



Risk Factor in Patients with Major Depressive Disorder and Bipolar Disorder Depressive Episodes

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ABOUT THE STUDY

One of the most ubiquitous types of psychological disorders is an affective disorder, with a lifetime prevalence of 9.6% worldwide. Clinical research and clinical practise provide evidence that mixed features are frequent in affective disorders, have a negative impact on the patient's quality of life and social functioning, increase the risk of suicidal thoughts and increase the frequency of recurrence, worsen symptoms, reduce the effectiveness of treatment, and worsen the disease's prognosis. The financial toll of these disorders is significant, and awareness of the incidence and financial toll of affective disorders with mixed states is growing; yet, in clinical settings, the misdiagnosis of mixed states and the ensuing lack of treatment are frequent.

One of the most popular sets of criteria for mixed episodes is the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria. The DSM-IV-TR defines a mixed episode as having simultaneous manic and depressed symptoms practically every day for at least a week. However, this diagnosis can only be made for bipolar disorder type I since the criteria are excessively stringent. The DSM-5 updated the DSM-IV criteria. Manic and major depressive episodes each have a "mixed characteristics" specifier in the DSM-5, and these traits are in line with clinical practise standards.

At the moment, systematic epidemiological studies of major depressive illness or bipolar disorder with mixed features as formally described by the DSM-5 are still lacking both domestically and internationally. The frequency, demographics, and clinical traits of major depressive disorder and bipolar disorder depressive episode with mixed features in China are being examined for the first time utilising the new classification of disorders.

Between 20% and 80% of depressive patients exhibit mixed

states. Contrary to the results of a previous large-sample study employing DSM-5 criteria, the prevalence of mixed characteristics with major depressive disorder and bipolar disorder depressive episodes was 9.52% according to the DSM-5 diagnostic criteria. The proportion of mixed traits overall, according to a prospective research, was 21.9%. The prevalence of mixed features was 27.8% overall; the small sample size may have contributed to this finding. 6.0% of patients had major depressive disorder and mixed features, which was a lower prevalence than that noted in a sizable study.

Suicidal ideation, suicide attempts, or risk of suicide did not differ. Despite the fact that patients with mixed features had a higher suicide risk than patients without mixed features, the difference was not statistically significant. The risk of suicide is higher in patients with bipolar illness or major depressive disorder with mixed features than in those without mixed features, according to earlier research. Researchers discovered that people with mixed symptoms of serious depression may behave more suicidally. The strongest risk factors for suicide conduct, according to other studies employing the DSM-5 criteria, are mixed characteristics.

After one year, there was no discernible difference in the rates of attrition between the mixed and non-mixed groups. Patients with mixed features had greater recurrence rates, poorer rates of recovery, and higher rates of transitioning to [hypo]mania. They also had worse medication compliance rates. The therapeutic effects of affective disorders with mixed features as defined by DSM-5 are currently the subject of few studies. The remission time of the group with mixed features was significantly longer than that of the group without mixed features, according to a study of 131 patients with bipolar disorder and major depressive disorder. The study also discovered that mixed features were linked to higher rates of depressive episode recurrence.

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