relatively severe symptoms. Likewise, there is evidence for a disjunction between symptom change and Quality Of Life change in response to treatment, with the latter typically lagging
substantially behind the former. These arguments and limitations in previous studies, and observation that most of the studies have only examined the Quality of Life in patients with major depressive disorder lead to present study in this particular area of relationship between Quality of Life in patients with bipolar mood disorder (BD).

2. Problem

To examine the relationship between quality of life and depression of patients with bipolar disorder.

3. Definition of Key Terms

i. Bipolar Mood Disorder

Mood disorders are a group of clinical conditions characterized by a loss of that sense of control and subjective experience of great distress. Bipolar Disorder is characterized by a variety of mood states, including hypomania, depression and mixed states. Patients with elevated mood demonstrate expansiveness, flight of ideas, decreased sleep and grandiose ideas. Patients with depressed mood, experience a loss of energy and interest, feelings of guilt, difficulty in concentrating, loss of appetite, and thoughts of death or suicide. Other signs and symptoms of mood disorders include change in activity level, cognitive abilities, speech and

ii. Quality Of Life

“Quality of life is defined as individual’s perceptions on their position in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (WHO QOL group 1994).

iii. Depression

According to DSM-IV classification “depression is a mental state, characterized by feelings of sadness, loneliness, despair, low self-esteem, and self-reproach; accompanying signs include psychomotor retardation, or at times, agitation, withdrawal from interpersonal contact, and vegetative symptoms, such as insomnia and anorexia”.

4. Objectives of the Study

➢ To study the relationship between quality of life and depression of patients with bipolar disorder.
➢ To study the difference in quality of life as per Duration of illness.

5. Methodology

i. Sample

The aim of the study was to find out the Quality Of Life And Depression of patients having Bipolar Mood Disorder. The participants consisted of 296 patients having bipolar mood disorder, between the ages of 25 to 60 years, (who are ready to cooperate and able to give proper responses to the given questions) attending Psychiatry out Patients Services of Govt. Medical College, Thrissur, who are under medication at least for the past two years, including both males and females.

ii. Inclusion criteria:
- Patients between 25-60 years of age.
- Patients who are under medication for mood disorders for the last 2 years.
- Children who are ready to respond to questions properly.

iii. **Exclusion criteria:**
- Patients those who are uncooperative has been excluded.
- Patients who are having severe medical illness.
- Patients who are not in the age group of 20-65.

### 6. Tools Used For the Study

i. **WHO QOL-BREF**

The World Health Organization’s Quality Of Life brief (WHO QOL-BREF) instrument comprises 26 items, which measure the following broad domains: Physical health, Psychological health, Social relationships and environment. The WHO QOL-BREF is a shorter version of original instrument that may be convenient for use in large research studies or clinical trials.

- **Reliability:**
  Domain scores produced by the WHO QOL-BREF correlate highly (0.89 or above) with WHO QOL-100 domain scores (calculated on a four domain structure)

- **Validity:**
  WHO QOL-BREF domain scores demonstrated good discriminant validity, content validity, internal consistency and test-retest reliability.

ii. **Montgomery-Asberg Depression Rating Scale (MADRS):**

The clinician rated Montgomery-Asberg Depression Rating Scale (MADRS) was developed in the late 1970’s and this 10-item scale was designed to be sensitive to the effects of antidepressant medications, primary tricyclic antidepressants (TCAs). It is commonly used in clinical studies and in clinical practice, administered weekly.

- **Reliability:**
  Cronbach alpha values for each of six domain scores ranged from .71 (for domain 4) to .86 (for domain 5), demonstrating good internal consistency.
  The internal consistency of the MADRS is considered very high, given the high correlation between all items i.e., $r = 0.95$. The inter-rater reliability ranged from 0.89 to 0.97.

- **Validity:**
  Correlation of MADRS has been shown to be generally high or very high with HAM-D (between 0.80 and 0.90).

iii. **Socio Demographic Data Sheet:**

This data sheet was used to collect the basic background of the samples, like name, age, gender and educational characteristics.

- **Procedure**

The patients who were diagnosed as having Bipolar Mood Disorder by a psychiatrist and under medication for the same at least for 2 years were recruited as samples for present study. Informed consent for voluntary participation has collected from both the patients and the bystander after a detailed description of the purpose of research and confidential nature of collected information. They have given the freedom to quit from the study at any point if they feel it as difficult. After establishing a healthy rapport with them the questionnaires have been administered.
7. Statistical Analysis of the Data

SPSS software package (version 16.0) was used to analyze the data. Group comparisons were done using independent t test. Bivariate correlations were done using Pearson’s correlations between Quality of Life scores, sub factors scores of quality of life and depression.

Results

Table 1: Correlation between depression and Quality of Life of patients with bipolar disorder.

<table>
<thead>
<tr>
<th>Dimensions Of QOL</th>
<th>D1</th>
<th>D2</th>
<th>D3</th>
<th>D4</th>
<th>TOTAL QOL</th>
<th>MADRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D2</td>
<td>-.737**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D3</td>
<td>.517**</td>
<td>.572**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D4</td>
<td>.644**</td>
<td>.660**</td>
<td>.576**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL QOL</td>
<td>.876**</td>
<td>.886**</td>
<td>.712**</td>
<td>.854**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MADRS</td>
<td>-.690**</td>
<td>-.718**</td>
<td>-.450*</td>
<td>-.503**</td>
<td>-.716</td>
<td>1</td>
</tr>
</tbody>
</table>

** Correlation significant at 0.01 level 2-tailed)

Result shows significant negative correlation between depression and Quality of life, and all dimensions of Quality of Life. The result shows a highly significant negative correlation of -.716 between depression and quality of life. And also shows significant negative correlation with four dimensions, namely physical health, psychological health, social relationships and environment as -.690, -.718, -.450, and -.503 respectively.

8. Discussion

Results of the present study show that Quality of life and depression in Bipolar Disorder is highly negatively correlated. This means that increase in the person’s sense of wellbeing will help to reduce depression and also the feeling of ill, this can be assumed to be person’s perception of his own life position has major effect upon the effect of a particular disease in a person and the response to therapy or treatment.

- Reduced quality of life was observed among persons with all kinds of mood disorders. Those with present psychotic major depression and past bipolar disorder had the most reduced quality of life. Mood disorders, current as well as in remission, are related to a number of aspects of reduced quality of life. (Cramer, Torgersen, Kringlen, 2010). Bipolar Disorder has a profoundly negative effect upon Bipolar Disorder affected individual’s life quality, particularly in the areas of education, vocation, financial functioning, and social and intimate relationships. (Michalak, Yatham, et al., 2005).

- Perceived quality of life was broadly reduced among depressive patients. Depression per se impairs an individual's functioning ability in a number of ways. It has a significant effect not only on mental well-being but also on perceived physical functioning and bodily pain, and even on general health perceptions. Major depression seems to explain the broad decline in the quality of life among depressive patients. (Saarijarvi, Salminen, Toikka, Raitasalo, 2002).

- Depressed patients' QOL scores were significantly lower in all the assessed domains (i.e., physical health, psychological, social relationships, environmental, and global QOL). The subjective Quality Of Life of patients with major depression is significantly lower than that of subjects undergoing haemodialysis (Berlim, Mattevi, Duarte, Thomé, Barros, Fleck, 2006). A Significant negative correlation has seen between Depression and Physical,
Psychological, Social Quality of Life, Overall Quality of life and overall health. No significant relationship emerged between depression and environment Quality of Life (Rasquinha ; Acharya , 2013). The study indicates the need to enhance the Quality of Life of the patients with Bipolar Disorder. As the correlation indicates the illness may affect Quality of Life and decreased Quality of Life will increase depression as a vicious circle.

9. Conclusion
As depression in bipolar disorder increases Quality of Life and its sub factors decreases.

References
[4] Erin E.Michalak, Lakshmi N. Yatham, Sharlene Kolesar & Raymond W. Lam (2005); Bipolar Disorder and Quality of Life: A Patient-Centered Perspective; Division of Mood Disorders, Department of Psychiatry, University of Brithish Columbia.