**Introduction**

- An important indicator of overall health and wellbeing, quality of life (QoL) represents an individual’s satisfaction in various domains of life, including physical health, social relationships, and occupational functioning.
- During periods of remission, people with bipolar disorder frequently experience subsyndromal depressive symptoms and report markedly impaired QoL (1, 2).
- Despite their widespread use to treat bipolar I depression (3), few studies have examined QoL as an outcome in randomized controlled trials (RCTs) of adjunctive antidepressant maintenance therapy in bipolar I disorder.

**Objective**

To assess the impact of adjunctive antidepressant maintenance therapy on QoL for 52 weeks after remission from a bipolar I depressive episode.

**Methods**

- In this double-blind, multi-site RCT, participants entered from an open-label phase in which escitalopram 10-30mg/day or bupropion XL 150-450mg/day was used to treat an episode of bipolar I depression along with a mood stabilizer (MS), or both.
- 139 participants were included in a modified intent-to-treat dataset of participants who had at least one post-baseline Q-LES-Q.
- QoL was assessed with the Quality of Life Enjoyment and Life Satisfaction Questionnaire (Q-LES-Q) at baseline, week 24, and week 52 or final visit. Participants who were withdrawn from the study for any reason completed a Q-LES-Q at the time of withdrawal.
- Last observation carried forward (LOCF) imputation was used whereby early termination data were carried forward to the next visit.

**Results**

- Q-LES-Q scores are expressed as a percent-maximum value and community samples have an average of 78.3 (SD = 11.3); scores below 1 SD (i.e. 55.7 - 67) are considered mild-to-moderately impaired QoL (4).
- A longitudinal linear mixed-effects model was fit with the Q-LES-Q scores as the outcome variable, accounting for the baseline score.
- Fixed effects included age, sex, baseline Montgomery-Asberg Depression Rating Scale (MADRS) score, study visit, treatment, and treatment-by-visit interaction. Random intercepts were included to account for dependencies between repeated measures on the same participants.
- Time was modelled categorically to allow for an arbitrary trajectory over time; an autoregressive (order 1) covariance structure was specified to model the within-subject errors.
- Analyses were conducted with IBM SPSS version 28.0.

- Overall, QoL declined significantly over time, dropping -9.65 points from baseline at week 24 (95% CI, -15.21 to -4.08; p < .001) and -9.47 points from baseline at week 52 (95% CI, -17.94 to -1.00; p = .034).
- The effect of treatment was significant at 24 weeks (β = 7.10, 95% CI, 0.19 to 14.01; p = .041), but not significant at 52 weeks (β = 7.56, 95% CI, -2.00 to 17.12; p = .089).

**Discussion**

- Antidepressant maintenance treatment preserves QoL in bipolar I patients until 6 months after remission of depression.
- However, beyond 6 months, the buoying effect of treatment on QoL dissipates, which may be attributed to the high attrition rate beyond this point.
- These findings align with those of the primary analysis of this study (5), in which a sensitivity analysis of outcomes after 6 weeks found a significant difference in time to relapse of any mood episode while on adjunctive antidepressant maintenance therapy.

**References**


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