



Short Note on Veterans with Bipolar Disorder has a History of Trauma

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INTRODUCTION

Veterans are more likely to be traumatized, develop serious mental illness, and commit suicide. In patients with bipolar disorder, a history of trauma is associated with worse outcomes. The purpose of this study was to examine associations between trauma exposure and suicide attempts in veterans with bipolar disorder. The Clinical Questionnaire, the Beck Scale for Suicidal Ideation, and the Traumatic Live Events Questionnaire were completed by 156 veterans with bipolar disorder and 815 veterans without a psychiatric history. Correlations between diagnosis, time of trauma, type of trauma, and suicide attempt were examined using multinomial logistic regressions. Individuals with bipolar disorder often report cognitive impairments that are associated with a variety of psychosocial factors. In this study, we investigated the relationship between these psychosocial factors and perceptions of cognitive impairment in people with bipolar disorder. Using a mixed linear regression model, we assessed the relationship between subjective cognitive impairment and mood symptoms, quality of life, age, sex, bipolar disorder subtype, anxiety, and sleep disturbance in 140 people with bipolar disorder. Our primary outcome measure was PROMIS cognitive scores provided by the National Institutes of Health (NIH). Bipolar disorder is often accompanied by cognitive impairment, which is characterized by a decline in executive functions, working memory, and attention.

DESCRIPTION

These deficits worsened during manic and depressive episodes but persisted during remission. Compared to other mood disorders such as depression (27%-29%), a higher proportion of people with bipolar disorder (34%-43%) report cognitive impairment. A better understanding of factors contributing to cognitive impairment in bipolar disorder is needed to facilitate early intervention and treatment strategies to improve functioning and quality of life. Many psychosocial factors have been associated with the severity of functional impairment in bipolar disorder. Reduced cognitive abilities are also associat-

ed with reduced living independence, work and educational achievement, and personal relationships in people with bipolar disorder. Anxiety, sleep disturbances, bipolar type, age, and gender differences in people with bipolar disorder are associated with varying levels of cognitive decline. Although objective cognitive assessment has traditionally been used to assess cognitive function in people with bipolar disorder, perceived cognitive dysfunction is an important metric that may be more sensitive to early individual decline. Self-measurement of cognitive functions is also most closely related to quality of life and is essential for developing a comprehensive and individualized treatment plan. Furthermore, compared to objective measures, self-reported cognitive impairment may be differentially influenced by other psychosocial factors such as mood symptoms.

CONCLUSION

Compared to objective measures such as the National Institute of Health Toolbox cognitive battery, PROMIS cognitive functioning has high construct validity. PROMIS cognitive function-abilities have also been compared with objective measures such as the Mini-Mental State Examination (MMSE) in older patients. People with depression and anxiety and found that they had a strong positive correlation when measuring cognitive decline over time. PROMIS Cognitive Function and PROMIS Cognitive Function-Abilities have not, to the best of our knowledge, been studied in individuals with bipolar disorder. Consequently, we were interested in measuring PROMIS cognition scores in people with bipolar disorder to see if there were any associations between subjective cognition and mood symptoms, functional impairment, or other psychosocial factors.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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