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Research Paper

Subjective Well Being of Persons with Bipolar Disorder

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ABSTRACT

Background: Well-being refers to the quality of people's lives. Subjective well-being (SWB) is a broad category of phenomena that includes people's emotional responses, domain satisfactions, and global judgments of life satisfaction. As bipolar disorder is a chronic illness with recurrences and relapses, denial, anger, ambivalence, and anxiety may develop as the patient adjust to the diagnosis. ***Objectives:*** To assess the Subjective wellbeing of persons with bipolar disorder. ***Materials and Method:*** A descriptive study was conducted among 60 persons with bipolar disorder. Patients who fulfilled the inclusion and exclusion criteria of the study was assessed. Socio demographic and clinical data was collected using a semi structured proforma, and subjective wellbeing was assessed using WHO Subjective Well Being Inventory. ***Results:*** The mean score of subjective wellbeing of the patients was 79.13. Majority 33 (55%) had an average subjective wellbeing score ranging from 61 – 80. ***Interpretation and Conclusion:*** The study shows an average level of subjective well being in persons with bipolar disorder. Patients' subjective wellbeing should be considered in treatment plan, and effective interventions should be developed to help them improve their level of wellbeing.

Keywords: *Bipolar Disorder, Patients*

Mood can be defined as a pervasive and sustained emotion or feeling that influences a person's behavior and colors his or her perception of being in the world. Disorders of mood sometimes called affective disorders make up an important category of psychiatric illness consisting of depressive disorder, bipolar disorder and, other disorders.[21] Bipolar disorder (BD) is often associated with severe social and occupational deficits that persist after the acute phase and during maintenance on pharmacotherapy. Financial and employment difficulties, self-esteem injury, divorce, and relationship dysfunction are all losses the person may have to face. As bipolar disorder is a chronic illness with recurrences and relapses, denial, anger, ambivalence, and anxiety may develop as the patient adjust to the diagnosis.[12]

Well-being refers to the quality of people's lives. Subjective well-being (SWB) is a broad category of phenomena that includes people's emotional responses, domain satisfactions,

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and global judgments of life satisfaction.[10]-SWB attempts to understand people's evaluation of their lives. This study is aimed to assess the SWB of persons with BD.

METHODOLOGY

Sample

Persons with BD (diagnosed according to ICD 10 criteria under F31) were the target population for the study. The available group of population in the study was the persons with BD taking treatment at LGBRIMH making the accessible population for the present study. In the present study, persons diagnosed with BD as per ICD 10, who expressed their willingness to participate in the study were taking treatment at LGBRIMH during data collection period and those who fulfil the inclusion and exclusion criteria constitute the sample.

Instruments

Two measures were used in this study,

- **Socio demographic data sheet (developed for the present study)**
  Self-structured socio demographic data sheet was developed for the purpose of assessing the sample characteristics. The items included in the sheet were age, gender, marital status, religion, education, occupation, domicile, monthly income of family, socio economic status, type of family. Clinical variables were also included in the socio demographic sheet. The items included were patient's duration of illness in years, age of onset, duration of treatment, number of admissions, total number of episodes, average duration of remission between each episode, age at first hospitalization, history of substance dependence, regularity of follow up, medication status, family history of any chronic psychiatric illness.
- **WHO Subjective Well Being Inventory (WHOSUBI)**
  The Subjective Well Being Inventory was developed in ICMR-WHO project and it consists of 40 items. It is designed to measure feelings of well-being or ill being as experienced by an individual or group of individuals in various day to day life concerns. It consists of close ended forty items of which nineteen items are positive items and twenty-one items are negative items. The subject is provided with three alternative choices and is asked to make his choice for one alternative only.[17].

Procedure

The study was a descriptive study, conducted in outpatient department of Lokopriyo Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur. It is the only tertiary mental health care setting providing mental health services to the population covering the entire North-East and nearby region. 60 number of persons who was diagnosed with BD according to ICD 10, taking treatment, aged 18 years and above, residing within Sonitpur District was selected as sample using purposive sampling method.

Ethical clearance was obtained for the study from Institutional Ethics committee of LGB Regional Institute of Mental Health, Tezpur, Informed consent was obtained from the participants, Confidentiality and anonymity of the study participants was maintained. Participants were free to leave the research study at any point of time.

RESULTS

Description of socio demographic variables of the person with BD.

The mean age of the person with BPAD was 34.70. There were 44 male and 16 female. Most of the patients 38 (63.3%) were married, remaining 17 (28.3%) were unmarried and 2

each (3.3%) were either separated or divorced majority of the patients 40 (66.7%) belonged to Hindu religion, remaining 20 (33.3%) were either Christian or Islam by religion. Majority of the participants 24 (40.0%) had completed middle school, 21 (35%) were either graduate, Diploma holders, or had done a professional course, 11 (18.3%) had completed high school, only 4 (6.7%) were illiterate. 24 (40%) had elementary occupation,13 (21.7%) worked in agriculture, fishery, or in craft work, 9 (15.0%) each were working as clerks, and shop/market sales worker respectively. 3 (5.0%) worked as machine operators, and 2 (3.4% were unemployed. Majority 41 (68.3%) were hailing from rural background remaining 19 (31.7%) hailed from urban or semi urban background. As per Kuppuswamy Socio economic scale[22] 24 (40%) belonged to upper lower socio-economic status, 22 (36.7%) belonged to lower middle, 13 (21.7%) belonged to upper middle socio-economic status, only 1 (1.7%) belonged to lower socio-economic status. Out of the 60 patients 31 (51.7%) belonged to Joint family and 29 (48.3%) belonged to a nuclear family.

Description of clinical variables of the person with BD.

The mean duration of illness of the person with BD was 11.38 years, with a minimum of 2 and maximum of 35 years. The mean age of onset of illness was 23.6 years with a minimum age of 12 and maximum age of 43. Patients had been taking treatment for a mean duration of 10.82 years with a minimum duration of 2 years and maximum duration of 35 years. 24 (40%) was admitted 5 times, 12 (20.0%) was admitted 4 times, 14 (23.3%) was admitted 3 times and remaining 24 (40%) was being admitted for the second time. Most of them 36 (60.0%) had 2-4 number of episodes, 17 (28.3%) had 4-6 number of episodes and remaining 7 (11.7 %) had 6-8 number of illness episodes. The mean period of remission was 14.8 months with a minimum of 6 months and maximum of 36 months, Majority 36 (60%) had a history of substance intake, majority 38 (63.3%) had stopped taking their medication remaining 22 (36.7%) were irregular in taking their medications. Majority 57(95%) were irregular in their follow up, only 3 (5%) came for regular follow up visit. Out of the 60 patient's majority 43 (71.7%) had a positive family history of mental illness.

Description of the Subjective Well Being Score

As shown in Table 1 the mean score of subjective wellbeing of the patients was 79.13. As shown in Table 2 the factor wise scoring the mean score was 5.50 for General wellbeing positive affect, 5.90 each for Expectation Achievement congruence and confidence in coping, 5.85 for transcendence, 6.12 each for Family group support and social support, 7.47 for Primary group concern, 13.55 for inadequate mental mastery, 13.22 for perceived ill health, 7.23 for deficiency in social contacts, and 6.70 for General wellbeing negative affect. As shown in table 3 majority 33 (55%) had an average subjective wellbeing score ranging from 61 – 80.

Table No. 1 Subjective wellbeing score of persons with bipolar disorder

N=60

Variable	Minimum	Maximum	Mean	Std. Deviation
Subjective Well Being	60	96	79.13	9.133

Table No. 2 Subjective wellbeing factor wise score of persons with bipolar disorder

N=60

Variable	Minimum	Maximum	Mean	Std. Deviation
General Wellbeing Positive Affect	3	9	5.50	1.77
Expectation Achievement Congruence	3	9	5.90	1.91
Confidence In Coping	3	9	5.90	2.10
Transcendence	3	9	5.85	1.51
Family Group Support	3	9	6.12	1.98
Social Support	3	9	6.12	2.10
Primary Group Concern	3	12	7.47	2.39
Inadequate Mental Mastery	7	21	13.55	3.47
Perceived Ill Health	6	18	13.22	2.90
Deficiency In Social Contacts	3	9	7.23	1.48
General Wellbeing Negative Affect	3	9	6.70	1.66

Table No. 3 Level of subjective wellbeing of persons with bipolar disorder

N=60

Variable		Frequency	Percentage
Subjective Well Being Score	**40-60 (Minimum)**	1	1.7
	61-80 (Average)	33	55.0
	81-120 (Maximum	26	43.3
Total		60	100.0

DISCUSSION

In one review the mean age of onset for bipolar disorders appeared to be in the early twenties, although findings varied between 20-30 years. Two peaks in age of onset at 15-24 years and 45-54 years had also been suggested.[20] The current study reported that the mean age of onset of BD is 34.70 years which is little deviated from the existing literature. One reason could be the small sample size, secondly may be because of the geographical location where the study is conducted. Majority 44 (73.3%) were males, while most studies have not shown large differences in BD rates to gender.[3] Gender influences both presentation and course of bipolar disorder. Bipolar I disorder affects men and women with equal frequencies.[2] Majority of the patients 38 (63.3%) were married, data suggests that very high proportion of patients with BD get married and marital rates are higher for patients with bipolar disorder when compared with patients suffering from schizophrenia, the findings of the study is somewhat similar. However limited data is available on the impact of bipolar disorder on the various aspects of marriage.[13] Majority of the persons with BD 40 (66.7%) belonged to Hindu religion, the finding was matching with one study where majority of the patients belonged to Hindu religion.[196] In the present study 24 (40%) were middle school / primary educated. Santosh R in their study had found the mean education of 9th standard among the persons with BPAD. Higher prevalence of bipolar disorder was seen in persons with lower education.[19] Majority 24 (40%) had elementary occupation, BD affects many aspects of an individual's life and greatly interferes with a person's ability to find and maintain employment.[4] It was seen that majority 41(68.3%) of the patients resided in rural area, the result is comparable to the demographic distribution in the general population in the region where the study has been conducted According to the census of India 2011 in Assam 86% population live in rural areas and 14% population live in urban areas of state.[23] Other researchers are also consistent with these results.[6, 19] Based on Kuppuswamy

Socioeconomic status scale of 2018[22] the findings indicated that most of the persons with BD 24(40%) belonged to upper lower socio-economic status. Majority 31(51.7%) of the participants in the present study were found to be belonging to joint family. The concept of joint family is still existent in India specially in the rural area, it is possible that due to this reason majority of the study participants belonged to joint family.

It was found that the mean duration of treatment of the study participants was 10.82 with a mean age of onset of illness of the study participants being 23.55 years. The number of admissions in hospital reflects the intensity and severity of the illness. It also describes the difficulties and burden on family members. Here out of 60 persons with BD majority 24 (40%) was being admitted for second time, majority 36(60%) had 2-4 number of episodes. The mean period of remission was 14.82 months. Substance use disorder are extremely common in bipolar I and II disorders. Research has consistently shown that patients with bipolar I and II disorder have an extremely high rate of co-occurring substance use disorders. The lifetime prevalence of substance use disorder is at least 40% in Bipolar I patients. [5] In the present study it was seen that majority of the participants 36(60%) had substance use history. Most of the study participants 57 (95%) were not regular in their follow up. Adherence to the treatment is an important aspect of persons with mental illness and it has been observed in many research studies that noncompliance to the medication is a common phenomenon for the entire persons with mental illness. In the present study also, it was found that majority of the study participants in 38 (63.3%) had stopped taking their medication. Studies have reported that significant relationship exists between the degree of kinship and bipolar disorder. Risk of transmission of disease predisposition genes is similar from either mother or father's side.[18] 43 (71.7%) had a family history of psychiatric illness.

Subjective Well Being

Subjective Well Being refers to an individual's cognitive and affective evaluations of his or her life, ranging from emotional reactions to events to cognitive judgements of satisfaction and fulfillment from momentary moods to global judgments of life satisfaction, and from depression to euphoria.[7] Being healthy is one of the many factors which affect subjective well-being. Mental health is critical to SWB and so is SWB to mental health. It can be considered that to be mentally healthy one needs to be free from negative psychological symptoms, but mere absence of illness and disease cannot be considered enough for a person to be mentally healthy. Thus, Subjective well-being is essential for a person to be healthy mentally.[7]

According to some researchers Subjective well-being is shown to have an effect on outcomes at all stages of the treatment experience and improved health and quality outcomes are shown to consistently enhance patients' subjective well-being. Measuring the patient's subjective well-being during treatment reflects the quality of patient care. Thus, the measures of subjective well-being can enable a full appraisal of the care received by them. Subjective wellbeing can be a marker of quality of care at both the macro and the micro level.[16] In one study the subjective wellbeing of patients with bipolar affective disorder was found to be poor with the mean score of 10.5 ± 7.6 ranging from 0-25. The scores of wellbeing, self-efficacy, and instrumental activities of daily living in persons with BPAD was weak to moderately positively correlated.[14] Whereas in the present study the mean subjective wellbeing score was 79.13, and majority 33(55%) had an average subjective wellbeing.

It has been found in researches that bipolar or schizoaffective depression is associated with severely impaired subjective wellbeing at baseline and even patients with euthymic mood displayed a relatively low subjective wellbeing score. It has been found that patients who were in manic phase scored higher subjective well-being scores followed by patients in mixed phase and the least score was obtained by patients in depressive phase.[14] Studies have shown that even modest changes in severity of depression in patients with bipolar disorder are associated with clinically significant changes in functional impairment and disability [11] hence it is important that interventions to improve subjective well-being should take into account the course of mood state and anxiety.[15] Till today less is known about the experience of subjective well-being and its association with their activities of daily living.

Subjective wellbeing is a valuable addition to objective psychopathology and should be an integral part of shared decision making. Better consideration of the patient's perspective about his SWB can help improve therapeutic alliance and long-term prognosis.[9] It has been suggested by researchers that Subjective well-being can be considered in persons with BD as a variable associated to psychopathology in a different way according to illness phase, as affective status is significantly associated with subjective wellbeing, the relationship is particularly significant in depressive symptoms. It is also necessary to consider subjective well-being as a personal variable associated to psychopathological state in bipolar patients. [1] In one study it was also found that subjective wellbeing was most affected by mood disorders followed by negative life events and lack of social support.[8]

CONCLUSION

SWB of persons with BD has been found to be related to their Quality of life. Assessing their SWB helping them to develop effective coping strategies will have an effective impact on their Quality of Life. It will also help in developing a better therapeutic alliance which will consequently help in their long-term prognosis.

Limitations

The study was conducted in a tertiary care hospital with a smaller number of samples thus the results cannot be generalized. Patients' illness episode, phase of illness might have influenced the subjective wellbeing.

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Conflict of Interest

The author declared no conflict of interest.

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