

The Effectiveness of Family Psychoeducation to Manage the Mood of Patients with Bipolar Disorder: A Systematic Review

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Abstract--- *Psychoeducational interventions for both the family and patients with bipolar disorder are effective at improving compliance and preventing relapse. Whether there is a benefit from these interventions on the management of the mood of bipolar disorder patients has been little explored. This systematic review has investigated the effectiveness of psycho-education on the family care outcome related to the management of mood symptoms with bipolar disorder. We searched for Randomized Controlled Trials (RCTs) published in English across 2 databases. Fifteen RCTs were included and the intervention duration ranged from 6 to 96 weeks. The relevant articles published between 2008 and 2018 were obtained by searching Scopus and Science Direct. We looked into the effectiveness of family psychoeducation on the management of the mood of patients with bipolar disorder. Psychoeducation for the family also had some positive effects used to help the patients with bipolar disorder to increase the quality of their lives by developing their knowledge about bipolar disorder. This included information about the recurrence rate of the illness, the necessary medication and its adverse effects, triggering factors, the needed adherence to drugs, how to control the symptoms, stress management, the risk of suicide, the avoidance of the use of alcohol and the importance of leading a well-structured life.*

Keywords--- *Family Psycho-education; Management of Mood; Bipolar Disorder*

1. INTRODUCTION

Bipolar disorder (BD) is a severe, chronic and recurrent disorder that ranks sixth in the ranking of the Global Burden of Disease Classification. It produces a high degree of economic burden worldwide. BD represents a critical public health problem due to its lifetime prevalence and related high degree of comorbidity, chronicity and disability. The illness also presents considerable treatment challenges. Those affected by it must usually continue treatment throughout their lifetime [1]. Besides being a highly recurrent and disabling condition, bipolar disorder is also

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marked by major depression and manic/hypomanic episodes. Bipolar disorder is associated with a significant impairment in terms of personal and social functioning for the individual and their caregivers [2]. Various psychological therapies have been shown to be effective for the treatment of mood disorders. Among them, family psychoeducation has demonstrated efficacy when it comes to reducing symptom severity and extending the time to relapse [3]. Several psychosocial interventions have been proposed to supplement pharmacotherapy in order to improve the outcome of people suffering from this disorder. Bipolar disorder is a life-long recurrent illness which has an increasingly negative impact on the patients and their families by causing difficulties in terms of social adjustment.

Psychoeducation has been proven to be more effective when the patient's relatives are included in the treatment program. The family may play a significant role in bipolar disorder, as is similar to schizophrenia. Psychoeducational interventions for the family carer for people with psychosis are effective at improving compliance and preventing relapse. Psychological interventions paired with top pharmacological treatments can improve the outcome of bipolar disorder. Psychoeducation has been proven to be more effective when the relatives are included in the treatment program [4]. Psychoeducation is defined as a systematic, structured and pedagogical approach to the illness and its treatment [5]. Psychoeducational interventions generally emphasize the presentation of factual information about the mental illness and its treatment in order to address misperceptions. The interventions generally provide optimistic results. Psychoeducation also is an effective adjunct to medications used to treat bipolar disorder [6].

The family has a significant role in reducing the internalized stigmatization and symptom severity, in addition to improving their social outcome. Psychoeducational interventions generally emphasize the presentation of factual misperceptions and these interventions generally also provide optimistic messages about the treatability of mental health problems [7]. The family has a significant role in reducing internalized stigmatization and symptom severity, extending the time to relapse and also improve the social outcome and management of both mood and symptoms. The current systematic review was used to assess the effectiveness of psychoeducation on the family care outcome and its influence on the management of the mood and symptoms of patients with bipolar disorder.

II. METHOD

▪ Search Strategy

A literature search was performed. Relevant articles published between 2008 and 2018 were obtained by searching two electronic databases: Scopus and Science Direct. We searched for *Randomized Controlled Trials* (RCTs) relevant to family psychoeducation related to the quality of life of patients with bipolar disorder.

▪ Study selection and the inclusion and exclusion criteria

The initial screening of the study titles, abstracts and full text articles was undertaken by the authors. The whole review team reviewed the searches, abstract and conducted a full-text screening of the data extraction results. We included studies that investigated psychoeducational interventions primarily aimed at providing information about the illness and symptom management of bipolar disorder. We excluded interventions on other illnesses.

III. RESULTS

▪ Search results

The database search resulted in 1325 records. Of these, 15 studies met all of the inclusion criteria and were included in the review.

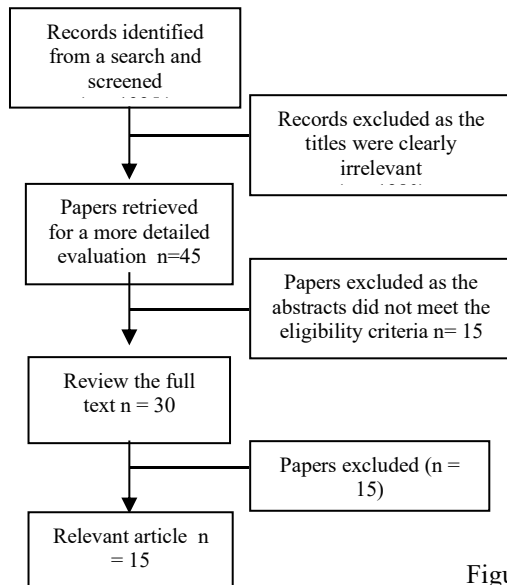


Figure 1: Flow diagram illustrating the data

▪ Family psycho-education

The brief group psychoeducation when related to the caregivers' mean scores increased when assessed using the Burden Assessment Scale, especially in terms of knowledge and bipolar disorder self-efficacy. The participants who attended the psychoeducation group reported a significant reduction in burden and improvements in their knowledge of bipolar disorder and on bipolar disorder self-efficacy [2]. Family psychoeducation also showed an improvement in the patients' social functioning. The patients in stage 1 benefited from caregiver psychoeducation as seen in the longer time to recurrence [4].

The interventions may be more useful for the patients in the earlier stages of bipolar disorder [8]. Psychoeducational family interventions for bipolar disorder are feasible in routine care [4]. A short course of family psychoeducation and skill training may enhance the relational functioning and health of the adolescents with bipolar disorder [9]. Interpersonal effectiveness skills assists the patients in improving the relationships in their lives [10].

The psychoeducation program and discussions were presented to the family in terms of facilitating an understanding of bipolar disorder and its etiology, in addition to the familiarization of the symptoms of mania and hypomania, understanding the signs of depression and other psychological episodes, increasing the awareness of causes and prognosis, providing education about the function, types and adverse side effects of the mood stabilizer medication, functions and covering the different types and adverse effects of anti-manic and antidepressant medications [11]. All of these aspects are influential when it comes to the quality of life of patients with bipolar disorder. The psychoeducation intervention delivered to the family resulted in a significant

improvement in all areas of quality of life, including the number of relapses and hospitalization due to the recurrence of BD and medication compliance.

The adolescents in family-focused therapy experienced greater improvements in the quality of their family relationships and physical well-being. A short course of family psychoeducation may enhance the relational functioning and health of adolescents with bipolar disorder [9]. The Disability Assessment Schedule (DAS) global score was lower in the patients receiving the psychoeducational family intervention [4].

IV. DISCUSSION

From the findings of this systematic review, it can be concluded that psychoeducation is an approach that combines educational psychotherapeutic and experiential elements. A psychoeducation program was prepared to minimize the internalized stigmatization of the patients diagnosed with BD [7]. Psychoeducation is also useful for the family in terms of increasing their knowledge and reducing their burden. After increasing the level of knowledge about bipolar disorder, the family became more involved in patient treatment adherence. On the other hand, recurrence was also less and the treatment adherence was better. They showed that the average plasma lithium level of the patients was more stable [12]. Most treatment trials in BD, especially in younger populations, focus on symptom remission with little consideration to their psychosocial functioning or life satisfaction. Adolescence is a challenging development stage and it is rendered even more challenging by the introduction of the diagnosis and treatment of an emerging bipolar condition. Treatments that enhance quality of life may improve an adolescent's sense of well-being, promote healthier decision making, and increase the protective factors within the family and peer environment which may foster healthier living. The use of family education and skill-based treatments as adjuncts to pharmacotherapy in the early stages of bipolar disorder may help the adolescent patients to live more satisfying lives and to reduce the burden of care on the family members during a critical period of their lives. In a RCT conducted on family psychoeducation, several carers of patients were allocated to the group on multifamily group psychoeducation and solution-focused group therapy. There was an improvement in quality of life for the people affected by bipolar disorder whose carers attended both groups [13].

Family psychoeducation contributed to a better outcome in terms of the time to recurrence. The caregiver task of supervising the patient has been associated with emotional exhaustion and subjective burden, thus we will not ignore this as burnout might influence the caregiver's treatment response [5]. It is very important to maintain the family and to ensure that they follow the psychoeducation sessions as this may result in positive improvements in terms of the Quality of Life (enhancing relational functioning and health) of patients with bipolar disorder [9]. Psychoeducation is also associated with a modest improvement in health status but it has a higher cost than group peer support [14].

The technique of psychoeducation can involve relaxation, positive thinking, pleasant activities and social skills as the used psychoeducative methods [11]. Family psychoeducation may be a program of psychoeducation used in the routine mental health service as an effective way to prevent hospitalization and to

decrease the number of hospital stays in pharmacologically-treated patients with bipolar disorder. Family psychoeducation promotes an improvement in the illness course by preventing acute phases and enhancing mood stability and consequently, facilitating an improvement in the quality of life of people with bipolar disorder [1].

The hospitalization prevention effect that we observed suggests that the program's potential for preventing recurrences, or at least intervening in a timely and effective way, is due the fact that the patients learn to recognize the early signs of recurrence through psychoeducation. This adjunctive approach can be reserved in order to foster the improvement and stabilization of the disorder's overall course, improving the quality of life of both the patients and their family members.

Our results suggest that among the patients in an early stage of the illness, caregiver psychoeducation contributed to a better outcome in terms of the time between recurrences. This highlights that aspects such as functioning and illness severity may modulate the response to psychological treatments as remarked on by the positive results of the Stage I patients. This was compared to the lack of prophylactic efficacy of the caregiver psychoeducation observed amongst the patients in the advanced stages.

▪ **Implications**

According to the results of previous studies, psychoeducation is a standard of care used in the management of bipolar disorder patients. Psychoeducation for the family also has some positive effects when it comes to helping the patients with bipolar disorder increase the quality of their lives. This is done by developing their knowledge about bipolar disorder including information about the recurrence rate of the illness, the necessary medication and its adverse effects, the triggering factors, adherence to drugs, how to control the symptoms, stress management, the risk of suicide, the avoidance of the use of alcohol and the importance of leading a well-structured life. Furthermore, family psychoeducation is defined as a way of preventing recurrences in patients with bipolar disorder which can increase the time period between recurrences, reduce the hospitalization rate and facilitate the management of their mood and symptoms.

Psychoeducation was effective at increasing patient adherence. For the BD patients prone to non-adherence, their adherence to treatment can be increased. Rehospitalization can be prevented and their quality of life can be improved by providing a psychoeducation program about the illness, the symptoms and reasons for the illness, the course of the disease, treatment and suggested ways of coping with the illness. Therefore it is important that the nurses in the psychiatry clinics motivate the patients in their ambulatory treatment period to take psychoeducation courses. Psychoeducational family interventions are feasible to conduct over the course of routine care for the treatment of patients with BD and their relatives. The main obstacles are related to the organization of mental health centers and not to the characteristics of the intervention itself [15].

V CONCLUSION

This study highlights that psychological interventions should be involved early on in the course of the illness. This is as some treatments may be more useful in patients with bipolar disorder than others. A randomized controlled

trial was used to explore the efficacy of psychoeducational family interventions for the caregivers of individuals with bipolar disorder.

Psychoeducation given to the caregivers has shown to improve the long-term outcome of the patients with bipolar disorder. Family interventions and interpersonal social rhythm therapy have shown to have prophylactic efficacy when added to the pharmacotherapy used to treat bipolar disorder. Implementing psychological interventions is very important in the course of the illness.

With structured psychoeducation programs, the patients can increase the quality of their lives by developing their basic knowledge about BD including information about the recurrence rate of the illness, the necessary medication and its adverse effects. This includes the triggering factors, the importance of adherence to drugs, how to control the symptoms, stress management, the risk of suicide, pregnancy, stigmatization, the recognition of early recurrence symptoms, the avoidance of use of alcohol and other substances and the importance of leading a well-structured life.

CONFLICT OF INTEREST

The authors declare there to be no conflict of interest.

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