TITLE: The ability to perform activities of daily living among persons with bipolar disorder.

AUTHORS

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PRIMARY SPEAKER BIOSKETCH

Lone Decker is an associate professor at the Department of Occupational Therapy. She is an Occupational Therapist Specialist in Mental Health and has worked within mental health for more than 20 years.

LEARNING OBJECTIVES

Objective 1: Gain knowledge about the ability to perform activities of daily living among persons with bipolar disorder.

ABSTRACT

Background

Bipolar Disorder (BD) is among the 10 main causes of disability worldwide and it is associated with reduced quality of life. A large proportion of persons with BD experience cognitive impairments and activity limitations even when in remission. Most research addressing functioning among persons with BD concerns body functions including cognitive deficits, whereas research focusing on functioning related to activities and participation, including the ability to perform activities of daily living (ADL), is sparse.

Hypotheses

We hypothesized that persons with BD reporting subjective cognitive impairments have ADL process ability measures from the Assessment of Motor and Process Skills (AMPS) below the mean for healthy, well persons of similar age. In contrast, we expected that the ADL motor ability measures of the AMPS would be equal to those of healthy, well persons of same age.

Methods

Design: This was a cross-sectional, descriptive study.

Participants: Participants (n = 43) with BD (based on ICD-10 diagnostic criteria), aged 18–60 years, in full remission defined by Hamilton Depression Rating Scale (HDRS-17) and the Young Mania Rating Scale (YMRS) scores ≤ 7, and with complaints of moderate to severe subjective cognitive difficulties defined by scores ≥ 13 on the Cognitive Complaints in Bipolar Disorder Rating Assessment (COBRA) questionnaire.

Setting: The screening for mood and cognitive complaints was done at the Mood Disorder Clinic at Psychiatric Centre Copenhagen. The participant’s ADL ability was assessed in the participant’s home.
Instrumentation: The participant’s mood was screened with HDRS-17 and YMRS and their subjective complaints with COBRA. The ADL ability was assessed with the AMPS.

Data analysis: All descriptive data were performed using the Statistical Package for Social Science.

Results

As expected, all participants had ADL process ability measures below the mean of healthy, age-matched peers; two (4.7%) participants had ADL process measures below the 95% confidence interval (i.e., < 2 SD below the normative mean). Surprisingly, 36 (83.7%) of the participants had ADL motor ability measures below the mean of healthy peers, and three (7%) participants had ADL motor ability measures below the 95% confidence interval. Six (14%) participants had an ADL motor ability above the normative age-matched mean.

Fourteen (32.6%) participants had ADL motor ability measures below the ADL motor competence cutoff (2.0 logits) and thirteen (30.2%) had ADL process ability measures below the ADL process competence cutoff (1.0 logit). Five (11.6%) participants had ADL motor and ADL process ability measures below both competence cutoffs.

Conclusion: Persons with BD and subjective cognitive complaints are likely to have both an ADL motor and ADL process ability measures below the mean of healthy persons of same age. Furthermore, they are at risk of having some increased clumsiness or physical effort and/or some inefficiency and there is some concern for safe task performance. Finally, almost a third is more likely to need assistance to live in the community.

Clinical implications

More knowledge about the ADL ability among persons with BD could be useful when developing intervention program aiming to improve functioning.