

Effective Self-management Strategies for Bipolar Disorder: A Community–Engaged Delphi Consensus Consultation Study

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Introduction

A body of –mostly qualitative– evidence indicates that self-management strategies are feasible and effective in bipolar disorder (BD). However, there is little evidence on self-management approaches for impending hypo/mania. Further, this field would benefit from greater methodological diversity.

Aim: To identify common components of BD self-management for: 1) Maintaining balance in mood, and 2) Stopping progression into hypo/mania, by combining two methods: Delphi Consensus Consultation [1] and Community-Based Participatory Research (CBPR) [2].

Methods

Phase 1: Qualitative Research Dataset Content Analysis Interview (n = 29) and focus group (n = 3) transcriptions generated in our prior qualitative work [5] were reanalyzed and self-management strategies extracted.

Phase 2: Academic and Grey Literature Reviews

Systematic academic and grey literature searches were performed. The academic literature search was conducted using MEDLINE (OvidSP), PsychINFO, EMBASE and PubMed. ‘Grey literature’ refers to manifold nonconventional document types that are not peer-reviewed or controlled by commercial publishers. The grey literature search included: the top 25 BD websites identified by search terms, top BD books (14 academic and 3 lay books read in their entirety), BD blogs, and YouTube videos.

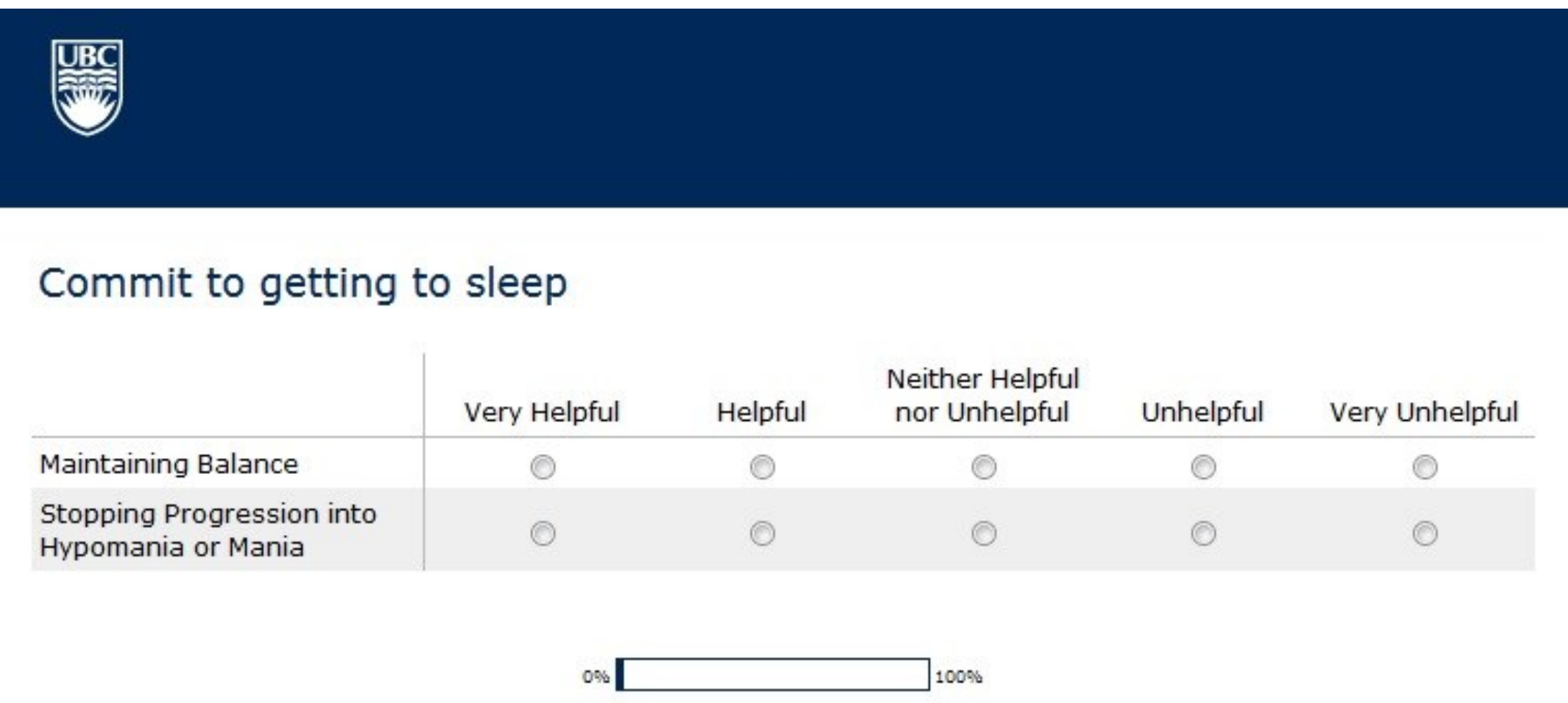
Phase 3: Content Analysis

Strategies deemed irrelevant, potentially harmful, duplicate, or unclear were removed.

Phase 4: Delphi Consensus Consultation Participants

Two internationally recruited panels were established (lived experience of BD or BD healthcare provider; see Tables 1 and 2).

Figure 1: Online survey



Survey Design: Delphi consensus occurred over two rounds. Round 1 participants rated the initial set of strategies, which were then culled to a smaller set for final rating in Round 2. Surveys were conducted online (see Figure 1). Participants rated each strategy’s helpfulness for 1) maintaining balance in mood and 2) stopping progression into hypo/mania.

Table 1: Lived experience of BD panel demographics

Survey Round	N	Self-reported diagnosis	Mean (SD) self-reported duration of time living with BD	Self-reported taking medication?	Ethnic background	Country of residence	Employment (FT or PT)
Round 1	101	49% BD I 48% BD II 4% Other	24.4 (13.5)	87% “yes”	2% “Asian” 93% “Caucasian” 4% “Mixed” 2% Unspecified	57% Canada 37% USA 3% UK 1% Italy 1% France 1% Australia	48%
Round 2	83	43% BD I 49% BD II 7% Other	22.5 (12.1)	78% “yes”	2% “Asian” 92% “Caucasian” 1% “Hispanic” 2% “Mixed” 2% Unspecified	57% Canada 35% USA 4% UK 1% Italy 1% France 1% Australia 1% Guatemala	42%

Table 2: BD healthcare provider panel demographics

Survey Round	N	Gender	Mean (SD) age	Mean (range) years in practice	Mean (range) number of BD patients treated	Professional affiliations
Round 1	52	69% female	47.3 (13.5)	16.0 (2-45)	180 (4-5000)	10% occupational therapists 6% nurses 23% psychiatrists 25% psychologists 4% psychotherapists 20% social workers 22% other helping professions
Round 2	43	67% female	46.8 (1-45)	16.4 (1-45)	85.4 (1-150)	5% occupational therapists 5% nurses 26% psychiatrists 26% psychologists 2% psychotherapists 10% social workers 26% other helping professions

Phase 5: Statistical Analysis

Exploratory factor analyses (EFA) were conducted on Round 2 ratings (analyses conducted separately for maintaining balance and stopping progression into hypo/mania). Principal components analysis extraction was used, and oblique rotation was applied to extracted factors. (See Figure 2)

Results & Discussion

There was high concordance between the two panels and broad consensus on the benefit of medications and medical management.

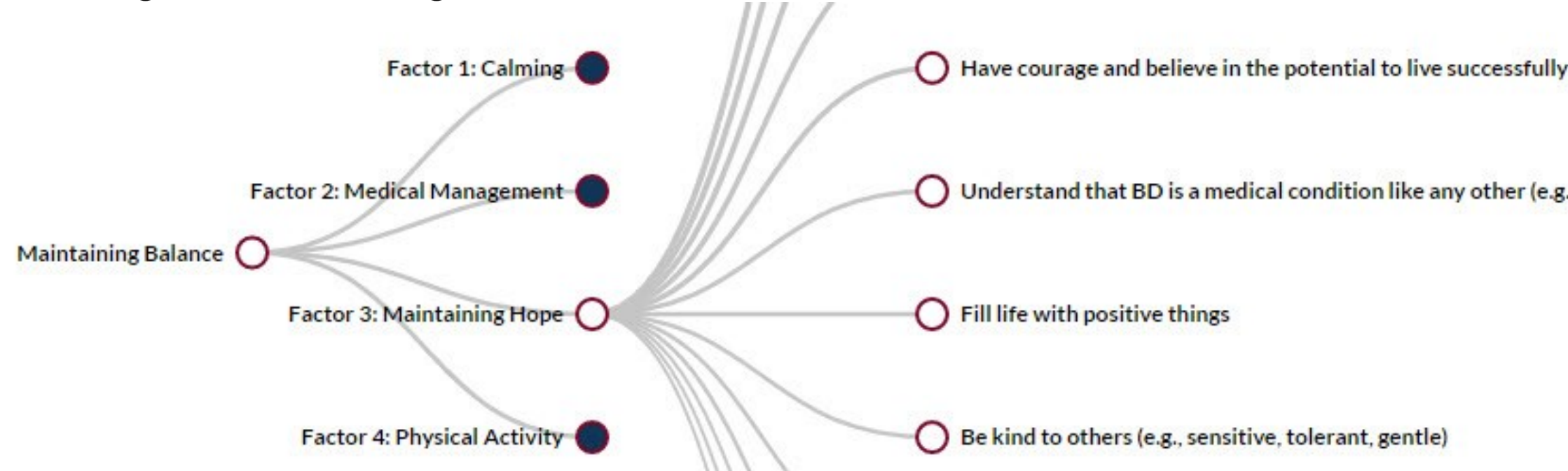
Factors identified for Maintaining Balance were:

- Calming Strategies
- Medical Management
- Maintaining Hope (see Figure 3)
- Physical Activity

Factors identified for Stopping Progression were:

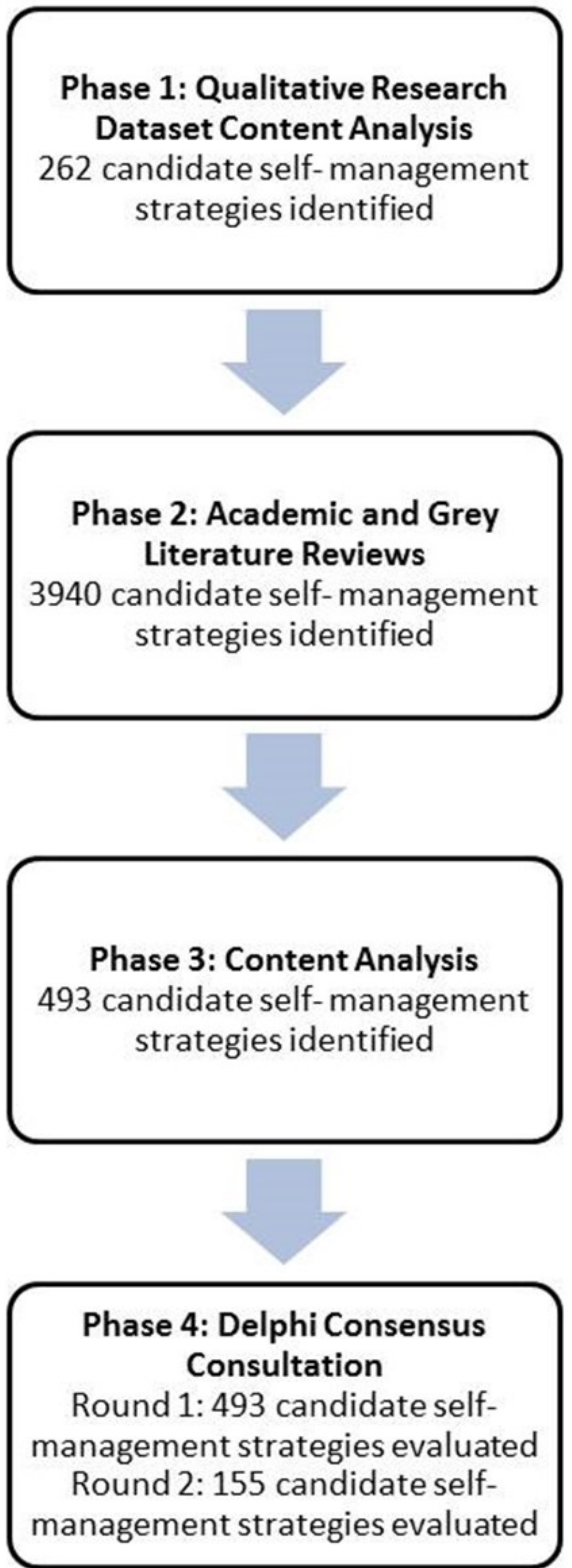
- Forward Planning
- Early Intervention
- Decreasing Stimulants

Figure 3: Maintaining balance factors visualization



Of particular interest is the finding that *hope-reinforcing behaviours* appear to have a role to play in maintaining balance in mood. In relation to preventing hypo/manic relapse, themes around planning and intervening early are entirely consistent with existing guidelines and prior research findings. The theme of ‘decreasing use of stimulants’ is noteworthy; while decreasing stimulant use is an implicit or explicit goal of clinical management approaches, the present finding is one of the first pieces of evidence showing that lived experience experts share this insight about interrupting manic ascent.

Figure 2: Research phases



Limitations: EFA was underpowered and sample was not ethnically diverse, limiting generalizability.



Delphi team

References

1. Jorm, A. (2015) Using the Delphi expert consensus method in mental health research. Aust NZ J Psychiatry. 40(10), 887-897.
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