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Improving QoL for bipolar patients: treatment of different and complex phases of illness

Heinz Grunze*

Address: Department of Psychiatry LMU Munich, Germany

* Corresponding author

from International Society on Brain and Behaviour: 2nd International Congress on Brain and Behaviour
Thessaloniki, Greece. 17–20 November 2005

Published: 28 February 2006

Annals of General Psychiatry 2006, **5**(Suppl 1):S41 doi:10.1186/1744-859X-5-S1-S41

Until recently, most systematic studies in bipolar disorder concentrated on reduction of illness severity as the primary outcome measure. However, functional disabilities even in euthymic phases are a key issue [1] and improving quality of life in different domains as work, family and social activities appears to be of utmost importance for patients as a recent WHO survey shows. Especially in bipolar depression, functionality of patients appears severely impaired throughout several domains [2]. As demonstrated by Hirschfeld *et al.* [3] this impairment appears more severe in bipolar compared to unipolar depression. Thus, not only reducing depressive symptomatology but also improving quality of life should be a primary target for any new treatment option, both pharmacological and non-pharmacological. Psychotherapy, even just psychoeducation, can clearly improve coping with the illness and by this also improve quality of life [4]. In addition, some new pharmacological treatment options as the atypical antipsychotic quetiapine could demonstrate that they are not only improving depressive symptomatology in bipolar depression, but also significantly improve quality of life as measured with the Q-LES-Q (Quality of Life Enjoyment and Satisfaction Questionnaire: 16-item short form [5]).

Measuring quality of life as a important outcome parameter in controlled studies may contribute to make those studies and new medications also more meaningful for patients.

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