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Curr Opin Psychiatry. 2007 Jul;20(4):406-16.

Medical comorbidity in bipolar disorder: re-prioritizing unmet needs.

McIntyre RS¹, Soczynska JK, Beyer JL, Woldeyohannes HO, Law CW, Miranda A, Konarski JZ, Kennedy SH.

Author information

¹Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada.

roger.mcintyre@uhn.on.ca

Abstract

PURPOSE OF REVIEW: The aim of this review is to synthesize results from extant investigations which report on the co-occurrence of bipolar disorder and medical comorbidity.

RECENT FINDINGS: We conducted a MEDLINE search of all English-language articles published between January 2004 and November 2006. Most studies report on medical comorbidity in bipolar samples; relatively fewer studies report the reciprocal association.

Individuals with bipolar disorder are differentially affected by several 'stress-sensitive' medical disorders notably circulatory disorders, obesity and diabetes mellitus. Neurological disorders (e.g. migraine), respiratory disorders and infectious diseases are also prevalent. Although relatively few studies have scrutinized the co-occurrence of bipolar disorder in medical settings, individuals with epilepsy, multiple sclerosis, migraine and circulatory disorders may have a higher prevalence of bipolar disorder. A clustering of traditional and emerging (e.g. immuno-inflammatory activation) risk factors presage somatic health issues in the bipolar disorder population. Iatrogenic factors and insufficient access to primary, preventive and integrated healthcare systems are also contributory.

SUMMARY: Somatic health issues in individuals with bipolar disorder are ubiquitous, under-recognized and suboptimally treated. Facile screening for risk factors and laboratory abnormalities along with behavioral modification for reducing medical comorbidity are warranted.

PMID: 17551358 [PubMed - indexed for MEDLINE]



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