

Bipolar Adults at Increased Risk for Cardiovascular Disease

FOR IMMEDIATE RELEASE:

TORONTO, September 9, 2009 – A new study suggests that adults with bipolar I disorder are at increased risk of developing heart disease and hypertension than those without the disorder.

Led by Dr. Benjamin Goldstein, Psychiatrist and Academic Lead in the youth division of Sunnybrook's department of psychiatry, a team of researchers examined data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions, conducted in the United States. The results of the study were published August 11 online in the journal of *Bipolar Disorders*. After adjusting for age, race and gender, the team found that adults with bipolar I disorder had a 4.95 times higher prevalence of cardiovascular disease than those without the disorder. The bipolar I disorder patients were also more likely to have hypertension than those without the disorder.

"We know that adults with bipolar disorder have a markedly reduced life expectancy which is due primarily to a high prevalence of premature cardiovascular disease," says Dr. Goldstein, who is also an Assistant Professor of psychiatry at the University of Toronto. "Our study took a closer look at the association between cardiovascular diseases and bipolar I disorder. We believe our findings have important implications for the way we assess and monitor youth with bipolar disorder."

Researchers examined data collected on 1441 patients with bipolar I disorder, 6831 patients with major depressive disorder (MDD), and 34,851 controls without either disorder. The team discovered that cardiovascular patients with bipolar I disorder were approximately 14 years younger than cardiovascular disease patient without the disorder and six years younger than those with MDD. Hypertension patients with bipolar I disorder were approximately 13 years younger than hypertension patients without the disorder and six-and-a-half years younger than hypertension patients with MDD. Results remained significant after further adjusting for education, income, marital status, obesity, anxiety, smoking and substance use.

"Our findings underscore the need for a more integrated care intervention model - one in which the psychiatric and medical health of a patient are considered simultaneously," says Dr. Goldstein. "We should be monitoring youth with bi-polar disorders for cardiovascular disease so we can intervene before cardiovascular disease develops and treat conditions before they lead to more serious consequences. This may serve to increase life expectancy and improve quality of life for people with bipolar disorders."

The findings of the study will inspire Dr. Goldstein's ongoing work in youth psychiatry at Sunnybrook as he examines ways to prevent youth with bipolar disorder from developing the cardiac issues that so often lead to their decreased life expectancy.

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