

Impact of Stigma On Euthymic Patients with Bipolar Disorder Type I

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Introduction : Stigma is a serious concern for people with bipolar disorder (PBD). It may have critical yet insidious repercussions on the course of the illness and may represent a barrier to recovery.

Objectives : To determine the influence of social stigma and internalized stigma on residual affective symptoms, treatment adherence, global functioning and metacognitive functioning in a population of euthymic PBD.

Methods : A Cross-sectional study was conducted on 32 outpatients with bipolar disorder I (BDI). Residual affective symptoms were evaluated using the Young Mania Rating Scale (YMRS) and the Hamilton Rating Scale for Depression (HRSD). Social stigma and internalized stigma were evaluated using the Discrimination and Stigma Scale (DISC). The Medication Adherence Rating Scale (MARS), the Global Assessment of Functioning (GAF) and the Metacognition Assessment Interview (MAI) were also used.

Results : Higher rates of social stigma were correlated with poorer global functioning ($p=0.029$) and poorer adherence to medication ($p=0.022$). However, higher social stigma correlated with better metacognitive capacities ($p=0.0001$, $r=-0.61$); good metacognition may lead to a better perception of social stigma. Self stigma was significantly correlated to residual depressive symptoms ($p=0.0001$) and to poorer global functioning ($p=0.018$) and poorer adherence to treatment ($p=0.002$). Better metacognitive capacities were also correlated with the ability to overcome stigma.

Conclusions : Social stigma and self stigma may have negative impact on several aspects of the BD that are essential to the outcome such as medical adherence, functioning and residual symptoms. Targeting stigma may help PBD achieve recovery.