Effectiveness of Family Psychoeducational to Improve Quality of Life Patients with Bipolar Disorder: A Systematic Review

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Abstract: Psychoeducational interventions for family carers and patients with bipolar disorder are effective for improving compliance and preventing relapse. Whether benefit from these interventions on quality of life bipolar disorder has been little explored. This systematic review investigated the effectiveness of psychoeducation for family carers outcome on quality of life patients with bipolar disorder. We searched for Randomised Controlled Trials (RCTs), published in English in two databases. Fifteen RCTs were included, interventions duration ranged from 6 to 96 weeks. Family psychoeducational effectiveness on quality of life patients with bipolar disorder included reducing internalized stigmatization, efficacy in reducing symptom severity, extending the time to relapse and improving the social outcome.

1 INTRODUCTION

Bipolar Disorder (BD) is a severe, chronic and recurrent disorder which ranks sixth in Global Burden of Disease Classification and produces a high degree of economic burden worldwide. BD represents a critical public health problem, due to its lifetime prevalence and related high degree of comorbidity, chronicity, and disability. The illness also presents considerable treatment challenges. Those affected by it must usually continue treatment throughout their lifetime (Candini et al., 2013). Beside a highly recurrent and disabling conditions bipolar disorder also marked by major depression and manic/hypomanic episodes. Bipolar disorder is associated with significant impairment in personal and social functioning for the individual and their caregivers (Hubbard, Mcevoy, Smith, & Kane, 2016).

Various psychological therapies have been shown to be effective for the treatment of mood disorders. Among them, family psychoeducation has demonstrated efficacy in reducing symptom severity and extending the time to relapse (Morokuma et al., 2013).

Several psychosocial interventions have been proposed to supplement pharmacotherapy in order to improve the outcome of people suffering from this disorder. Bipolar disorder is a life-long recurrent illness which has an increasingly negative impact on patients and their families by causing difficulties in social adjustment.

Psychoeducation has proved to be more effective when relatives are included in the treatment programme. In fact, the family may play a significant role in bipolar disorder, similar to schizophrenia.

Psychoeducational intervention for family carer for people with psychosis and effective for improve compliance and prevent relapse. Psychological interventions on top pharmacological treatment can improve the outcome of bipolar disorder. Psychoeducation has proved to be more effective when relatives are included in the treatment programme (Andrea Fiorillo et al., 2015).

Psychoeducation is defined as a systematic, structured and pedagogic approach to the illness and its treatment (Gumus, Buzlu, & Cakir, 2015). Psychoeducational interventions generally emphasize the presentation of factual information about mental illness and treatment in order to address misperceptions and these interventions generally provide optimistic. Psychoeducation also
is an effective adjunct to medications in Bipolar disorder (Bilderbeck et al., 2016).

The family have a significant role to reducing internalized stigmatization and symptom severity, also improve the social outcome.

Psychoeducational interventions generally emphasize the presentation of factual misperceptions and these interventions generally provide optimistic messages about the treatability of mental health problems (Çuhadar & Çam, 2014).

The family have a significant role to reducing internalized stigmatization and symptom severity, extending the time to relapse also improve the social outcome.

The current systematic review to assess the effectiveness of psychoeducation on family carers outcome and its influence on quality of life patients with bipolar disorder.

2 METHOD

2.1 Search Strategy

A literature search was performed. Relevant articles published between 2008-2018 were obtained by searching in two electronic databases: Scoopus and Sciencedirect. We searched for Randomized Controlled Trials (RCTs), relevant with family psychoeducational for quality of life patients with Bipolar disorder.

2.2 Study selection, inclusion and exclusion criteria

Initial screening of study titles, abstracts and full text articles was undertaken by authors. The whole review team reviewed the searches, abstract and full-text screening, and data extraction results. We included studies which investigated psychoeducational interventions which primarily aimed to provide information about illness and symptom management of bipolar disorder. We excluded interventions on other illness.

3. RESULTS

3.1 Search results

The databases search resulted in 1325 records; of these 15 studies met all inclusion criteria and were included in this review.

3.2 Family psychoeducational

Brief group psychoeducation for caregivers mean scores increased on Burden Assessment Scale, knowledge and bipolar disorder self-efficacy. Participants who attended the psychoeducational group reported significant reduction in burden, improvements in knowledge of bipolar disorder and bipolar disorder self-efficacy (Hubbard et al., 2016).

Family psychoeducational also improvement of patients social functioning, besides patients on stage 1 benefited from caregiver psychoeducation by having longer time to recurrence (Andrea Fiorillo et al., 2015).

The interventions may be more useful in patients at earlier stages of bipolar disorder (Reinares et al., 2010). Psychoeducational family interventions for bipolar disorder are feasible in routine care (Andrea Fiorillo et al., 2015).

A short course of family psychoeducational and skill training may enhance relational functioning and health in adolescents with bipolar disorder (Donnell et al., 2017). Interpersonal effectiveness skills assist patients in improving relationships in their lives (Van Dijk, Jeffrey, & Katz, 2013).

Psychoeducation program and discussions were presented to family about understanding Bipolar Disorder and its etiology, familiarization with symptoms of mania and hypomania, understanding sign of depression and other psychological episodes, awareness of causes and prognosis, education about the function, types and adverse side effect of mood stabilizer medication, functions, types and adverse effects of antimanic and antidepressant medications (Javadpour, Hedayati, Dehbozorgi, & Azizi, 2013).
All of those aspects will influence in quality of life patients with Bipolar Disorder. Psychoeducation intervention delivered to family have significant improvement in all areas of quality of life, number of relapse and hospitalization due to recurrence of BD and medication compliance.

Adolescent in family focused therapy had greater improvements in quality of family relationships and physical well-being. In other hand a short course of family psychoeducation may enhance relational functioning and health in adolescents with Bipolar Disorder (Donnell et al., 2017).

Disability Assessment Schedule (DAS) global score was lower in patients receiving the psychoeducational family interventions (Andrea Fiorillo et al., 2015).

4 DISCUSSION

From the findings of this systematic review it can be concluded that psychoeducation is an approach which combined educational psychotherapeutic and experiential elements. A psychoeducation program prepared to minimize internalized stigmatization in patients diagnosed with BD (Çuhadar & Çam, 2014).

Psychoeducation also useful for family in terms of increased knowledge and reduced burden. After increased knowledge about bipolar disorder, family involved in patient treatment adherence. On the other hand recurrence was less and treatment adherence was better, they showed that the average plasma lithium level of the patients more stable (Eker & Hark, 2012).

Most treatment trials in BD, especially in younger populations, focus on symptom remission with little consideration of psychosocial functioning or life satisfaction. Adolescence is a challenging development stage, and is rendered even more challenging by the introduction of the diagnosis and treatment of an emerging bipolar condition. Treatments that enhance Quality of Life may improve an adolescent's sense of well-being, promote healthier decision making, and increase protective factors within the family and peer environment that may foster healthier living. The use of family educational and skill-based treatments as adjuncts to pharmacotherapy in the early stages of bipolar disorder may help adolescent patients to live more satisfying lives and reduce the burden of care on family members during a critical period of their lives.

In RCT of family psychoeducation, several carers of patients were allocated to group: Multifamily Group psychoeducation and Solution Focussed Group Therapy. There was an improvement in quality of life for people affected by bipolar disorder whose carers attended both group (Madigan et al., 2012).

Family psychoeducation contributed to a better outcome in terms of time to recurrence. The caregiver task of supervising the patient has been associated with emotional exhaustion and subjective burden, thus we shall not ignore that burn out might influence caregivers treatment response (Gumus et al., 2015).

Very important to maintaining the family to following the psychoeducational session that may have some positive improvement in Quality of Life (enhance relational functioning and health) patients with Bipolar Disorder (Donnell et al., 2017). Psychoeducation also associated with a modest improvement in health status and higher costs than group peer support (Camacho et al., 2017).

The techniques of psychoeducation can used relaxation, positive thinking, pleasant activities and social skills as psychoeducative methods (Javadpour et al., 2013).

Family psychoeducational may be program psychoeducation in routine mental health service is an effective way to prevent hospitalisation and decrease hospital days in pharmacologically treated patients with Bipolar Disorder. Family psychoeducation promotes improvement in illness course by preventing acute phases and enhancing mood stability and consequently, improvement in the quality of life for people with Bipolar Disorder (Candini et al., 2013).

The hospitalisation prevention effect we observed suggests the programme's potential for preventing recurrences, or at least intervening in a timely and effective way, due the fact that patients learn to recognise the early signs of recurrence through psychoeducation. This adjunctive approach can there o reserve to foster improvement and stabilisation of the disorder's overall course, improving the quality of life for patients and their family members.

Our results suggest that, in patients on an early stage of the illness, caregiver psychoeducation contributed to a better outcome in terms of time to recurrence. This highlights that aspects such as functioning and illness severity, may modulate response to psychological treatments, as remarked by the positive results on Stage I patients compared to the lack of prophylactic efficacy of caregiver.
psychoeducation amongst those patients on advanced stages.

4.1 Implications

According to result previous studies, psychoeducation is a standard of care in the management of bipolar disorder patients. Psychoeducation for family also have some positive effects to help patients with bipolar disorder increase the quality of their lives by developing their knowledge about bipolar disorder, including information about the recurrence rate of the illness, medication and its adverse effects, triggering factors, adherence to drugs, how to control symptoms, stress management, the risk of suicide, the avoidance of use of alcohol and the importance of leading well-structured life.

Furthermore, family psychoeducation is defined as a preventing recurrences in patients with bipolar disorder that can increase the time period between recurrences and reduce the hospitalization rate.

Psychoeducation was effective in increasing patient adherence. For BAD patient prone to non-adherence adherence to treatment can be increased, rehospitalization can be prevented and quality of life can be improved by means of providing a psychoeducation program about illness, symptoms and reasons for illness, course of disease, treatment and ways of coping with the illness. Therefore, it is important that the nurses in psychiatry clinics motivate the patients in their ambulatory treatment period to take psychoeducation courses.

Psychoeducational family interventions are feasible in routine care for the treatment of patients with bipolar 1 disorder and their relatives and main obstacles are related to the organization of mental health centres and not to the characteristics of the intervention itself (A. Fiorillo et al., 2016).

5 CONCLUSION

This study highlights to involved psychological intervention early in the course of the illness as some treatment may be more useful in patients with bipolar disorder. A randomized controlled trial explored the efficacy of a psychoeducational family interventions for caregivers of individuals with bipolar disorder.

Psychoeducation for caregiver has shown to improve long-term outcome in patients with bipolar disorder. Family intervention and interpersonal social rhythm therapy have shown prophylactic efficacy when added to pharmacotherapy in bipolar disorder. So, implementing psychological intervention very important in the course of the illness.

With structured psychoeducation programs, patients can increase the quality of their lives by developing their basic knowledge about BD, including information about the recurrence rate of the illness, medication and its adverse effects, triggering factors, the importance of adherence to drugs, how to control the symptoms, stress management, the risk of suicide, pregnancy, stigmatization, recognition of early recurrence symptoms, the avoidance of use of alcohol and other substances and the importance of leading a well-structured life.

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REFERENCES


Çuhadar, D., & Çam, M. O. (2014). Archives of Psychiatric Nursing Effectiveness of Psychoeducation in Reducing Internalized Stigmatization in Patients With Bipolar Disorder. Archives of Psychiatric
The 9th International Nursing Conference 2018

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