

Gender differences on substance use (and abuse) in inpatients bipolar disorders

Cobo JV, Crivillés S, Parra I, Marsal F, Miguelez M, De-la-Cruz V, García-Parés G: Mental Health Department, Corporació Sanitària Parc Taulí. Parc Taulí s/n. 08208. Sabadell (Spain).

Antecedents: Bipolar disorders (BD) are classically related to a greater risk for drugs (DA) or alcohol abuse (AA). The prevalence in different studies show great variations. During the last years, some studies detected interesting gender differences in these prevalences.

Objectives:

1. To determine frequency and substance type use (and abuse) in a sample of BD.
2. To establish gender differences and compare these differences with our reference population.

Design and Method: Design: Longitudinal retrospective. Subjects: Inpatients treated in our Unit (may '97-may '03), older 18 years and with DSM-IV criteria for BD (Type I or II), BD not otherwise specified (NE) or Eschizoffective Disorder (EAD) Bipolar.

Method: Analysis of our database (276 BD, 54.7% women). All 276 cases represent 505 consecutive hospitalisations (50,7% women). Diagnostics: 57.6% BD-I, 6.5% BD-II, 33.7% EAD, 2.2% BD-NE. Phase: 53.3% maniac, 30.9% depressive, 9.1% mixed, 4.1% hypomaniac, 2.8% psychotic. Reference Population: Sabadell Health Inquiry 2002. Statistical analysis: Descriptive, odds ratio (OR), and Chi 2.

Results: The BD inpatients consume more alcohol, tobacco and all types of drugs than the general population (OR between 1.3 for alcohol and 37.3 for opiates).

Bipolar men use significantly (Chi2 ,005) more tobacco, alcohol and illicit drugs. The differences are greater in the case of AA, cocaine and cannabis (Chi2 ,0001). The OR with the general population for tobacco and 1.2/1.4 (men/women) for alcohol.

These gender differences were NOT related to age or previous functional adaptation (GAF).

Bipolar women with AA: Not significant differences in the amount of hospitalisations, discharge GAF or duration of hospitalisation.

There were gender differences (but not significant) in number of hospitalisations, previous GAF, discharge GAF or duration of hospitalisation in the case of women who smoke (both tobacco or cannabis) and in the case of cocaine abuse.

There were no differences between genders as to the severity of tobacco abuse, but the heavy smokers women group shows significant differences (0,01 bilateral) in previous GAF and duration of hospitalisations and GAF at discharge (0,05 bilateral).

Conclusions: AA or DA is more prevalent in our sample than in the general population (GP), but prevalence of illicit DA in BD women is closer to that of GP than in men. The risk for AA or DA in BD is high in both genders, and there are significant gender differences in all AA and DA prevalences.

Bipolar women with AA have a significantly worse basal function. Prognosis at discharge is related to gender (but not significantly) in all AA or DA.

Bibliography: 1. Dunner et al. Bipolar illness: factors in drinking behaviour. *Am J Psychiatry* 1979; 136: 583-585.
2. Sonne et al. Substance Abuse and Bipolar Affective Disorder. *J Nervous Ment Dis* 1994; 182 (6). 349-352.