

## Self Evaluation of Real Life Functioning in Bipolar Patients

Wyckaert S<sup>1</sup>, Pitchot W<sup>2</sup>, Hulselmans J<sup>3</sup>, Lecompte D<sup>4</sup>, De Bruyckere K<sup>5</sup>, Reiter S<sup>5</sup>

<sup>1</sup>UPC St.Jozef, KUL, Belgium

<sup>2</sup>CHU Liège, Belgium

<sup>3</sup>AZ Stuyvenberg Antwerp, Belgium

<sup>4</sup>CHU Brugmann, Brussels, Belgium

<sup>5</sup>Medical Department, Eli Lilly, Belgium

**Introduction:** The aim of this study is to describe the clinical characteristics, possible prognostic factors and outcome of manic or hypomanic patients treated with olanzapine in a naturalistic setting, and to compare the physician's evaluation with a patient's self-evaluation.

**Methods:** This was a multicenter, Belgian study, using an anonymous data collection form and patient questionnaire. All demographic and clinical data were collected at hospital discharge in patients who received a treatment with olanzapine for at least 2 weeks or in ambulatory patients after 4 weeks of treatment with olanzapine. In this publication we will present the data comparing the physician's evaluation with that of the patient, both using the Clinical Global Impression-Improvement (CGI-I) rating scale.

**Results:** Three hundred eighteen patients (55% female) received a treatment with olanzapine for an acute manic or hypomanic episode. Most (56%) patients had an age ranged between 35 and 55 years, and 19% were first episode patients. Diagnostic subtypes for mania were defined by the physician: 20% hypomania, 29% euphoric mania, 29% dysphoric mania and 22% mixed mania. Almost one third of the patients (31%) were treated with olanzapine in monotherapy (mean dose:16.6mg/d); 69% received olanzapine in combination therapy (mean dose:15.1mg/d). There was no difference in the use of olanzapine in mono- or combination therapy following mania subtype. Most (87%) patients received some kind of psycho-education.

Physicians reported to be satisfied with the result of the treatment in 78% of the cases; 19% were partly satisfied. When patients were asked if the current treatment fulfilled their expectations, 58% answered yes, 35% partly and 7% no. A correlation was found between the CGI-I score (scale from 1 to 7) of the physician and that of the patient ( $r=0.511$ ;  $p<0.001$ ); mean score of the physician was: 2.07 (SD: 0.76) and of the patient: 2.28 (SD: 1.10); mean difference (CGI-I patient-physician): 0.21 (CI:0.10;0.32). There was a 50% match between the physician's and patient's CGI-I score; 41% of the patients evaluated themselves with only 1 point difference of the evaluation of the physician. Only 7% of the patients evaluated their improvement with  $\Rightarrow$ 2 points worse than the physician. The extent to which the patient evaluated himself differently from the physician (mean CGI-I patient-physician) was not different for first or multiple episode ( $p=0.733$ ), but there was a trend for the diagnosis ( $p=0.083$ ), with a more important difference in mean CGI-I in euphoric mania (0.33; CI:0.14;0.52), and there was a trend for a more pronounced difference in patients treated with olanzapine in combination therapy (0.26; CI:0.13;0.39) ( $p=0.077$ ).

**Conclusions:** This study suggests that 1 out of 2 manic patients rated himself similarly to his physician. Self-assessment can be complementary in helping understanding the needs and expectations of bipolar patients and consequently in a better patient-physician relationship and long-term treatment adherence.