



ARCTIC HEALTH

*An information portal to issues affecting the health and well-being
of our planet's northernmost inhabitants*

Sleep problems in bipolar disorders: more than just insomnia.

<https://arctichealth.org/en/permalink/ahliterature279446>

Author: M K Steinan
J. Scott
T V Lagerberg
I. Melle
O A Andreassen
A E Vaaler
G. Morken

Source: Acta Psychiatr Scand. 2016 May;133(5):368-77

Date: May-2016

Language: English

Publication Type: Article

Keywords: Adult
Bipolar Disorder - epidemiology
Comorbidity
Cross-Sectional Studies
Disorders of Excessive Somnolence - epidemiology
Female
Humans
Male
Middle Aged
Norway - epidemiology
Sleep Initiation and Maintenance Disorders - epidemiology

Abstract: Sleep problems in bipolar disorder (BD) are common, but reported rates vary from 10% to 80%, depending on definitions, methodologies and management of potential confounding factors. This multicenter study seeks to address these issues and also compares BD cases with Hypersomnia as well as the more commonly investigated Insomnia and No Sleep Problem groups.

A cross-sectional comparison of sleep profiles in 563 BD I and II individuals who participated in a structured assessment of demographic, clinical, illness history and treatment variables.

Over 40% cases met criteria for Insomnia and 29% for Hypersomnia. In univariate analysis, Insomnia was associated with BD II depression whilst Hypersomnia was associated with BD I depression or euthymia. After controlling for confounders and covariates, it was demonstrated that Hypersomnia cases were significantly more likely to be younger, have BD I and be prescribed antidepressants whilst Insomnia cases had longer illness durations and were more likely to be prescribed benzodiazepines and hypnotics.

Whilst Insomnia symptoms are common in BD, Hypersomnia is a significant, frequently underexplored problem. Detailed analyses of large representative clinical samples are critical to extending our knowledge of differences between subgroups defined by sleep profile.

PubMed ID: 26590799 [View in PubMed](#) 

Additive effects of childhood abuse and cannabis abuse on clinical expressions of bipolar disorders.

<https://arctichealth.org/en/permalink/ahliterature261461>

Author: M. Aas
B. Etain
F. Bellivier
C. Henry
T. Lagerberg
A. Ringen
I. Agartz
S. Gard
J-P Kahn
M. Leboyer
O A Andreassen
I. Melle

Source: Psychol Med. 2014 Jun;44(8):1653-62

Date: Jun-2014

Language: English

Publication Type: Article

Keywords: Adult
Age of Onset
Alcoholism - epidemiology
Bipolar Disorder - epidemiology - physiopathology
Child
Child Abuse - statistics & numerical data
Female
France - epidemiology
Humans
Male
Marijuana Abuse - epidemiology
Middle Aged
Norway - epidemiology
Suicide, Attempted - statistics & numerical data

Abstract: Previous studies of bipolar disorders indicate that childhood abuse and substance abuse are associated with the disorder. Whether both influence the clinical picture, or if one is mediating the association of the other, has not previously been investigated.

A total of 587 patients with bipolar disorders were recruited from Norway and France. A history of childhood abuse was obtained using the Childhood Trauma Questionnaire. Diagnosis and clinical variables, including substance abuse, were based on structured clinical interviews (Structured Clinical Interview for DSM-IV Axis I disorders or French version of the Diagnostic Interview for Genetic Studies).

Cannabis abuse was significantly associated with childhood abuse, specifically emotional and sexual abuse ($\chi^2 = 8.63$, $p = 0.003$ and $\chi^2 = 7.55$, $p = 0.006$, respectively). Cannabis abuse was significantly associated with earlier onset of the illness ($z = -4.17$, p

PubMed ID: 24028906 [View in PubMed](#) 

Affective lability mediates the association between childhood trauma and suicide attempts, mixed episodes and co-morbid anxiety disorders in bipolar disorders.

<https://arctichealth.org/en/permalink/ahliterature287299>

Author: M. Aas
C. Henry
F. Bellivier
M. Lajnef
S. Gard
J-P Kahn
T V Lagerberg
S R Aminoff
T. Bjella
M. Leboyer
O A Andreassen
I. Melle
B. Etain

Source: Psychol Med. 2017 Apr;47(5):902-912

Date: Apr-2017

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Adult Survivors of Child Adverse Events - psychology - statistics & numerical data
Age of Onset
Aged
Anxiety Disorders - epidemiology - physiopathology
Bipolar Disorder - epidemiology - physiopathology
Comorbidity
Female
France - epidemiology
Humans
Male
Middle Aged
Norway - epidemiology
Psychotic Disorders - epidemiology - physiopathology
Suicide, Attempted - psychology - statistics & numerical data
Young Adult

Abstract:

Many studies have shown associations between a history of childhood trauma and more severe or complex clinical features of bipolar disorders (BD), including suicide attempts and earlier illness onset. However, the psychopathological mechanisms underlying these associations are still unknown. Here, we investigated whether affective lability mediates the relationship between childhood trauma and the severe clinical features of BD.

A total of 342 participants with BD were recruited from France and Norway. Diagnosis and clinical characteristics were assessed using the Diagnostic Interview for Genetic Studies (DIGS) or the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I). Affective lability was measured using the short form of the Affective Lability Scale (ALS-SF). A history of childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ). Mediation analyses were performed using the SPSS process macro.

Using the mediation model and covariation for the lifetime number of major mood episodes, affective lability was found to statistically mediate the relationship between childhood trauma experiences and several clinical variables, including suicide attempts, mixed episodes and anxiety disorders. No significant mediation effects were found for rapid cycling or age at onset.

Our data suggest that affective lability may represent a psychological dimension that mediates the association between childhood traumatic experiences and the risk of a more severe or complex clinical expression of BD.

PubMed ID:

27894372 [View in PubMed](#) 