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Clinical outcomes in bipolar disorder and childhood trauma: A community sample of young adults

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Background: Childhood trauma is a complex experience, much reported by subjects with bipolar disorder. There are still few studies that assess its consequences in a community sample of bipolar in early stage.

Aim: The aim of the present study is to assess the association between childhood trauma and clinical outcomes in a community sample of young adults with bipolar disorder.

Methods: This is a cross-sectional study with a community sample of subjects with bipolar disorder, from 23 to 30 years old, with and without childhood trauma. The trauma experiences during childhood were assessed by Childhood Trauma Questionnaire (CTQ). The functioning was assessed by Functioning Assessment Short Test (FAST).

Results: 90 subjects with Bipolar Disorder were included in the study (30 with childhood trauma and 60 without childhood trauma). Young adults with bipolar disorder and childhood trauma showed higher prevalence of current suicide risk, higher severity of depressive symptoms and higher functioning impairment as compared to subjects with bipolar disorder without childhood trauma.

Conclusion: The frequency childhood trauma experiences appear to be an environmental risk factor for worse clinical outcomes and higher functional impairment.

Recent Publications

1. Longaray V K, Padoan C S, Goi P D, da Fonseca R C, Vieira D C, Oliveira F H, Kapczinski F, Magalhaes P V (2017) Frequency of brain tissue donation for research after suicide. *Rev Bras Psiquiatr*; 39(2): 180-182.
2. Martini M, Fonseca R C, Garbin H I, Bassols A M S (2016) Psychodynamic understanding of Daenerys Targaryen's life cycle, character from the series Game of Thrones. *Rev. Bras. Psicoter*; 18(1): 55-67.

Biography

Rodrigo Chiavaro da Fonseca is a Medical student and currently working in multiple projects like "Evaluation of biochemical and molecular parameters of the brain and their clinical correlations in individuals who committed suicide", "Brazil's suicide rate from 2000 to 2014 stratified by genre and age" and "Hospital waste: Is it possible to minimize the environmental impact of a big university hospital?". He is also teaching as Monitor in Promotion and Protection of Elderly and Adults' Health class and was rewarded with the Award of Best Oral Presentation at the 36th Scientific Week of HCPA in 2016.

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Table 2: Clinical outcomes of the community sample of young adults with bipolar disorder with and without childhood trauma.

Characteristics	BD without trauma (n=60)	BD with trauma (n=30)	p value
Age onset of BD*	17.50 (±4.87)	18.46 (±6.67)	0.799
Rapid cycling^b	28 (46.7)	12 (40.0)	0.549
Lifetime hospitalization^b	5 (8.3)	2 (6.7)	0.781
Lifetime suicide attempts^b	13 (21.7)	10 (33.3)	0.347
Current suicide risk^b	13 (21.7)	13 (43.3)	0.033
Lifetime pharmacological treatment^{b,c}	34 (57.6)	15 (50.0)	0.494
Substance abuse or dependence^b	13 (21.7)	5 (16.7)	0.576
Depressive symptoms (MADRS score)^c	8 (2 - 17.5)	15 (7.5 - 22.5)	0.011
Manic symptoms (YMRS score)^c	5 (3 - 11)	7 (4.5 - 9)	0.437
Comorbid anxiety disorders^b	32 (53.3)	19 (63.3)	0.367
Global Functioning (FAST score)^c	10 (6 - 18.75)	21 (10.75 - 28.5)	0.003

BD (Bipolar Disorder).

* Mean and standard deviation, p value according to t test; ^bAbsolute (n) and relative (%) frequencies, p value according to Chi-square test; ^cMedian and 25th/75th quartiles, p value according to Mann-Whitney U test. * Missing (n=1).