

Research suggests link between family history and higher risk of violence in bipolar patients

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A large population worldwide is affected by bipolar disorder and the heritability stands at around 80 percent.

A recent medical research published in Sri Lanka Journal of Psychiatry, which is available on the Sri Lanka Journals Online platform supported by INASP, has assessed the association between family history of bipolar disorder and the risk of violence among patients admitted to the hospital for mania.

The study found a strong correlation between family history and risk of violence.

"Patients with a family history of bipolar disorder were significantly more likely to engage in violence than those without family history," says the lead author of the article Dr Miyuru Chandradasa, of the Department of Psychiatry at University of Kelaniya, Sri Lanka. "The findings will be helpful in better allocation of resources in hospital wards as patients who are more likely to be violent can be identified at the time of admission and nursing and other care can be arranged for."

According to Dr Chandradasa, "Bipolar spectrum disorders affect about 4.5 percent of the general population. It is a mood disorder marked by alternate depressive and manic episodes. During depressive episodes, patients may have low energy, feel lethargic and suicidal while during

manic episodes, they may have high energy and be very active".

The risk of violence to others occurs mostly during the [manic episodes](#).

Dr Chandradasa, along with Dr Layani Champika from the Teaching Hospital Peradeniya, Kandy, and Dr Thilini Rajapakse of the Department of Psychiatry at University of Peradeniya, conducted the study with patients admitted at two tertiary hospitals in Kandy for treatment of bipolar disorder over a period of six months. A total of 148 patients were included in the study, of which 74 had a family history of bipolar disorder and the other 74 did not have a family history of bipolar disorder. All 148 patients were assessed for risk of violence at the time of admission and at weekly intervals after that, using the Historical, Clinical, Risk Management Scale-20 (HCR-20) by a researcher who was unaware of the family history status of the patients.

The assessment showed that participants with a positive family history of bipolar disorder had significantly higher risk of violence compared to participants with a negative family history.

However, significantly higher rates of unemployment, harmful use of alcohol and absence of confiding relationships were also found in participants with a positive family history. Therefore it could not be established whether the high rate of violence among patients with family history was associated with genetic factors or other causes like alcohol abuse.

"Although we planned to conduct the study as a cohort, we could not continue the cohort as patients did not come for follow up after they were discharged, a behaviour seen among many [patients](#) in developing countries," said Dr Chandradasa. "We plan to conduct community-based research on the same topic so that we will have a clearer understanding as hospital-based research has many limitations."

The article titled "Association of [family history](#) of [bipolar disorder](#) with risk of [violence](#) in inpatient mania: A cohort study" appears on the latest volume of the *Sri Lanka Journal of Psychiatry*. The journal and the article are made available online on SLJOL supported by INASP.

More information: M. Chandradasa et al. Association of family history of bipolar disorder with risk of violence in inpatient mania: a cohort study, *Sri Lanka Journal of Psychiatry* (2016). [DOI: 10.4038/sljpgsyc.v7i2.8113](#)

Provided by INASP

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