

Psychoeducation for Bipolar Disorders' Patients: The "Porta Aberta" Programme

Catarina Klut*, Salomé Xavier*, João Graça*, Gonçalo Carreteiro* and João C. Melo*

* Department of Psychiatry, Hospital Prof. Dr. Fernando da Fonseca, EPE, Amadora, Portugal

Abstract

Psychoeducation is currently considered to be a fundamental intervention in the management of bipolar disorders. A psychoeducation group programme for patients with bipolar disorders, aimed at euthymic patients just prior to their discharge from the acute psychiatric inpatient unit, named "Porta Aberta" (Open Door), has been implemented since 2007 at the day-hospital of our psychiatric department (Amadora, Portugal). In this article, the authors provide a brief review of the relevant literature on this subject and also assess the effectiveness of the "Porta Aberta" programme in reducing the average number and duration of readmissions; they determine whether individual characteristics (gender, marital status and disorder subtype) may influence outcome.

Key words: psychoeducation, bipolar disorders, treatment adherence, relapse prevention

Introduction

Psychoeducation (PE) in combination with psychopharmacological treatment is becoming an increasingly popular intervention in the management of bipolar disorders. It is currently recommended by the British Association for Psychopharmacology (1) and the National Institute for Health and Clinical Excellence (2) for the long-term treatment of patients with these disorders. PE has been defined by Francesc Colom as "a patient's empowering training targeted at promoting awareness and proactivity, providing tools to manage, cope and live with a chronic condition (i.e. adherence enhancement, early warning sign identification, lifestyle, crisis management, communication), and changing behaviors and attitudes related to the condition" (3). This sort of intervention has also been shown to be useful in non-psychiatric conditions such as diabetes (4) and coronary heart disease (5).

The first structured PE intervention for patients with bipolar disorders that was tested in a randomized control study was reported by Perry et al. It consisted of 7-12 individual sessions of training on the recognition of early warning signs of recurrence and the importance of seeking prompt medical help. It was associated with important clinical improvements such as a significant increase in time to manic relapse, a decrease in the total number of manic episodes over 18 months and also better overall social functioning and employment status. No significant change in the number or length of depressive relapses was found (6).

More recently, Colom, Vieta et al. carried out a well-designed randomized controlled trial to assess the effectiveness of structured group PE for patients with bipolar disorder types I and II. This seminal study compared PE with an equivalent group experience that consisted in unstructured supportive discussion. One hundred and twenty euthymic patients were included and randomly divided between the two groups. Each patient underwent 21 sessions, in 8 to 12 participant groups, over a period of 6 months. In the PE group, the following topics, also named by the authors as the "big five" ingredients, were covered: illness awareness, treatment adherence, early warning signs identification, substance misuse avoidance and regularity of habits. This intervention significantly decreased the total number of recurrences (manic, hypomanic and depressive episodes), increased the time to any recurrence, and decreased the mean number of admissions per patient, and the mean duration of admissions, both at 2 (7) and 5 years (8) after the intervention. A significant reduction in the time spent acutely ill was also found after 5 years. Despite the initial increase in the utilization of health care resources during the implementation phase of the PE programme, in the long term this intervention has been shown to be less costly and more effective. It increased the planned outpatient appointments but the estimated mean cost of emergency consultation and inpatient care utilization was significantly lower (9).

Miklowitz et al. studied the effectiveness of a family-focused PE in enhancing mood stability during maintenance treatment, with a 2-year time frame. The patients that received this intervention had fewer relapses, showed greater reductions in mood disorder symptoms and better medication adherence (10).

The “Porta Aberta” Programme

A psychoeducational programme for patients with bipolar disorders named “Porta Aberta” (Open Door) has been implemented at the Day Hospital of the Hospital Prof. Dr. Fernando Fonseca’s Department of Psychiatry (Amadora, Portugal) since 2007.

“Porta Aberta” was designed as a group PE programmes which can occasionally include individual sessions, depending on the number of eligible patients at that time. It is aimed at euthymic patients that show reasonable insight and good motivation, just prior to their discharge from the acute psychiatric inpatient unit. The purpose of this early intervention is to create a link with the Day-Hospital unit and its healthcare workers, which can then be maintained in the outpatient setting, in order to improve adherence. The programme is composed of eight independent sessions, held four times a week during a two-week period, in which several topics are presented and discussed, in the following order: Signs and Symptoms of the disease; Coping with Stigma; Treatment Plan; Promoting Wellbeing; Risk Behaviors; Family Intervention; Daily Activities Planning and Open Session.

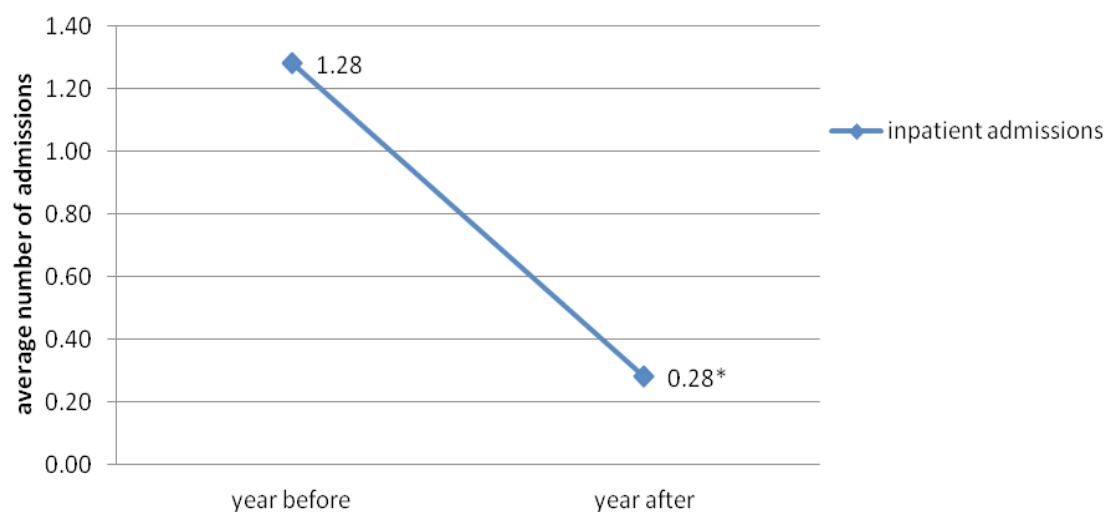
In this article, the authors aim to assess the effectiveness of the “Porta Aberta” programme in reducing the average number and duration of readmissions and to determine if individual characteristics (gender, marital status and disorder subtype) may influence outcome.

Methods

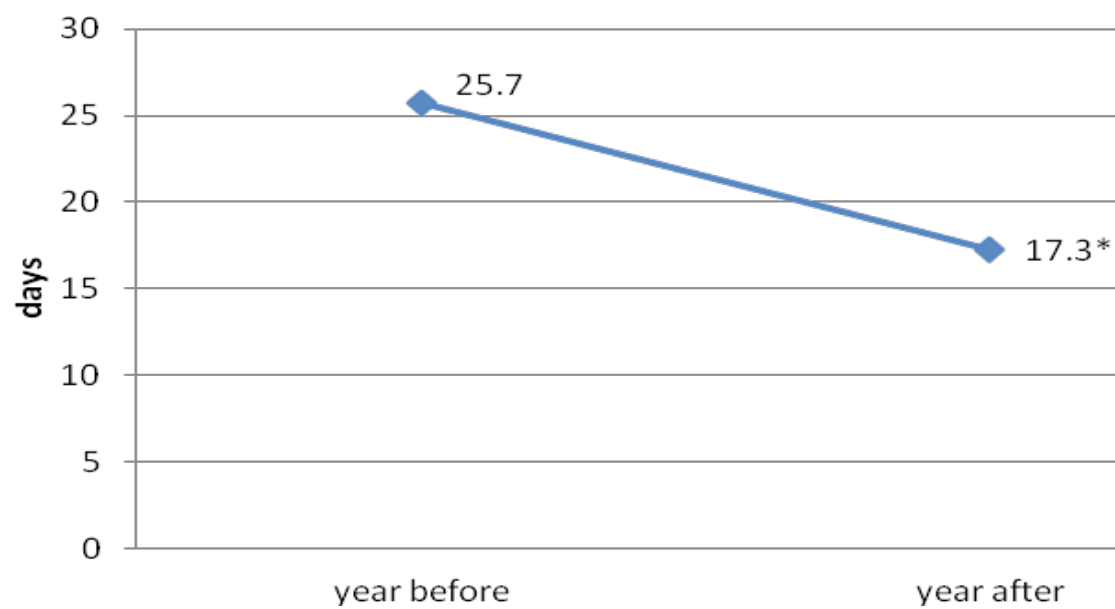
For this observational study, the clinical records of all the patients diagnosed with bipolar disorder, that attended at least 4 out of 8 sessions of the “Porta Aberta” programme, from 2007 to 2010, were reviewed. The variables assessed were socio-demographic (age, gender, marital status) and clinical (type of bipolar disease - I vs. II or NOS and number and duration of admissions to the inpatient unit in the 1-year period before and after programme enrollment, respectively). The analyzed data was made anonymous and confidentiality was assured. Statistical analysis was performed using the SPSS for Windows, version 14.0, and significance was tested, using the Chi-square and Student’s t tests, for nominal and continuous variables, respectively. Data was collected in the last semester of 2011. There was no missing data in the clinical records.

Results

A total of 69 patients were included. They were more frequently female, not married and diagnosed with bipolar disorder type I (Table 1). The mean age was 37.2 years ($sd=10.6$). In the 1-year period prior to programme enrollment, these patients had a mean number of 1.28 ± 0.66 admissions per patient, which was significantly reduced to 0.28 ± 0.59 ($p=.032$) in the following year (Graph 1). There was also a significant reduction in the mean duration of admissions in the 15 patients who were readmitted, decreasing from 25.7 to 17.3 days ($p=.028$) (Graph 2).



Graph 1: Mean number of admissions per patient one year before and one year after programme enrollment (n=69, *p=.032)).



Graph 2: Mean duration of admissions one year before and one year after programme enrollment (n=15, * p=.028)

When comparing the patients who were readmitted to the acute psychiatric inpatient unit (n=15) during the study time-frame with those who were not (n=54), no significant differences were found regarding the socio-demographic variables or the type of bipolar disorder (Table 1).

Table 1: Socio-demographical and clinical characteristics of the sample (n=69) and their influence on readmission NS=non significant. NOS= Not otherwise specified

	Total (n=69)	readmitted (n=15)	not readmitted (n=54)	p-value
Gender				
Male	22 (31.9%)	3	19	NS
Female	47 (68.1%)	12	35	
Marital status				

Married	25 (37.6%)	4	22	NS
Not married	43 (62.4%)	11	32	
Type of Bipolar Disease				
Type I	45 (65.2%)	9	36	NS
Type II + NOS	24 (34.8%)	6	18	

Concluding Remarks

PE for bipolar disorders has been shown to be effective in enhancing treatment compliance, promoting symptom reduction, preventing depressive, manic and hypomanic relapse, increasing the time interval before the next episode, diminishing the number and length of hospitalizations and improving socio-professional functioning and quality of life (11).

Our data is consistent with the literature on PE and shows that the “Porta Aberta” programme has significantly improved the clinical outcome of the participants in decreasing both the average number and length of readmissions. These findings are in line with previous studies concerning both individual (6) and group (7,8) PE for bipolar disorders, and support its global efficacy in these two settings.

The importance of motivation in bipolar patients engaging in PE has been highlighted previously by Cakir et al. (12).They studied motivation-related factors in bipolar patients undergoing PE and found that the presence of a family history of bipolar disorder or suicide, full medication adherence, therapeutic blood level of mood stabilizers, more regular follow-up visits, more mixed episodes and less number of total episodes were associated with a better level of attendance. Although such particular factors were not assessed in our population, motivation to participate was an essential aspect in patient selection, which may have contributed to the positive results by improving attendance.

Most studies on PE were held in an outpatient setting and required a minimum period of euthymia, usually from 3 months (12) to 6 months (7,8), in order to ensure a better assimilation and integration of the educational dimensions. Despite this common inclusion criterion for clinical studies, Colom and Vieta have stated that “in routine clinical practice it may be enough that the patient is not acutely ill and reasonably stable according to the clinician” (13). It is our belief that the earlier enrolment in our PE programme and the links established with the day-hospital staff, as long as clinical stability was assured, could have improved attendance and outcome.

This study has some limitations, such as its retrospective design, not being controlled, having a short follow-up period and not specifying the type of affective episode, which may impact the extent to which the results might be generalised. Nevertheless, it supports our clinical impression of a significantly improved outcome and suggests that enrolment in a PE programme at an earlier stage of the recovery process may also be associated with positive results.

Investigation directed at evaluating the effectiveness of non-pharmacological interventions for the management of psychiatric disorders is becoming a trend in psychiatric research which is certain to benefit future clinical practice.

GP Comment

What I have learnt from this paper

A psychoeducational programme for bipolar disorders has been shown to be effective for treatment compliance, to promote symptom reduction, to prevent relapses, to diminish the number and length of hospitalizations and to improve functioning and quality of life. Motivation of patients to participate was a key factor in contributing to positive results of the programme.

Dr.Juan Mendive, Family Physician, Barcelona.

References

1. Goodwin GM: Evidence-based guidelines for treating bipolar disorder: revisited second edition - recommendations from the British Association for Psychopharmacology. *JPsychopharmacol* 2009; 23: 368-88.
2. National Collaborating Centre for Mental Health. Bipolar Disorder. The Management of Bipolar Disorder in Adults, Children and Adolescents, in Primary and Secondary Care. National Institute for Health and Clinical Excellence, 2006.
3. Colom F: Keeping therapies simple: psychoeducation in the prevention of relapse in affective disorders. *Br J Psychiatry*, 2011; 198: 338-340.
4. Song MS, Kim HS: Effect of the diabetes outpatient intensive management programme on glycaemic control for type 2 diabetic patients. *J Clin Nurs* 2007; 16: 1367-73.
5. Dusseldorp E, Van Elderen T, Maes S et al. A meta-analysis of psychoeducational programs for coronary heart disease patients. *Health Psychology* 1999; 18: 506-519.
6. Perry A, Tarrier N. Moriss R et al: Randomised controlled trial of efficacy of teaching patients with bipolar disorder to identify early symptoms of relapse and obtain treatment. *BMJ* 1999; 318: 149-153.
7. Colom F, Vieta E, Martinez A et al: A randomised trial on the efficacy of group psychoeducation in the prophylaxis of recurrences in bipolar patients whose disease is in remission. *Arch Gen Psychiatry* 2003; 60: 402-407.
8. Colom F, Vieta E, Sánchez-Moreno R et al: Group psychoeducation for stabilized bipolar disorders: a 5-year outcome of a randomised clinical trial. *Br J Psychiatry* 2009; 194: 260-265.
9. Scott J, Colom F, Popova E et al: Long-term mental health resource utilization and cost of care following group psychoeducation or unstructured group support for Bipolar Disorders. *J Clin psychiatry* 2009; 70: 378-86.
10. Miklowitz DJ, George EL, Richards JA et al: A randomized study of family-focused psychoeducation and pharmacotherapy in the outpatient management of bipolar disorder. *Arch Gen Psychiatry*

2003; 60: 904-912.

11. Rouget BW, Aubry JM: Efficacy of psychoeducational approaches on bipolar disorders: A review of the literature. *J Affect Disord* 2007, 98: 11-27.
12. Cakir S, Bensusan R, Akca ZK et al: Does a psychoeducational approach reach targeted patients with bipolar disorder?, *J Affect Disord* 2009. 119: 190-193.
13. Figueira M, Akiskal H, *Clinical Aspects of Mania*, Madrid, Wolters Kluver, p147-158, 2009.