PSYCHIATRIA ET NEUROLOGIA JAPONICA

Special Feature Article

Improvement of Resilience and Support for Continuation of Work: Bipolar Disorder: Improvement of Resilience and Continuation of Work

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Psychiatria et Neurologia Japonica 122: 202-211, 2020

Abstract

After the onset of a mental disorder, individuals may become increasingly susceptible to mental distress. It is, therefore, necessary to provide support focused on improving resilience in patients, who were employed, in order to enable them to continue working without relapse. In this paper, we postulate that "condition monitoring," "response to condition changes," "good interpersonal relationships at the workplace," and "motivation to continue working" are important in improving resilience in bipolar disorder, and we summarize and discuss findings reported to date.

In terms of condition monitoring in one's condition, it is thought that the widely used "activity chart," the creation of an "individual early symptom list" (as described in the psychosocial education program of Vieta et al.), and the Hypomanic Check List (HCL;

developed by Angst), may be useful. As for "response to condition changes," it is believed that useful guidance may be provided via the number of applicable items in the" individual early symptom list" and/or "prodromal sign list," or by evaluating the individual's condition based on the HCL cutoff point.

In terms of good interpersonal relationships at the workplace, treatment aims to stabilize social rhythms by mediating the impact of interpersonal stress through interpersonal relationship rhythm therapy, but it is also considered desirable to offer other measures that can be utilized by the individuals concerned. As for "motivation to continue working," it is necessary to provide psychological support around the issue of "how to live one's own life after accepting one's bipolar disorder," and the use of the Re-work Program would be desirable in this context.

In educational materials for service users as well as in treatment guidelines, broader inclusion of recommendations that support the improvement of resilience will contribute to improvements in work continuation in individuals with bipolar disorder.

Keywords: bipolar disorder, resilience, work continuation, monitoring, interpersonal relationship

Introduction.

Bipolar disorder has a background of positive characteristics such as high intelligence18)22) and creativity20) in childhood and adolescence,14) and many patients who were working at the onset of bipolar disorder are expected to want to continue working. However, the vulnerability to relapse generally increases after the onset of a mental disorder. If patients continue to work, they will return to the same work stresses they had at the time of onset, and if they do not receive support to prevent a recurrence, relapse may be a natural consequence.

Resilience to work stress needs to be improved in order to prevent relapse and allow the patient to continue working. In order to improve resilience to stress, it is best to use a systematic support program such as a Re-work program, but even if a Re-work program is not available, the attending physician and treatment staff can provide support to improve resilience.

To the best of the authors' knowledge, there have been no systematic reports on what factors are important for people experiencing bipolar disorder to remain

employed. In this paper, we assume that the following items are important for the continuation of employment in bipolar disorder.

(1) Accurately monitor one's condition.

(2) Appropriately respond to condition changes

3) Maintain good interpersonal relationships at the workplace.

4) Keep motivated to continue working.

I. Purpose

The purpose of this paper is to summarize and discuss what is known so far about support for continued employment in bipolar disorder.

II. Methodology

The main scientific papers related to the theme of this paper are available in medical journals and PubMed (not exhaustive search), Colom, F., Vieta, E.'s psychoeducational program to prevent recurrence of bipolar disorder, Hypomania Checklist (HCL), and the Japanese Depression Society's Treatment Guidelines for Bipolar Disorder I. 2017 (hereinafter referred to as the "Treatment Guidelines"), and "To get along with bipolar disorder (manic-depressive illness)" (hereinafter referred to as "To get along").

III. Results

1. Condition monitoring

The "Activity Chart" is a tool that helps to keep track of one's condition by recording daily activities, conditions, and symptoms during activities and can be used as a reference for the interview with the attending physician. The figure shows the format used by the author (Akiyama). Typical activity chart forms are published on the Web sites of the Japanese Society for the Study of Depression and the Japan Depression Re-work Association.

Kusumoto, A. et al. conducted a survey of occupational physicians and found that female, younger, and longer-tenured occupational physicians used activity charts more frequently; occupational physicians who used activity charts placed more importance on "consistent rhythm of sleep and wake," "fewer belated awakenings," and "less daytime sleepiness" in determining whether or not a company employee is apt to return to work. They also reported that 97% of the occupational physicians who used the activity chart found it useful, and 75% of the occupational physicians who had not used the activity chart were interested in using it19).

Colom, Vieta, et al.'s psychosocial education program on early detection of mania, hypomania, depression, and mixed episodes emphasizes the importance of making a "personal early symptom list" and states "it is

important to learn about 'one's bipolar disorder rather than about bipolar disorder in general." Vieta adds, "One may be surprised to learn mood itself cannot be a good early symptom of a mood episode. Rather, changes in sleep, irritability, and activity, which have little to do with mood, are more effective as early symptoms," pointing out the importance of understanding the overall condition of bipolar disorder.

For bipolar II disorder, it is important to understand that hypomania makes it difficult for patients to accurately assess their condition and recognize it as an illness. This often leads to their premature return to work and increases their vulnerability to relapse3). The HCL-33-external assessment (EA) has been published to allow family members and others with detailed knowledge of the patient's condition to check the conditions listed in the HCL-33 (Table) 8)21)

The "To adjust the rhythm of life" section of "To get along" recommends keeping a sleep-wake rhythm chart in order to know your own rhythm. It is also stated that by keeping a sleep-wake rhythm chart, patients can learn the relationship between mood swings, sleep-wake rhythm, and daily activities. On the other hand, there is no information in the "Treatment Guidelines" on how physicians should instruct patients on the use of activity charts23).

2. Response to condition changes

In the psychosocial education program of Colom, Vieta et al., when hypomania, mixed state, or mania is suspected, it is recommended that sleep should be ensured, that activity, exercise, going to highly stimulating places, energy drinks, and spending should be limited, that alcohol consumption should be stopped, and that important decision should be avoided. It is necessary to control the elation as soon as possible7). When depression is suspected, they recommend limiting excessive sleep, maintaining regular activity and exercise, avoiding important decisions, and drinking. And patients are encouraged to talk with supporters about feelings of inferiority and pessimism. They also developed a list of early symptoms that are likely to appear in different patients and a list of prodromal signs that are not symptoms by themselves but are behavioral and cognitive changes that patients should be aware of. If two of the items on the list appear to the patient for three consecutive days, the patient should discuss the matter with a support person. If three or more items appear to the patient in one day, the patient should immediately consult with the attending physician and take measures

to prevent a recurrence.

The HCL has a cutoff point for determining the likelihood that a patient's "high (high)" status will satisfy an episode of bipolar disorder, which is 14 items in the 32-item version and 15 items in the HCL-33 Chinese version9).

The "Knowing your current mood state well" section of "To get along" says "What to do when you become manic or depressed should be considered on a regular basis. If you become depressed or manic, you should consult your physician as soon as possible and receive proper treatment (medication and, in some cases, hospitalization)", but no standard is given as to what conditions are acceptable for observation and when the patient should consult with a physician promptly24).

In the Treatment Guidelines, "Treatment of manic episodes," "Treatment of depressive episodes," and "Maintenance treatment" are described, but there is no information on how to respond when the patient's condition changes from depression to mania or from mania to depression. Likewise, there is no description of how the physician should discuss with the patient about the condition that can be observed and the condition that requires immediate therapeutic attention23).

3. Good interpersonal relationships at the workplace

Benazzi, F., pointed out that bipolar disorder is often associated with hypersensitivity to interpersonal rejection compared to unipolar depressed patients. In order to maintain interpersonal relationships, it is necessary to take these psychological characteristics into account. Interpersonal and social rhythm therapy aims to solve the interpersonal problems of bipolar disorder by combining interpersonal therapy for unipolar depression with social rhythm therapy using a lifestyle recording chart called social rhythm metric.10)11)19) Five interpersonal problem domains that can destabilize social rhythms are identified as (1) unresolved grief, (2) changes in (social) roles, (3) discord over interpersonal roles, (4) lack of interpersonal relationships, and (5) grief over the loss of a healthy self. This therapy aims to stabilize the social rhythm by adjusting the effects of interpersonal stress and coping strategies. Schwannauer, M. et al. have suggested that interpersonal relationships may be a risk to cognitive functioning and that future treatment of bipolar disorder should focus on interpersonal relationships. Schwannauer, M. et al.)

In Colom, Vieta et al.'s program of psychosocial education, "To get along"

and "Treatment Guidelines," there is no mention of "maintaining interpersonal relationships "7)23)24).

The HCL-33 lists the following as items that may affect interpersonal relationships: increased sociability and sexual interest, joking and bantering, impatience and irritability, exhausting and irritating others, arguing, drinking, and gambling.

4. Motivation to continue working

To date, there have been no systematic reports on the motivation of bipolar patients to continue working. As for return-to-work motivation seen in the Re-work program, "it may be more difficult for patients with bipolar disorder to be motivated to return to work than patients with depression, "26) "self-evaluation and self-efficacy leading to return-to-work efforts may improve in participants of the Re-work program, "2)16)31) and there are reports that "improvement in motivation to return to work may facilitate improvement toward returning to work" 28)29).

Although there are only a limited number of facilities that offer Re-work programs specifically for bipolar disorder,25) the percentage of bipolar patients who participate in Re-work programs is not small, at 14.8%.17) The benefits of the Re-work program for patients with bipolar disorder are as follows.30) If a definitive diagnosis of bipolar disorder has not been made, observation of the patient's condition during Re-work program can provide information for reconsideration of the diagnosis. And the Re-work staff can use the standardized Re-work program evaluation sheet5) to assist the patient in reflecting on "compliance with rules, appropriate self-assertion, and behavior that makes others uncomfortable," which may be advantageous for the patient's continued employment.

In the articles on HCL, "To get along" and "Treatment Guidelines," there is no mention of motivation to continue working.

IV. Discussion

1. Condition monitoring

In general, mental disorders do not have easily measurable indicators such as body temperature and blood glucose. In addition, even if the features and symptoms of hypomania and depression appear mildly, they may not be pathological by themselves. In other words, there is a need for a tool that allows patients to easily understand and assess the impacts of the symptoms and conditions.

For this purpose, the use of the activity chart is considered to be of great significance, and the detailed introduction of the activity chart in "To get along" is considered to be

advantageous. On the other hand, the use of the activity chart would be further promoted if the "Treatment Guidelines" included a description of how physicians should instruct patients about the use of activity chart.

The HCL is an effective tool for the appropriate detection of hypomania.7)15) The HCL-33 can be used by patients to monitor the appearance of hypomanic symptoms and by family members to check the patient's hypomanic symptoms using HCL-33-EA.

A hypomanic patient's overspending, irritability, and arrogance may cause anger and frustration in the family, especially in the spouse. The use of the HCL-33 by the patient and family members may help to identify the discrepancy in the assessment of hypomania between the patient and family members.

2. Response to condition changes

It is very important to note that Colom, Vieta, et al. have patients make a "personal early symptom list" and a "prodromal symptom list" and indicate the policy for response according to the number of conditions that apply to the items on the list.

The current cutoff point for the HCL corresponds to whether the patient's condition meets the criteria for a hypomanic or manic episode. In the future, the number of HCL items could be used as a criterion for observation and consultation with a physician," as described by Colom, Vieta, et al.

"To get along" and "Treatment Guidelines" do not provide guidelines for choosing between observation and consultation. In bipolar disorder, mood changes can occur frequently. It would be disadvantageous for the patient to continue working if he or she had to see the attending physician every time a small change occurs. We believe that it is necessary to provide clear guidelines in these documents as to which situations are acceptable for observation and which situations require consultation with a physician.

Likewise, the Treatment Guidelines do not provide guidelines on how physicians should discuss with patients the adjustment of medication dosage. This is because the current scientific evidence is limited to the use of regular medications at a set dosage. However, it would be useful if the guidelines included information on the adjustment of the dosage of regular medications and also the usage of as required medication in order for patients with bipolar disorder to maintain optimal physical condition for continued employment.

3. Good interpersonal relationships at the workplace

Colom, Vieta et al.'s program of

psychosocial education, articles related to the HCL-33, "To get along," and "Treatment Guidelines" do not mention good interpersonal relationships.

As Schwannauer et al.27) pointed out, the maintenance of interpersonal relationships may affect the prognosis of bipolar disorder. Considering that interpersonal relationships are more significant at the workplace than in the general situation, it may have a great impact on the continuation of employment. In the future, it would be significant to include coping strategies on how patients with bipolar disorder can maintain good interpersonal relationships in documents such as "To get along" and "Treatment Guidelines."

4. Motivation to continue working

Recently, the need for surveys and research from the perspective of the patient has been recognized. In order for patients with bipolar disorder to continue working, it is necessary to accept that bipolar disorder is a part of them and then to address the issues of how to maintain their condition and demonstrate their ability to work, and how to lead a life that is uniquely their own after accepting their bipolar disorder. In the Re-work program, patients who aim to return to work and continue to work with mental illness get together, making it easier to encourage them to accept their illness and improve their resilience. In addition, follow-up is often conducted after the patients return to work, and the program can be a place of mutual support for bipolar patients to continue working.

It would be desirable if materials such as "To get along" and "Treatment Guidelines" could provide guidance on how patients with bipolar disorder can make self-efforts and provide mutual support.

Conclusion.

"We summarized the main findings currently known about "condition monitoring," "response to condition changes," "good interpersonal relationships at the workplace," and "motivation to continue working. The Japanese Society for the Study of Depression's "To get along" and "Treatment Guidelines" mainly focus on pharmacological treatment. Continued employment has a significant impact on the maintenance of the quality of life for patients, such as securing income, maintaining family life, and restoring a sense of purpose. 13) It would be of great help to patients and their families if we could provide more comprehensive information than just pharmacological treatment descriptions to help patients continue to work.

There are no conflicts of interest to be disclosed in relation to this paper.

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図　活動記録表

活動記録表は，毎日の活動状況と活動時の状態や症状について記録し，自分の体調の流れを把握し，医師の診察を受けるための資料としても活用できる．

表　HCL-33 日本語版質問 3 の 33 項目

あなたが“高い（ハイな）”状態であった時期を思い出してみてください．あなたは，そのときどんな調子でしたか？　あなたの現在の調子とは関係なく，そのときの状態について以下の項目すべてに答えてください．

そのような状態のとき，私は普段よりも，より：	はい/いいえ
1. 睡眠を必要としない	はい/いいえ
2. 元気で活発だと感じる	はい/いいえ
3. 自信がある	はい/いいえ
4. 仕事（学業）が楽しい	はい/いいえ
5. 社交的になる（いつもよりたくさん電話をしたり，出かけたりする）	はい/いいえ
6. 旅行したくなる，または，実際にたくさん旅行する	はい/いいえ
7. より速く運転する，または危ない運転をしがちになる	はい/いいえ
8. お金を使う，または使いすぎる	はい/いいえ
9. 日々の生活（仕事や他の活動）の中で無謀なことをする	はい/いいえ
10. （スポーツなど）身体を動かすようになる	はい/いいえ
11. たくさんの活動やプロジェクトの計画を立てる	はい/いいえ
12. たくさんの考えが浮かび，創造的（クリエイティブ）になる	はい/いいえ
13. 内気ではない，または抑制がきかなくなる	はい/いいえ
14. 色鮮やかな，または派手な服装や化粧をする	はい/いいえ
15. 人に会いたくなる，または実際にたくさんの人に会う	はい/いいえ
16. 性的な関心が高まる，または性的に活発になる	はい/いいえ
17. たくさんしゃべる	はい/いいえ
18. 早く考える	はい/いいえ
19. 話しているときに，たくさん冗談やだじゃれを言う	はい/いいえ
20. 注意がそれやすくなる	はい/いいえ
21. たくさんの新しい事に取り組む	はい/いいえ
22. 考えがあちこちにとぶ	はい/いいえ
23. 素早く物事をやったり，容易に物事をこなす	はい/いいえ
24. せっかちになる，または容易にイライラする	はい/いいえ
25. 他人を疲弊させる，またはイライラさせたりする	はい/いいえ
26. 口論になりやすい	はい/いいえ
27. 気分が持ち上がり，より楽観的になる	はい/いいえ
28. たくさんコーヒーを飲む	はい/いいえ
29. たくさんタバコを吸う	はい/いいえ
30. たくさんお酒を飲む	はい/いいえ
31. たくさん薬を摂取する（鎮静剤，抗不安剤，刺激剤…）	はい/いいえ
32. ゲームをする，または賭け事（ギャンブル）をする	はい/いいえ
33. たくさん食べる，またはむちゃ食い（やけ食い）をする	はい/いいえ

HCL-33 は患者が自分で軽躁症状を把握できるよう支援するツールとして使用できる．
（文献 1 より改変して引用）