

# CHERP Policy Brief

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Through its support of research, its patient population, and comprehensive data records, the Department of Veterans Affairs (VA) is a significant resource for increasing our knowledge about bipolar disorder. Such knowledge may provide the key to improving the lives of the over 2 million U.S. adults who suffer from this disease.

## Toward Understanding Bipolar Disorder

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Context: Manic-depression or bipolar disorder is a serious mental illness characterized by alternating periods of elevated and depressed mood. Psychologist, professor, and author Kay Redfield Jamison described her own experience with bipolar disorder in her 1995 autobiography, *An Unquiet Mind*. She wrote, “Manic-depression distorts moods and thoughts, incites dreadful behaviors, destroys the basis of rational thought, and too often erodes the desire and will to live. It is an illness that is biological in its origins, yet one that feels psychological in the experience of it; an illness that is unique in conferring advantage and pleasure, yet one that brings in its wake almost unendurable suffering and, not infrequently, suicide.” Clearly, the social and economic penalties of bipolar disorder are significant. While effective treatments and treatment guidelines exist, outcomes for many remain poor.

### Background

Because of the comprehensive medical benefits provided by the Veterans Health Administration, veterans face fewer barriers to care than members of the general community. As a result, more veterans with bipolar disorder may seek and receive treatment. Dr. Kilbourne and colleagues are using this advantage, and the extensive medical record system of the VA, to develop a better understanding of bipolar disorder and its treatment.

### Comparing Veterans With and Without Bipolar Disorder

- Although patients with bipolar disorder are at increased risk for additional general medical conditions, or comorbidities, the prevalence and distribution of these conditions is not known. In a step toward developing this knowledge, Kilbourne and colleagues determined the prevalence of general medical comorbidities among a population-based sample of veterans within the VA Stars and Stripes Integrated Services Network (VISN 4), which provides health care services to veterans living in most of Pennsylvania, New Jersey, Delaware, and West Virginia.

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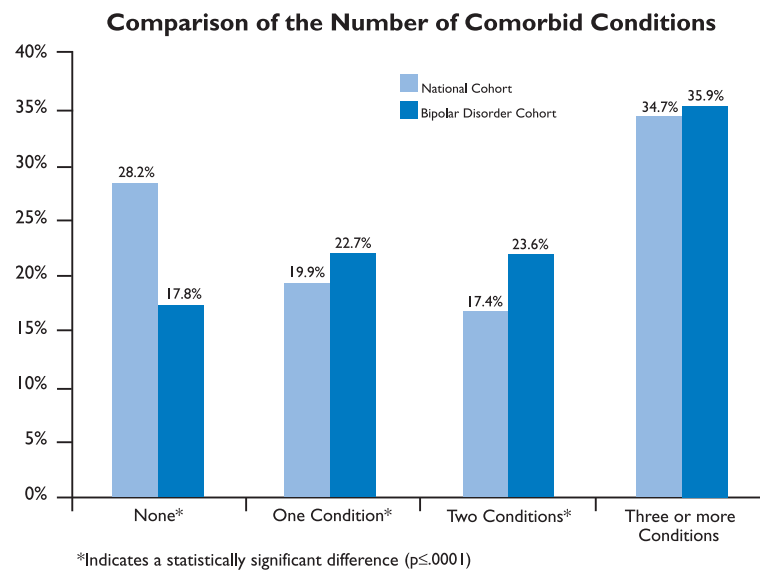
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**Veterans with bipolar disorder, on the whole, suffered more physical illnesses than veterans across the nation.**

**Veterans with bipolar disorder appeared to develop comorbid conditions at a younger age than the overall veteran population.**

**Veterans with bipolar disorder were more likely to have serious, chronic diseases than veterans overall.**

- A total of 227,691 patients received care within ten facilities of VISN 4 from October 1, 2000 through September 30, 2001. Of these patients, 4,310 carried a diagnosis of bipolar disorder. These patients were then compared with a national sample of 3,408,760 veterans who had received care during the same time period for 40 general medical conditions common to the veteran population. The 40 comorbid conditions were categorized as follows: cardiovascular, endocrine, hepatic, musculoskeletal, pulmonary, cancers, injuries, substance use disorders, and other medical conditions. To account for potential overlap in the data sets, the researchers subtracted from each national comorbidity sub-sample of patients with a particular condition the number of individuals from the regional bipolar disorder sample diagnosed with that condition.
- The regional bipolar sample was similar to the national sample in the percentage of women veterans (10%); however the bipolar sample was, on average, 5 years younger than the national sample (53 vs. 58 years respectively).
- Despite their relative youth, a higher percentage of veterans within the bipolar disorder group suffered from one or two of the measured comorbidities and fewer of these veterans had no comorbid conditions. A similar percentage of veterans in both the national and bipolar data set suffered from three or more comorbid conditions.



- The percentages of veterans in the bipolar sample with cardiovascular comorbidities such as hypertension, heart disease, heart failure, vascular disease, and stroke were lower than those found in the national sample. However, veterans with cardiovascular conditions in the bipolar sample were roughly 4 to 7 years younger than those in the national VA cohort with the same condition.
- Musculoskeletal conditions, pulmonary comorbidities, and diabetes were more prevalent among the bipolar cohort than in the national VA cohort. In addition, patients with bipolar disorder who had these conditions were younger, on average, than those in the national VA cohort with the same conditions.
- Hepatitis C was about six times more common in the bipolar group than the national cohort. Alcohol, cocaine, and opiate use disorders were also considerably more common among patients with bipolar disorder. In these comorbidity subgroups, the mean ages did not differ when compared across the bipolar and the national VA samples.

## Disparities in Diagnosis

- Bipolar disorder is often misdiagnosed, especially among racial and ethnic minorities. African Americans are more likely than whites to receive a diagnosis of schizophrenia and are less likely to be diagnosed with bipolar disorder, even though these illnesses occur at similar rates among U.S. population groups.
- This research aimed to characterize the concurrent psychiatric diagnoses among veteran patients with a diagnosis of bipolar disorder by age-race groups, focusing on diagnoses that are mutually exclusive of bipolar disorder (e.g., schizophrenia). The investigators used an administrative database to identify all patients with a diagnosis of bipolar disorder from October 1, 1999 to September 30, 2000 at a VA facility in Western Pennsylvania.
- Of the 813 African American and White veterans diagnosed with bipolar disorder, 31% had a record of a concurrent primary diagnosis of schizophrenia and 54% had a record of a concurrent primary diagnosis of depressive disorder—disorders considered to be mutually exclusive of bipolar disorder.
- African Americans over 60 were the most likely to receive a diagnosis of schizophrenia concurrent with their bipolar diagnosis when compared to younger African Americans (younger than 60 years), older whites, and younger whites.

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## Upcoming Research

- In an upcoming journal publication for *Bipolar Disorders*, Kilbourne and colleagues will report on evidence from VA Cooperative Study #430 (M. Bauer, PI). They found that African American veterans with bipolar disorder had higher rates of substance abuse and that non-African American minority veterans were more likely to have undergone involuntary psychiatric commitment than white VA patients.
- In a future article for *Current Psychiatry Reports*, Kilbourne and colleagues write that older and African American VA patients were less likely to receive front-line mood stabilizers or adequate outpatient follow-up care for bipolar disorder when compared to their younger, white counterparts. Kilbourne et al will use these results to inform future quality improvement efforts for patients with bipolar disorder.

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## Implications

Health care providers need to be aware that patients with bipolar disorder are at increased risk for treatable, chronic, general medical conditions. Treatment guidelines for patients with bipolar disorders ought to recognize the risks for comorbid conditions that exist within this population.

Minority patients with bipolar disorder appear to face unique challenges to successful treatment, including misdiagnoses. Further identification of these issues and actionable recommendations toward their mitigation are needed.

Implementation and standardization of guideline-based performance measures and the development of integrated treatment models that are customized for bipolar disorder would help reduce the burden for all patients with this illness.

**Veterans with bipolar disorder were frequently labeled with concurrent mental health disorders that are incompatible with a diagnosis of bipolar disorder.**

**African American veterans with bipolar disorder experienced an increased likelihood of diagnostic instability, which put these patients at risk for incorrect treatment.**

This issue of the CHERP Policy Brief is based on the following publications: Kilbourne AM, Cornelius JR, Han X, Pincus HA, Shad M, Salloum I, Conigliaro J, Haas GL. *Burden of general medical conditions among individuals with bipolar disorder*. Bipolar Disord 2004; 6:368-373; Kilbourne AM, Haas GL, Mulsant BH, Bauer MS, Pincus HA. *Concurrent psychiatric diagnoses by age and race among persons with bipolar disorder*. Psychiatr Serv 2004;55:931-3; Kilbourne AM, Bauer M, Pincus HA, Williford WO, Kirk GF, Beresford T. *Clinical, psychosocial, and treatment factors in minority patients with bipolar disorder*. Bipolar Disord (in press, 2005); Kilbourne AM. *Bipolar disorder in late life*. Curr Psych Rep (in press, 2005); and the National Institute for Mental Health Web site [www.nimh.nih.gov/publicat/bipolar.cfm](http://www.nimh.nih.gov/publicat/bipolar.cfm).

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Suggested further reading: [An Unquiet Mind](#) by Kay Redfield Jamison, Ph.D. Published by Alfred A. Knopf, a division of Random House, Inc. 1995.

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