

P01-202

CARDIOVASCULAR AND RESPIRATORY COMORBIDITIES IN PATIENTS WITH BIPOLAR DISORDER: A SYSTEMATIC REVIEW

J.M. Montes¹, J. Mostaza², F. Rico-Villademoros³, J. Saiz-Ruiz⁴, J. Bobes⁵, E. Vieta⁶

¹Department of Psychiatry, Hospital del Sureste, ²Department of Internal Medicine, Hospital Carlos III, ³Universidad de Alcalá de Henares, ⁴Department of Psychiatry, Hospital Ramón y Cajal, University of Alcalá, CIBERSAM, Madrid, ⁵Department of Medicine, University of Oviedo, CIBERSAM, Oviedo, ⁶Hospital Clinic, University of Barcelona, CIBERSAM, Barcelona, Spain

Objective: To synthesize the available knowledge on cardiovascular and respiratory comorbidities in patients with bipolar disorder (BD).

Methods: Relevant studies were identified by a MEDLINE search from 1966 to January 2008, and supplemented by a manual review of reference lists of the articles identified and previous review articles. When available, priority was given to comparative studies.

Results: We identified 21 studies, 15 (71%) comparative. As compared to the general population, two studies reported higher point-prevalence rates of hypertension (28-60.8% vs 11.9-43%), two studies lower point-prevalence rates (10.4-34.8% vs 14.9-36.8%), one study a higher lifetime-prevalence rate (28.7% vs 14.8%), and one study a significantly increased incidence rate ratio (1.24 females and 1.34 for males). In addition, two studies reported higher point-prevalence rates of hypertension than in medical samples (4.6-18.1% vs 2.2-9.2%) and one study reported a higher risk than in patients with schizophrenia (OR 1.13, 95%CI 1.01-1.26). Point-prevalence rate of stroke was not different than in the general population (n=1, 1.7 vs 2.1, p=0.063); four studies evaluating the risk of stroke as compared to clinical samples provide contradictory results. Point-prevalence rates (n=2, 15.9-17% vs 8.3-10%) and lifetime-prevalence rate (n=1, 16.7% vs 9.7%) of asthma were higher than in the general population. Point-prevalence rates of COPD were also higher than in the general population (n=1, 10.6% vs 9.4%) and in clinical samples (n=3, 1-12.9% vs 0.6-3.6%).

Conclusion: BD seems to be associated with increased rates of hypertension, asthma and COPD. Available data do not support the association between BD and stroke.