Incomplete discussion of bipolar disorder and comorbid substance use disorder – Authors' reply

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Incomplete discussion of bipolar disorder and comorbid substance use disorder

Authors’ reply
Na raises two issues. Regarding the first issue, we agree that bipolar disorders in prison populations merit further discussion. The inclusion of bipolar disorder as a psychotic illness is based on the increasingly accepted view that bipolar disorder and schizophrenia-spectrum disorders share phenomenological, biological, and genetic overlap. In addition, for a diagnosis of type 1 bipolar disorder, a manic episode is necessary, which is typically psychotic in nature. However, our decision not to separate out bipolar disorder from the other psychoses was based on the difficulty of establishing this distinction in prisoners. Many prisoners have histories of drug misuse and also personality disorders in which mood instability (and in particular slightly elevated mood or hypomania) are common. In the rarer form of bipolar 2 disorder) is common and diagnoses require repeat examination and informant histories. Thus, most structured interviews administered in prevalence studies do not perform well to detect bipolar disorder.

Second, Na raises the important issue of comorbidities. We looked again at the 23 studies reported in our review, and found that six reported on comorbidities between substance use disorders and severe mental illness (table). These comorbidities are common, and prison health should take these into account by joining up psychiatric and substance misuse services.

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<table>
<thead>
<tr>
<th>Alcohol use disorders in people with affective disorder or major depression</th>
<th>Drug use disorders in people with affective disorder or major depression</th>
<th>Substance use disorders in people with major depression</th>
<th>Substance use disorders in people with psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current or 1-year prevalence, %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andreoli et al (2014)</td>
<td>18.7% (men), 60.0% (women)</td>
<td>2.7% (men), 60.0% (women)</td>
<td>---</td>
</tr>
<tr>
<td>Joshi et al (2014)</td>
<td>22.2%</td>
<td>11.1%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Mundt et al (2013)</td>
<td>---</td>
<td>---</td>
<td>22.8%</td>
</tr>
<tr>
<td>Naidoo and Mkize (2012)</td>
<td>---</td>
<td>---</td>
<td>30.3%</td>
</tr>
<tr>
<td>Zamzam and Hatta (2000)</td>
<td>---</td>
<td>---</td>
<td>61.9%</td>
</tr>
<tr>
<td>Lifetime prevalence, %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andreoli et al (2014)</td>
<td>40.7% (men), 68.3% (women)</td>
<td>52.3% (men), 68.3% (women)</td>
<td>---</td>
</tr>
<tr>
<td>Assadi et al (2006)</td>
<td>---</td>
<td>---</td>
<td>82.5%</td>
</tr>
</tbody>
</table>

Table: Prevalence of comorbid substance use disorders among prisoner populations with severe mental illness in low-income and middle-income countries

References