

# “Grandiosity” as a signature symptom for Bipolarity in Non-Bipolar Depression. WCP19-1519



**G. Anmella**<sup>1</sup>, J. Gil-Badenes<sup>1</sup>, I. Pacchiarotti<sup>1</sup>, N. Verdolini<sup>1,2,3</sup>, A. Aedo<sup>1,4</sup>, F. Corponi<sup>1</sup>, M. Muscas<sup>1</sup>, J. Pinzon<sup>1</sup>, A. Gimenez<sup>1</sup>, S. Gomes<sup>1</sup>, C. Llach<sup>1</sup>, E. Vieta<sup>1</sup>, A. Murru<sup>1</sup> for the **BRIDGE-II-Mix Study Group**.

<sup>1</sup>Bipolar Disorder Unit, Institute of Neuroscience, Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Catalonia, Spain.

<sup>2</sup>Santa Maria della Misericordia Hospital- University of Perugia, Division of Psychiatry- Clinical Psychology and Rehabilitation- Department of Medicine, Perugia, Italy.

<sup>3</sup>FIDMAG, Germanes Hospitalàries Research Foundation, Sant Boi de Llobregat- Barcelona- Catalonia- Spain, Spain.

<sup>4</sup>School of Medicine. Pontificia Universidad Católica de Chile, Bipolar Disorders Unit- Department of Psychiatry, Santiago, Chile.

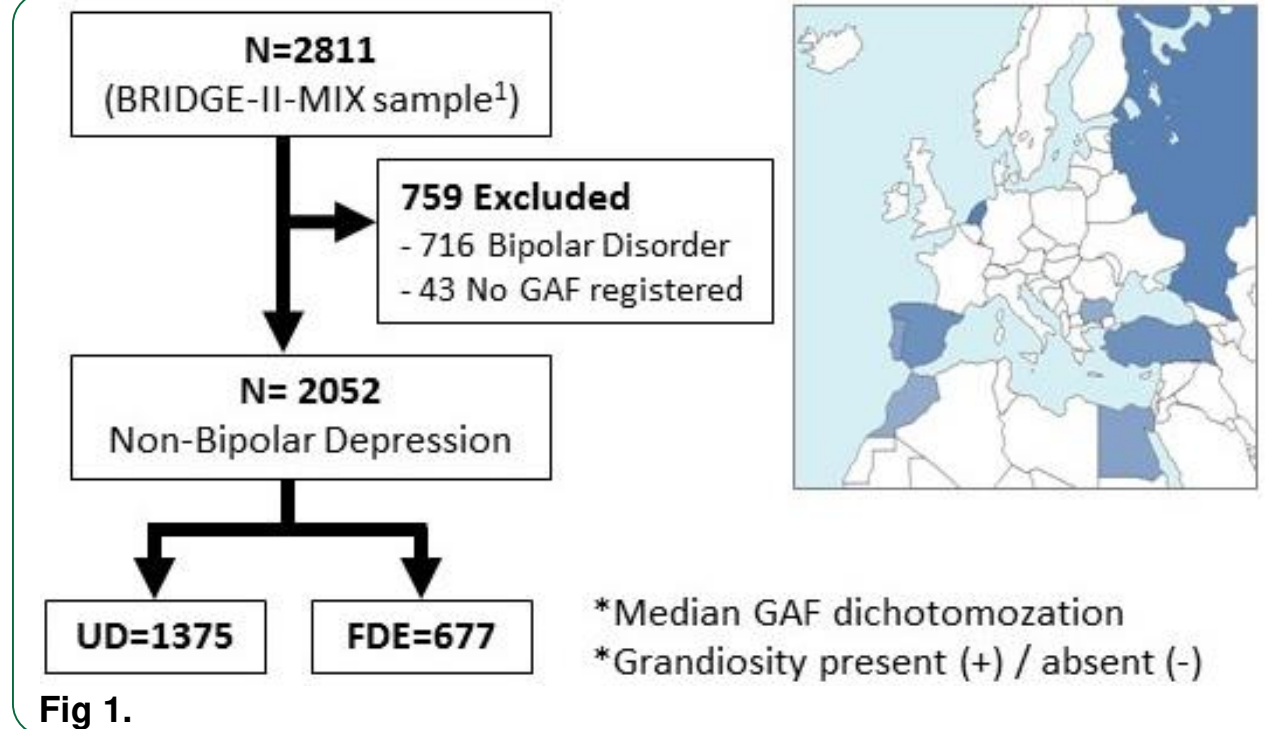
## Introduction

Depressive mixed state is present in around **24%** of unipolar depressed (UD) patients [1,2]. “Grandiosity”, although being a rare symptom in mixed depression, is included as a core (hypo)manic diagnostic feature in the DSM-5 “mixed features” specifier [3]. Some studies defined grandiosity as a maladaptive cognition associated with bipolarity [4,5] even outlining grandiosity as an early-diagnostic bipolar feature [6].

## Aim

To evaluate the likelihood of “grandiosity” in predicting worse functioning and its association with bipolar diathesis in UD and first depressive episode (FDE) patients.

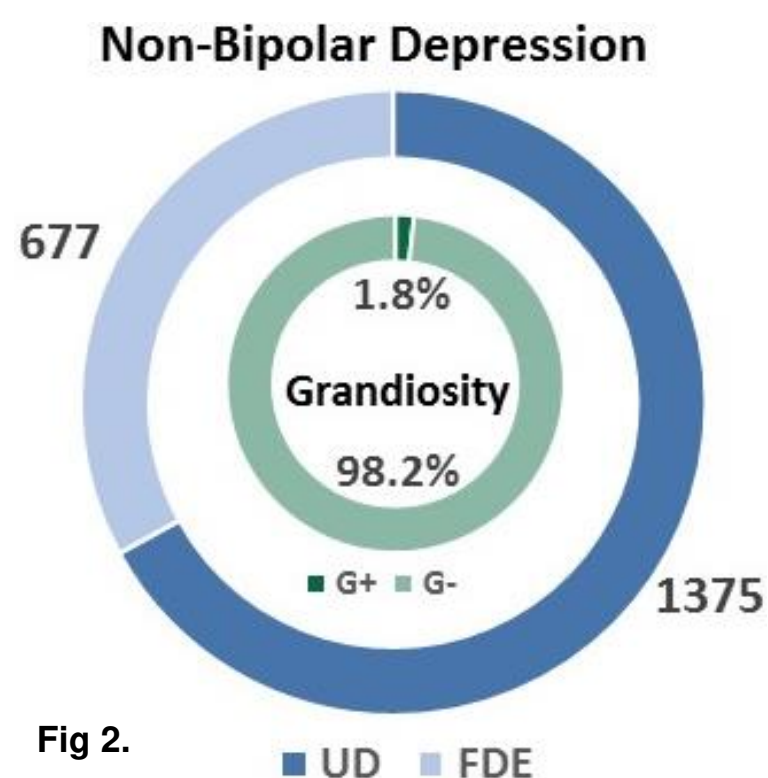
## Methods



A post-hoc analysis of the BRIDGE-II-Mix study. A total of 2052 acutely depressed patients (UD=1375 and FDE=677) were stratified in grandiosity+ and grandiosity- (**Fig 1**). Functioning was evaluated using the median GAF score as a dichotomizing cut-off. Statistical analyses considered Bonferroni’s adjustment for multiple comparisons (n=20), set to p=0.0025.

## Results

“Grandiosity” prevalence was **<2.5%** both in UD and FDE. Stratification: Grandiosity+ (n=37, 1.80%)/Grandiosity- (n=2051, 98.20%) (**Fig 2**).



Grandiosity+ patients were younger, presented with earlier disease onset, worse clinical evolution and functioning and more mixed symptoms (see **Tab 1**).

**Tab. 1. Differences among Grandiosity +/-**

	Grandiosity+	Grandiosity-	p
	n=37, 1.80%	n=2051, 98.20%	
<b>Age</b>			
Current Age, mean ±SD	37.97±12.92	44.04±14.01	0.009
Age 1 <sup>st</sup> symptoms, mean ±SD	<b>26.30±12.21</b>	34.36±13.15	<b>&lt;0.0001</b>
<b>Severity of depression</b>			
N past depressive episodes	<b>8.08±14.47</b>	3.67±4.20	<b>&lt;0.0001</b>
Tot suicidal attempts	<b>1.27±3.46</b>	0.33±0.88	<b>&lt;0.0001</b>
<b>Mixicity</b>			
Total (hypo)manic sympt	<b>7.59 ±2.91</b>	1.33±2.04	<b>&lt;0.0001</b>
<b>Functioning</b>			
GAF scores, mean ±SD	45,68±12.97	51,90±12.43	0.003
Worse functioning <sup>1</sup>	n=28, <b>75.7%</b>	n=852, 42.3%	<b>&lt;0.0001</b>

**Notes: 1 = impaired patients defined by those presenting with GAF scores lower than the median GAF score for each subgroup (UD/FDE); N = Number; SD = Standard Deviation**

## Conclusions

1. Non-bipolar depressed (UD and FDE) patients with “grandiosity” represent a differential significant more severe subgroup in terms of sociodemographic, clinical factors and a markedly worse functioning comparing to the non-grandiosity subgroup.
2. This subgroup shares common characteristics with bipolar patients, thus pointing to a bipolar diathesis and highlighting “grandiosity” as a possible predictor of bipolarity in UD and FDE.

## References

1. Perugi G, et al. Mixed Features in Patients With a Major Depressive Episode. *J Clin Psychiatry*. 2015
2. Vázquez GH, et al. Mixed symptoms in major depressive and bipolar disorders: A systematic review. *J Affect Disord*. 2018
3. Solé E, et al. Mixed features in bipolar disorder. *CNS Spectr*. 2017
4. Goldberg JF, et al. Content-specificity of dysfunctional cognitions for patients with bipolar mania versus unipolar depression: a preliminary study. *Bipolar Disord*. 2005.
5. Hawke LD, et al. Early Maladaptive Schemas among patients diagnosed with bipolar disorder. *J Affect Disord*. 2012.
6. Ferreira-Maia AP, et al. Evaluation of Bipolar Disorder in Children and Adolescents Referred to a Mood Service. *J Psychiatr Pract*. 2016.

## Conflicts of Interest

**Dr. Vieta** reports grants and/or fees from AB-Biotics, Abbott, Allergan, Angelini, Dainippon Sumitomo Pharma, Ferrer, Geodon Richter, Janssen, Lundbeck, Otsuka, SAGE, Sanofi, Sunovion, and Takeda.

