

New SADAG Bipolar Disorder Survey



SA patients discouraged by side effects, battle with treatment costs, and face workplace discrimination

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Research in South Africa on mental health, especially Bipolar Disorder (BD), is scarce, with most statistics related to the illness originating from international sources. A 2006 study in the Western Cape reported an annual prevalence estimate for BD of 1%. Although this study is now over 10 years old and has its limitations, it likely provides a closer estimate of the portion of the South African population affected by this condition than international statistics.

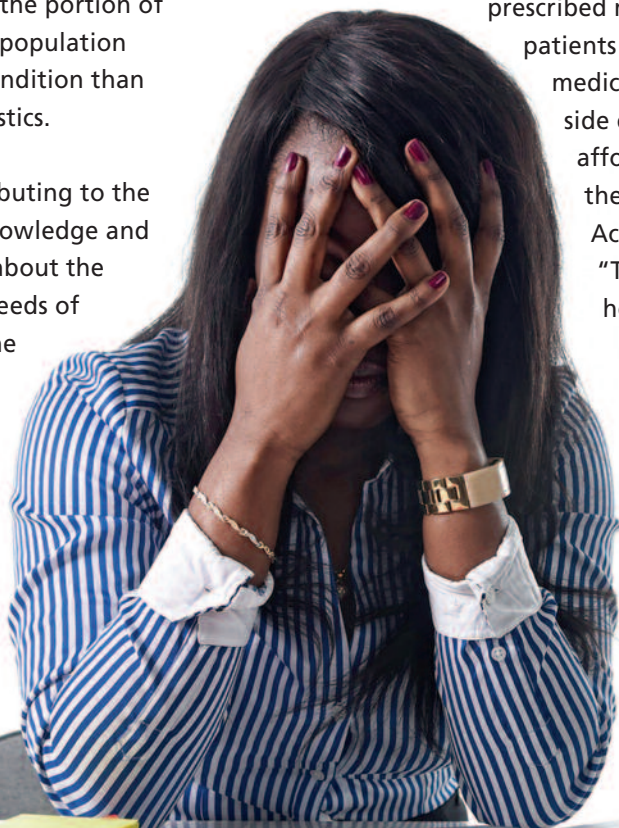
As a way of contributing to the growth in local knowledge and of learning more about the experiences and needs of this population, the South African Depression and Anxiety Group (SADAG) asked patients living with BD to complete an online survey in March/April 2017.

Who participated?

Over a three-week period, 410 people responded to the survey, the majority of them female, white, middle aged, and from the lower middle-income sector. The kind of sample reached is due to the online data gathering method, which requires access to a computer, as well as an Internet connection. Invitations for the survey were also executed online.

Main findings

Despite the fact that 53% of respondents indicated they earn R12 000 or less, an overwhelming 77% were treated by a private psychiatrist, 94% had been on treatment for over a year, and almost all had been prescribed medication. The main reason given by 105 patients who had decided to stop taking their medication was not being able to cope with the side effects. A further 24% could no longer afford the medication, while 19% reported they stopped because they had felt better. According to Psychiatrist, Dr Leigh Janet: "There is no one-size-fits-all medication that helps everyone with BD. Finding the right



medication (or combination thereof) can seem like a daunting process and it might take several tries to figure out the best medications for an individual. And it can be an expensive one as well. Considering this, it is not hard to imagine why a patient may stop taking their medication.”

Cost was a barrier to face-to-face counselling too – 75% of survey participants had attended more than 6 sessions, yet over 200 had stopped, with 40% of them listing financial constraints as the reason. Quite a few respondents indicated that they could only access counselling as inpatients, and – with the number of yearly hospitalisations – it is possible that an unmet need for psychotherapy is partly motivating hospital stays, which may be more affordable due to more comprehensive medical aid cover than that given for outpatient counselling sessions. A total of 67% of those who took the survey have a history of at least one hospitalisation. Yet, nearly one in two patients shared they don't fully understand how to manage their disorder, and many felt that most people – even specialists – lacked an understanding, and didn't quite know how to help them.

“People with BD experience unusually intense fluctuations in emotional states,” explains Psychiatrist, Dr Frans Korb. “These emotional swings usually occur from the overjoyed highs of a manic episode to the crushing lows of depression, and people with BD swing between these two polar opposite moods. People may be irritable or aggressive, sad or hopeless, experience extreme changes in energy, activity and the need for sleeping and eating; these signs can all be part of the mood fluctuations.” Chronic treatment for BD is recommended, receiving support in these findings by the fact that 65% of patients reported having manic highs, 82% said they experience deep depression, and only 16% had never considered or attempted suicide. Suicide risk was greatest for those in the R5 000 to R12 000 income bracket, and over a quarter of those who had previously attempted suicide were younger than 30. The Council for Medical Schemes (CMS), which provides regulatory supervision of medical schemes in the country, lists BD as a chronic condition covered under Prescribed Minimum Benefits (PMBs). This means that on any medical aid option (even a hospital plan), patients receive cover for the diagnosis, medical management of and medication for BD, as long as this is provided in adherence with the therapeutic algorithm for this condition.

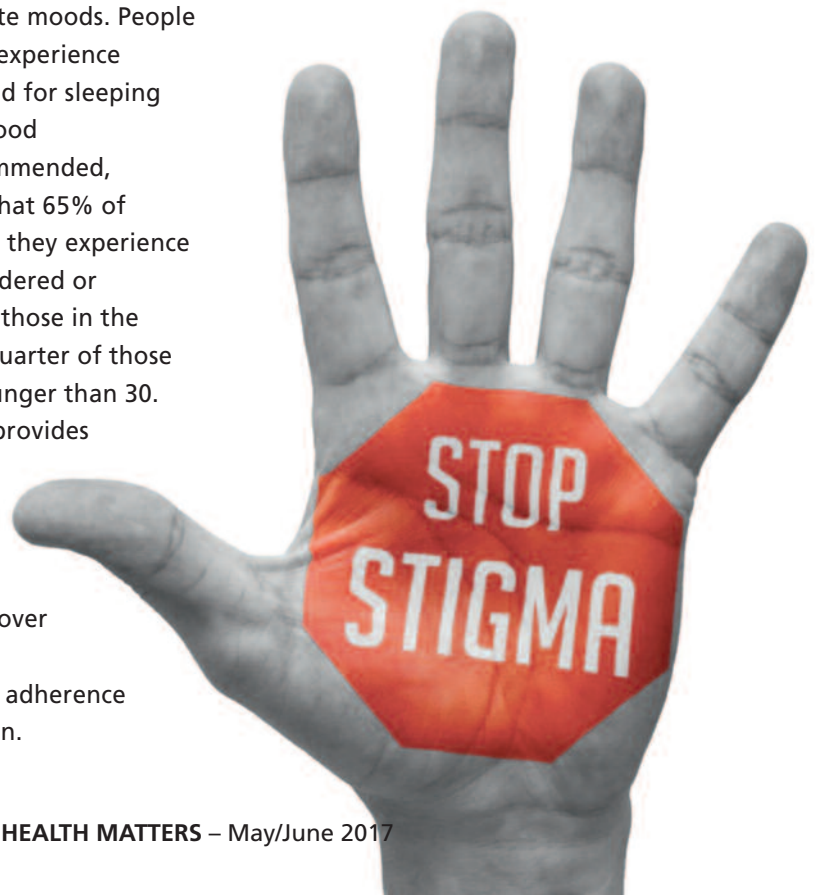
BIPOLAR DISORDER IN DSM-5

In the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the previously single chapter for mood disorders has been split into one on Bipolar and Related Disorders, and one on Depressive Disorders. The chapter on Bipolar begins by explaining:

Bipolar and related disorders are separated from the depressive disorders in DSM-5 and placed between the chapters on schizophrenia spectrum and other psychotic disorders and depressive disorders in recognition of their place as a bridge between the two diagnostic classes in terms of symptomatology, family history, and genetics.

Stigma & discrimination

Disclosure of a mental illness is often a sensitive topic due to fear of the stigma surrounding mental health conditions. The majority of patients who took part in this survey had revealed their mental health status to people who 'need to know' about it, such as a spouse/partner, close loved ones, and colleagues/employers. Although the reaction they received was mainly helpful and supportive, 26% were met with lack of understanding, disinterest, dismissal, insults, prejudice, or hostility. Of



particular concern is that 45% reported experiencing discrimination in the workplace.

Where to from here

The stigma highlighted in these findings is an issue SADAG will continue to tackle by working on increasing mental health literacy in the country through educational initiatives, workshops, employee assistance programmes, corporate talks, social network presence, media campaigns, and one-on-one interactions with patients who contact the toll-free helplines.

SADAG Founder, Zane Wilson says: "The fact that so many patients stop medication due to costs confirms our experience of problems with non-adherence in local mental health treatment, which needs to be addressed. The high hospitalisation also most likely links to financial concerns, as being admitted for a mental health condition may be the only way to have this kind of care covered by medical aids. We all need to work together towards elevating mental health conditions to the same level as other general medical conditions in terms of priority, budget and treatment accessibility."

The 2017 survey conducted by SADAG has begun to fill in the blanks in local research on Bipolar Disorder, but more studies are needed to gather more substantive information about samples more representative of the current South African population. SADAG would be willing to assist researchers in this regard. Anyone interested in exploring this possibility can send an email to Zane Wilson, zane1@medport.co.za



BIPOLAR DISORDER SURVEY 2017



65% EXPERIENCE MANIC HIGHS



82% FEEL DEEPLY DEPRESSED

53% EARN R12 000 OR LESS



84% CONSIDERED OR ATTEMPTED SUICIDE



45%

EXPERIENCED DISCRIMINATION IN THE WORKPLACE

PATIENTS STOPPED TAKING MEDICATION DUE TO:

28% Side effects

24% Costs

19% Feeling better



PATIENT CARE

77% WERE TREATED BY A PRIVATE PSYCHIATRIST



NEARLY 1 IN 2 DON'T FULLY UNDERSTAND HOW TO MANAGE THEIR DISORDER