

Bipolarity: Which Mask Today?

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Introduction: The limits of bipolar disorder can be difficult to trace and they merge with other syndromic groups, and this is a diagnostic and therapeutic challenge. Indeed, an early diagnosis can reduce the duration and severity of the episodes as well as the risk of suicide.

Objective: The objective of our study was to determine the different clinical diagnoses made before the bipolarity and the main therapeutic errors and their consequences.

Methods: This is a retrospective descriptive study based on the records of bipolar patients hospitalized . Data were collected using a medical form assessing sociodemographic and clinical data, the diagnoses obtained before the bipolarity, corollaries therapeutic conducts and the time required to adjust the diagnosis.

Results: Seventy cases of bipolar patients hospitalized in our department were reviewed.

- In 28.5% of cases, the first retained diagnosis was other than bipolar disorder: the most frequent initial diagnosis was major depressive disorder (35%), followed by a not specified psychotic disorder (25%), schizophrenia (12.1%) of personality disorder (10%) and substance abuse (6.3%).
- An average of eight years was necessary for the diagnosis of bipolar disorder, starting from the first hospitalization.
- In over 60% of the cases, treatment with incisive antipsychotic was introduced and lasted more than six months. An antidepressant was prescribed in 35% of the cases. The prescription of mood stabilizers was absent in the majority of cases (> 70%).

Conclusion:

In one third of the cases, the diagnosis of bipolar disorder is delayed causing an inadequate therapy management.