

ACHIEVING PSYCHOSOCIAL FUNCTIONING

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Bipolar disorder is a chronic, severe illness with high rates of relapse, suicide rates, and a remarkable psychosocial burden. Despite the existence of well tested newer drugs that, together with classic mood stabilisers constitute quite a large number of pharmacological treatment options, bipolar patients are symptomatic for almost half their lives.¹ This might be due to several accompanying features of bipolar disorder, including poor pharmacological adherence, unhealthy habits, and lack of illness insight. This is why pharmacological treatment, although essential, may not be enough for most patients. Thus, complementary interventions are needed to reach syndromal and functional recovery. Psychoeducation, a user-friendly, common-sense-based psychosocial strategy, has been shown to prevent all sorts of relapses at 5-year follow up and to be efficacious even with fully adherent patients, so the effect does not rely completely on adherence enhancement.² The content of the Barcelona Psychoeducation Program focuses on the illness, its causes and its consequences, rather than on other issues such as personality, psychodynamic features and so forth.³ Topics are divided in five main areas:

- Illness insight
- Adherence enhancement
- Early detection of prodromal symptoms and early intervention
- The importance of avoiding street drugs
- Routines and stress management

This presentation will discuss the role of psychoeducation in improving social functioning and long-term outcomes in maintenance treatment for bipolar I disorder. Through the use of a case study, this presentation will provide practical considerations of how to implement psychoeducation techniques into routine clinical practice.

References

1. Judd LL et al. The long-term natural history of the weekly symptomatic status of bipolar I disorder. *Arch Gen Psychiatry* 2002;**59**:530-537.
2. Colom F et al. Group psychoeducation for stabilised bipolar disorders: 5-year outcome of a randomised clinical trial. *Br J Psychiatry* 2009;**194**:260-265.
3. Colom F. Keeping therapies simple: psychoeducation in the prevention of relapse in affective disorders. *Br J Psychiatry* 2011;**198**:338-340.