

The Impact of Lifetime Interpersonal-Intentional Trauma on the Course of Bipolar Disorder

¹Lebovitz, J.G., ^{1,2}Millett, C.E.*, ¹Shanahan, M., ^{1,2}Levy-Carrick N.C., ^{1,2}Burdick, KE
Authors contributed equally to this work.

¹Mood and Psychosis Research Program, Department of Psychiatry, Brigham and Women's Hospital, Boston, MA.

²Department of Psychiatry, Harvard Medical School, Boston, MA

This work was recently published as follows: Lebovitz, J.G., Millett, C.E., Shanahan, M., Levy-Carrick, N.C., & Burdick, C.E. "The Impact of Lifetime Interpersonal and Intentional Trauma on Cognition and Vulnerability to Psychosis in Bipolar Disorder." *BJPsych Open* 7.5 (2021): E164. Print.

Abstract

Background:

- Over half of individuals with bipolar disorder (BD) experience early-life trauma, which may influence clinical outcomes, including suicidality and presence of psychotic features.
- Interpersonal traumas, such as physical abuse and sexual assault, specifically have been correlated with poorer clinical outcomes.
- Our study explores the impact of lifetime trauma on psychosis-proneness severity and cognitive performance in participants with BD.

Methods:

- We evaluated lifetime trauma history in 236 participants with a diagnosis of BD-I or BD-II using the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders (SCID-IV) and the Childhood Trauma Questionnaire (CTQ).
- We classified trauma types based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) concept of trauma, which characterizes the type of experienced trauma (e.g., interpersonal-intentional, accidental, or naturally occurring).
- Our primary outcome measures of interest were cognitive performance (MATRICS Consensus Cognitive Battery) and psychosis-proneness (Schizotypal Personality Questionnaire, SPQ).

Results:

- Overall:** Most BD participants reported a lifetime history of trauma (n=189, 80%). Of those, most reported a history of only interpersonal intentional trauma (IT, n=119).
- Cognition:** We found a non-significant interaction between gender and trauma burden (F(7205) = 1.3, P = 0.2). We did not find a significant main effect of trauma group on cognitive performance.
- Psychosis-proneness:** We found an overall significant effect of trauma type on the SPQ (F(9542.9) = 2.6, P = 0.005) and a significant effect of trauma type on the cognitive-perceptual domain (F(3) = 6.7, P < 0.001)

Conclusions:

- Our study is consistent with prior work that suggests that participants with mood disorders are exposed to multiple traumas over their life course.
- Our results highlight the need for careful trauma inquiry in patients with BD and consideration of how trauma-focused or trauma-informed treatments may be integral to treatment planning to improve outcomes in BD.

Participant Breakdown				
	Trauma Not Reported	Trauma Reported	Count	
Race	White	28	92	120
	Black	14	81	95
	Asian	5	6	11
	Multi-racial	0	2	2
	Other	0	8	8
Gender	Male	29	85	114
	Female	18	104	122
Total Participants			236	
			Mean	
Age of Onset	22.9	21.2	22.05	
# of Hospitalizations	2.3	5.0	3.65	
Yong Mania Rating Scale	2.3	2.7	2.5	
Hamilton Rating Scale for Depression	6.5	7.4	6.9	

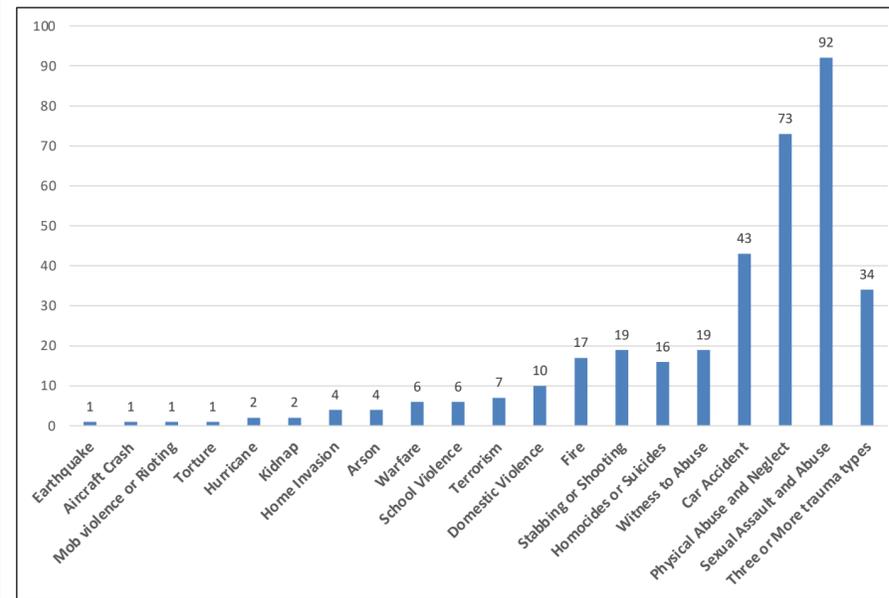


Fig. 1 - Number of Participants Endorsing Each Trauma Type

Most common traumas reported were sexual assault & abuse and physical abuse & neglect (both intentional traumas). Car accidents were the most common NAT reported. Only 9.30% (n= 25) of the sample reported no traumas.

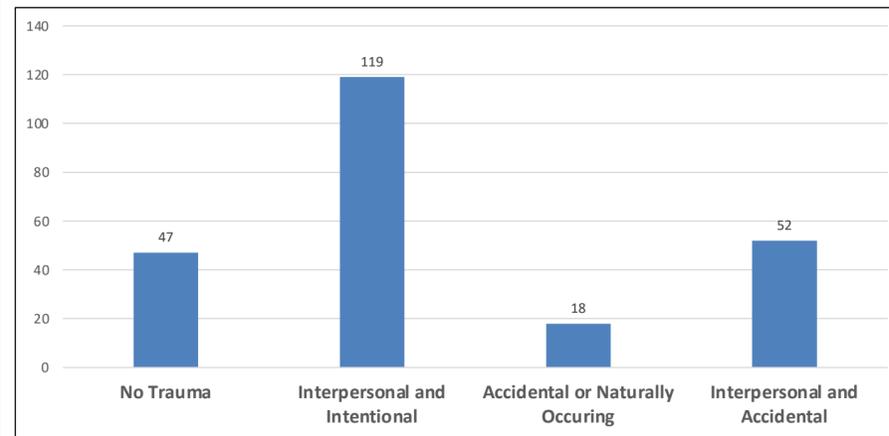


Fig. 2 - Number of Each Classified Trauma Type Reported

- Combined interpersonal and accidental traumas: train derailment, roofing fall, structural collapse, mountaineering accident, aircraft crash, car accident (or other accidents), mine collapse or fire, radiation leak, crane collapse, gas explosion, electrocution, machinery-related accident, oil spill, maritime accident, accidental gun shooting and sports-related death
- Naturally occurring traumas: tornado, lightning strike, wildfire, avalanche, physical ailment or disease, bereavement, fallen tree, earthquake, dust storm, volcanic eruption, blizzard hurricane, cyclone, typhoon, meteorite flood, tsunami, epidemic, famine, and landslide or fallen boulder
- Combined interpersonal and intentional traumas: arson, terrorism, sexual assault or abuse, homicides or suicides, mob violence or rioting, gang violence, physical abuse or neglect, stabbing or shooting, warfare, domestic violence, poisoned water supply, human trafficking, school violence, torture, home invasion, bank robbery, genocide and medical or food tampering

Multivariate analysis of covariance (MANCOVA) showed a significant effect of trauma type on the SPQ Cognitive-Perceptual domain (F(3)=6.7, p<0.001). The No Trauma group had lower Cognitive-Perceptual schizotypal features compared to the IAT (p<0.001) and the IT groups (p=0.01). Participants who reported IATs and ITs showed increased schizotypal symptoms compared to participants with No Trauma, marked by higher scores on the SPQ.

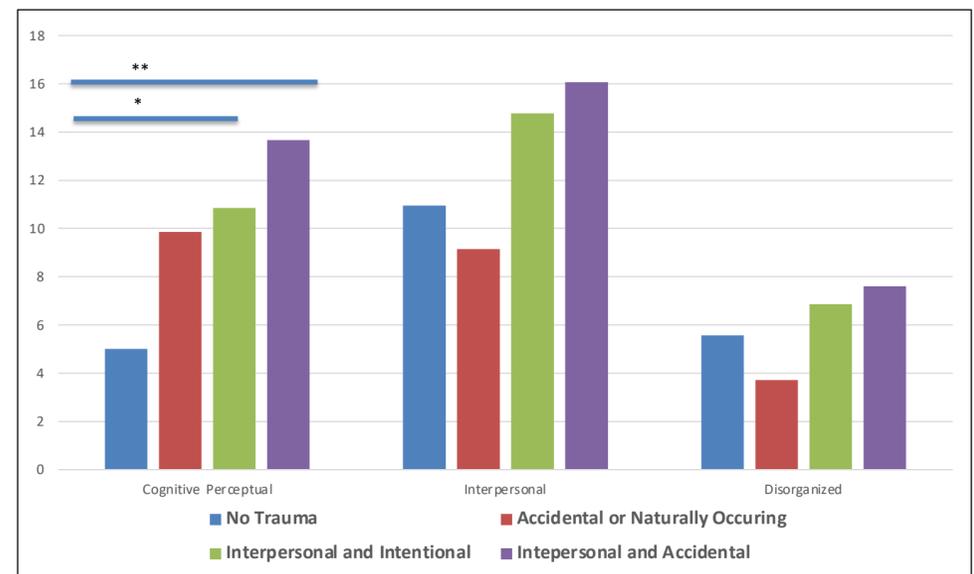


Fig. 3 - Mean SPQ Subscale Score by Trauma Type
 Significance: *P < 0.05, ** P < 0.01

9 SPQ subscales were organized into subtypes using the three-factor model:

- Cognitive perceptual: ideas of reference, magical thinking, unusual perceptual experiences, odd speech and paranoid ideation
- Interpersonal: social anxiety, no close friends, constricted affect and paranoid ideation
- Disorganized: odd behavior and odd speech

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