ABSTRACT

Objectives

To determine the characteristics and time course of diagnostic conversion from unipolar depression to bipolar depression in a retrospective cohort of psychiatric outpatients, and to compare the clinical and sociodemographic profiles of the bipolar switch group against a matched group without bipolar conversion.

Method

This is a retrospective case-control study in which outpatients newly diagnosed of unipolar depression from 1st January 1994 to 31st December 1999 were reviewed. Those who had conversion to bipolar depression during follow-up until 31st December 2007 were identified as cases and controls were matched. The diagnostic validity was enhanced by clinical interview, review of case records by an independent specialist psychiatrist and administration of the Semi-structured Clinical interview for DSM-IV Axis I Disorders (SCID-I). The profiles of the bipolar group and the group who maintained unipolar throughout follow-up were compared. Multivariate conditional logistic regression was carried out to identify the predictors of bipolar switch.

Results

88 patients out of 823 with first episode untreated depression who maintained regular outpatient clinic follow-up were identified to have shown bipolar switch during the period under study. The mean age at switch was 37.58 years old. The mean time interval from presentation of depressive symptoms to bipolarity conversion was 58.13 months. Sodium valproate was the most commonly used mood stabilizer after bipolar switch. Bipolar switch was associated with male sex (OR 2.601, 95% CI 1.279 – 5.291, p=0.008), an earlier age at presentation of depression of <37 years old (OR 2.238, 95% CI 1.136 – 4.409, p=0.020), family history of bipolar affective disorder (OR 5.684, 95% CI 1.149 – 28.124, p=0.033) and use of 3 or above different antidepressants in the first five years after presentation (OR 2.105, 95% CI 1.082 – 4.098, p=0.028).

Conclusion

Change in diagnostic polarity is not uncommon in Chinese psychiatric outpatients initially presenting with unipolar depression. The incidence of bipolar switch found in this study was 10.7%. Careful monitoring is therefore necessary, especially after antidepressant initiation. Family history of bipolar affective disorder and frequent switch of antidepressants indicating an inadequate treatment response in depressive patients presenting at a young age can be helpful to clinicians as guidance for identification of those at high risk for a bipolar course.

Limitations

However, the incidence of bipolar switch detected in the current study is likely to be underestimated. The retrospective design also limits the assessment of some variables of interest due to incomplete data access, lack of standardized quantification of symptoms in the case records and recall bias of the subjects at interview from the long time lag. This study serves as a preliminary step to analyze the large amount of clinical information available from long periods of cumulative follow-ups. Further studies using dissimilar methodologies and interviewing various subjects samples are required to replicate findings and to uncover new findings.