Some somatic symptoms are important evidence for an early diagnosis of bipolar spectrum mood disorders

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Abstract

Patients with bipolar disorder often present with somatic symptoms, including colitis, gastritis, eczema, psoriasis and migraine. The identification of these symptoms is a very useful aid to early diagnosis of bipolar disorder.

Key words: bipolar spectrum, colitis, gastritis, eczema, psoriasis , migraine.

Bipolar patients are often misdiagnosed and undertreated or inappropriately treated (1) (2) (3). Patients with bipolar spectrum disorder are more prevalent than was previously thought (8) (9). Such patients very often present with somatic symptoms ("somatizations"), and a high percentage these symptoms are misdiagnosed or mistaken for somatic symptoms caused by organic diseases. Instead, the internal tension, the agitation and the emotional lability of patients with a bipolar diagnosis are the cause. In a study of 423 patients, only 20% did not present any somatization at their "first visit"; almost all of this "no-somatization" group were men, only 16% were women (12).
The consequence of these somatic symptoms being misdiagnosed and mistaken for physical illness is typically a long series of blood and instrumental tests, which are often of no value in the management of the patient. However, in the case of colitis, it is important that, on at least the first occasion, the patient be appropriately investigated to exclude organic illness. Baig has presented evidence in the 2012 European Psychiatric Congress about the relationship of colitis to affective disorders (4).
Eczema and psoriasis may, like colitis, be associated with bipolar disorder, because of the association between inflammation and affective disorders (5) (6). Furthermore, migraine has genetic links with bipolar disorder (7).

The chronic presence in the life of the patients of some somatizations (the above colitis, gastritis and migraine but also including an increase of psoriasis and eczema reactions) are key symptoms that should alert the psychiatrist and/or the GP to the possibility of an early diagnosis of bipolar spectrum mood disorder (12). Treatment of the bipolar disorder may improve the somatic symptoms.

In an observational study on a group of 423 patients, 161 men and 239 women (12) (15), all the somatic symptoms disappeared during pharmacological treatment of their bipolar mood disorders, except for some residual and soft symptoms that periodically increased together with other mood disorder symptoms during phases of exacerbation of the bipolar disorder.

The subthreshold presence of hyperthymic, dysthymic and cyclothymic temperaments (10-13) revealed in the history of the patients with bipolar spectrum disorders allows us to consider their presence as an important means of early diagnosis of the bipolar disorder. However, the chronic presence in the life of the patients of some of the somatic/somatization symptoms which we have described (above all, colitis, gastritis and migraine) are very important pointers that can lead to an early diagnosis of bipolar spectrum mood disorders. Early diagnosis of bipolar disorder is important because there is a public health issue regarding the correct diagnosis: the failure to treat bipolar mood disorders may sometimes result in serious consequences: not only impaired quality of life but also increased risk of suicide (14).

GP Comment

What have I learned from this paper?

Before presenting with an obvious diagnosis of bipolar disorder, patients may come with symptoms of colitis, gastritis and migraine. If there is any suggestion that these symptoms might be accompanied by a mood disorder, I shall now seek a psychiatric opinion so that the treatment of bipolar disorder, if this diagnosis is confirmed, is not unnecessarily delayed.

Mayruja Santhirakumar, GP Trainee.

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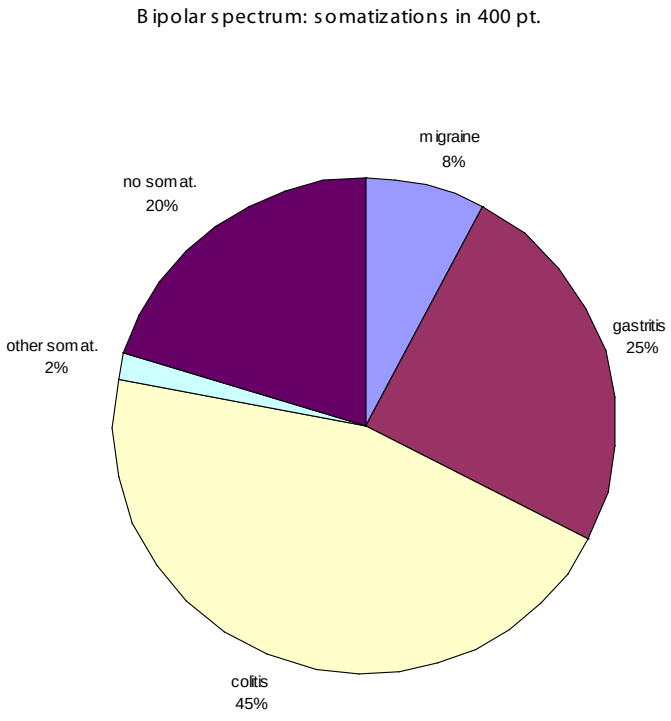
Bipolar spectrum: somatizations in 400 pt.
migraine
8%
gastritis
25%
colitis
45%
other somat.
2%
no somat.
20%