

# Preliminary Results of a Scoping Review on Factors Influencing Delays in the Diagnosis and Treatment of Bipolar Disorder

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## Introduction

Bipolar Disorder (BD) is a complex psychiatric condition characterized by episodes of mania and depression. BD typically manifests during late adolescence and early adulthood, with a median age of onset estimated to occur at 17.5 years of age.<sup>1</sup> Despite a relatively high prevalence and a large disability burden, BD often goes unrecognized and untreated for several years. More recently, data from a Canadian multicentre naturalistic study suggested the median delay of 15 years for paediatric-onset BD and 5 years for adult-onset BD.<sup>2</sup>

Such prolonged **delays in the diagnosis and subsequent treatment of BD are linked to serious consequences** including disruption of crucial age-specific developmental tasks,<sup>3</sup> greater severity and frequency of mood episodes,<sup>4</sup> higher number of hospitalizations,<sup>5</sup> higher number of comorbidities,<sup>6,7</sup> and elevated risk of suicide.<sup>6,8,9</sup> Therefore, **there is an urgent need to better understand factors contributing to the delay in the diagnosis and treatment of BD** – especially in youth – to inform targeted early identification strategies.

## Methods

We are currently conducting a systematic scoping review using Covidence, a systematic review management tool, following PRISMA guidelines.

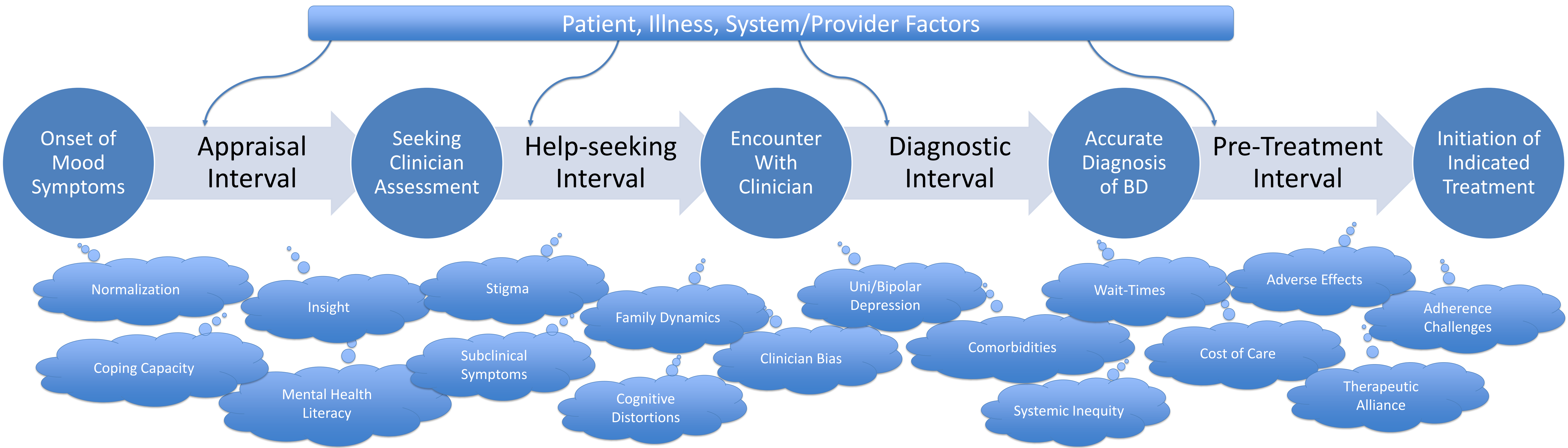
Our protocol was pre-registered on Open Science Framework MEDLINE, EMBASE, PsycINFO, and CINAHL databases were queried with the following framework:

Population	Age 13 – 24 years Diagnosis of bipolar spectrum disorder
Concept	Patient, disease and healthcare system-provider factors related to the components of delay in the diagnosis and treatment of bipolar spectrum disorder.
Context	All clinical settings (inpatient, outpatient). Geography: No limits Publication type: Primary qualitative and quantitative research published in peer-reviewed journals. Language: English. Publication date: 2000 – 2023.

Two reviewers independently screened abstracts and subsequently full texts for inclusion.

The Model of Pathways to Treatment framework<sup>10,11</sup> will be used to categorize the factors affecting delays in recognition, diagnosis, and treatment of BD in a narrative synthesis.

## Model of Pathways to Treatment

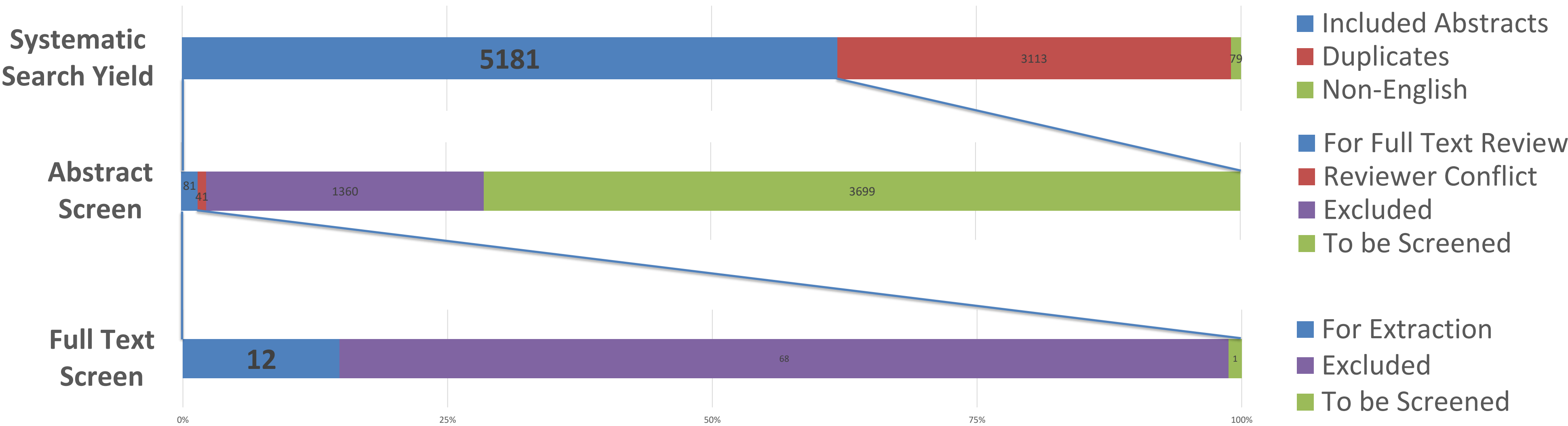


Sample Extraction Table

	Appraisal Interval	Help-Seeking Interval	Diagnostic Interval	Pre-Treatment Interval
<b>Patient Factors</b>	–	–	Risk for diagnostic change included male gender (RR = 1.6), a previous diagnosis of schizophrenia (RR = 3.6), a parent with schizophrenia (RR = 2.3).	–
<b>Illness Factors</b>	–	–	Diagnosis was unchanged in 93%, 86% and 73% at 6 mo, 3 y, and 10 y (majority changed to schizophrenia). Diagnostic change was more likely in patients with concurrent substance use disorder (RR = 2.7).	–
<b>System/Provider Factors</b>	–	–	61% were diagnosed with BD in outpatient setting. Diagnostic change was more likely for those diagnosed in hospital (RR = 1.7). There was an average lag of 1.5 y from first psychiatric contact (at mean age of 14.4) to BD diagnosis.	–

From Laursen et al (2020): *Diagnostic stability in children and adolescents with bipolar disorder, a nationwide register-based study*<sup>12</sup>

Literature Review Progress



## Conclusions

A multidimensional conceptual framework can offer a systematic approach to understanding and exploring barriers to early identification and interventions in bipolar disorder.

This research is crucial to the development of strategies to facilitate prompt diagnosis and treatment.

Early findings from this ongoing scoping review point towards a relative paucity of research conducted on factors contributing to the delay in recognition, diagnosis, and initiation of treatment of bipolar disorder.

## Acknowledgements

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