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RESEARCH PAPER

Delphi Based Consensus by developing Relapse Prevention for Bipolar Disorder

[1]Aaminah Mumtaz*, [2]Sana Mukhtar, and [3]Ghulam Fatima

1. Master of Science Clinical Psychology, Faculty of Education and Social Sciences Shaheed Zulfikar Ali Bhutto Institute of Science and Technology Islamabad, Pakistan
2. Assistant Professor, Faculty of Education and Social Sciences Shaheed Zulfikar Ali Bhutto Institute of Science and Technology Islamabad, Pakistan
3. Principal Clinical Psychologist, Institute of psychiatry, Benazir Bhutto Hospital Rawalpindi, Pakistan

***Corresponding Author:** mumtazaaminah@gmail.com

ABSTRACT

This study aims to investigate the gaps in clinical practices followed by the experts to make a relapse prevention plan that is culturally suitable for the people living in the area of Islamabad/ Rawalpindi in Pakistan. The significance is to reduce the relapse of bipolar disorder and improve the quality of life for people. The modified Delphi method was applied through three rounds: (1) Data was collected through both academic and nonacademic references (2) Themes were compiled on the basis of the findings of the first phase and distributed to the experts, which consisted of psychiatrists, psychologists, caregivers, and patient in recovery and (3) Modifying or replacing items after the feedback of the experts and concluding the consensus according to the guidelines. The total number of participants was N=24. It also revealed a large agreement among the expert group on the investigated areas of gaps in clinical practices. Consensus was ultimately reached for 8 items of the Delphi survey (80 %). A relapse prevention plan is developed that is more culturally appropriate and will help to manage this disorder more effectively. It is therefore recommended to investigate this study further by using more experts from different cities and including policymakers to determine if these consensuses are applicable in clinical settings and for a larger population. In the future, it can also be studied using longitudinal or intervention-based to investigate the plan more quantitatively.

KEYWORDS Bipolar Disorder, Guidelines, Modified Delphi, Relapse Prevention

Introduction

Bipolar disorders were known as manic depression in the past. It is a mental condition, it causes extreme mood swings which includes emotional highs and lows. When an individual is depressed, feeling of hopelessness and loss of interest are emotions the individual experiences. But when the mood shifts to mania or hypomania, the individual feels euphoric, unusually irritable or full of energy. These mood swings affect sleep, energy, activity, judgment, behavior and difficulty to think clearly. Bipolar is a lifelong condition but it can be managed through a treatment plan of psychotherapy, medication and psycho education of the family (Sam et al., 2019).

Bipolar affective disorders are severe and disabling. According to the Institute of Health Metrics and Evaluation, Global Burden of Disease (2019), the prevalence of bipolar disorder in world is around 1% and in Pakistan bipolar disorder prevalence is 0.4% It means it is constant, as from 1990 to 2019 the relapse in Pakistan is 0.4% (GBD,2019). There is a need to review the relapse prevention provided in the current clinical practices which will help to reduce the suicide risk, burden on care giver and decrease hospitalization. According to the Epidemiological studies bipolar disorder prevalence in adults is (1%) to (7.5%) (Moreira et al., 2017). In recent studies, onset of bipolar disorders is early 20's to 30's (Rowland and Marwaha, 2018). Bipolar disorder is recurrent in almost (90 %) of the clients and do suffer from bipolar disorder relapse which is 0.6 relapses per year. In depression

phase of the bipolar disorder, suicidal attempts are high from (25%) to (50 %) and the complete suicides range from 9% to 60 %.(Dome et al., 2019). This disorder not only effects the patient but it also effects the loves one and the care givers. The evidence shows that genetic risk factors are the cause of this disorder. Psychosocial factors can also influence the onset, type, timing and outcome of the affective episodes. The term life events means any changes in personal surroundings that results in personal and social consequences. These stressful life events are the cause of relapse of bipolar disorders (Sam et al., 2019).

The main issue in bipolar disorder is relapse**.** Relapse is considered to be challenging treatment, as it results in failure in clients with mental illness but especially with bipolar disorders as it causes great economic burden. As for the person diagnosed with bipolar disorder have chronic episodes which lead to high medical expenses and repeated hospitalization. In United States, cost of society appears to be 70% (Alloy et al., 2005).To reduce relapses of bipolar disorder, the cultural context of the individual is important to understand the disorder and challenges faced by that community which will help to make more efficient plan. Social and cultural factors affect the symptoms of the mental illness and engagement of the services (Bhikha et al., 2021).

The significance of this study is it can also be used as the guidelines in hospitals and in rehabilitation centers. It will be the guide for the experts to treat their clients effectively. It is necessary to improve the management plan to make it more effective which will help to improve the mental health of the community. As in the field of psychology, work is done to improve the treatment plan, this research will help to improve the treatment keeping in view with culture to make the treatment more productive. This relapse prevention only includes bipolar disorder without any chronic illnesses. As the quality of the life of the patient is altered with and outside the family (Morselli et al., 2002). Family members are also affected by each episode and are scared of the relapse after the recovery of the patient (Reinares et al., 2006). The caregiver of the patient is also affected by the long term illness and stress which causes depression and other health problems (Brodaty & Green., 2002). Bipolar disorder is difficult to manage and it is important to know if clients and caregivers understand the procedure to manage it effectively. With all the cultural adaptation, this research aims is to identify what changes are required in the current version of the intervention to make it more meaningful (Perera et al., 2020). As WHO and MHGAP guidelines are available but modification in the guidelines is necessary to make it more culturally appropriate and effective for the community. This research is the comprehensive plan keeping in view the opinion of Psychiatrist, clinical Psychologist, clients and Caregivers.

Literature Review

The research done in 2019 on Research Needs for Bipolar Disorders from Clinician Perspectives: Narrowing the Research practice Gap states many researches are conducted on the understanding of bipolar disorder but the effect of this effectiveness on the mental health of the individuals is questionable. The evidence of the research is not always exactly translated into practice. (Green, 2008). It leads to the gap between both practice and research. To bridge the gap between research and practice. “It is important to add clients as the end user which is that patients will use, consume and work under the specific health field under the research.” (Elberse et al., 2012, p. 232). In the same way adding clinician like Psychologist and Psychiatrist will be of great importance as their experiential knowledge can help to explain which research can and cannot be used in practice. For this reason caregivers and people on recovery opinions are also taken into account. Caregiver role is as important as the nurses. The other reason for taking care giver/ people in recovery is because they have gone through the experience. So the clients and the caregivers will help to make a plan keeping their experiences in mind which will help to make a better plan. It will also help to understand the challenges face in our culture, as it creates the gap in the research.

According to the literature review there is minimum access to psychological and medical treatment in Pakistan for mental health disorders. The psychopathology, incidence and prevalence of bipolar disorders are poorly described in Pakistan and low income countries. The cross sectional surveys show bipolar disorders are 14 % in youth. There is an urgent need to enhance health care workers in this setting to empower the clients with knowledge to maintain their health and recovery (Hussain et al., 2022).

To empower the clients with knowledge of the relapse the knowledge of the risk factors of bipolar disorders is necessary. Mental health problems of the individuals are reported due to the cultural difference in the clinical diagnosis, treatment and response. Due to globalization the responsibility comes on the healthcare system that their practice is relevant to all the diverse backgrounds of the population and it affects the cultural appropriateness, effectiveness and responsiveness (Rathod et al., 2020). When the client fails to adapt the intervention, the therapeutic relationship is terminated and in this way the client will not come back for the services. Noncompliance to medication has deeper meaning as it defines the lack of cultural competency in the part of the practitioner (Marsiglia and Booth, 2015).

One of the factors that cause mental health problems is illiteracy about mental health in the general population. Mental health literacy is defined as knowledge and beliefs about mental disorders. This knowledge and beliefs will also help in management and prevention. Multiple studies have confirmed that the public have poor understanding of mental health issues and they diverge from seeking help from mental health professionals particularly for psychiatric treatment and medication (Angermeyer, 2006; Jorm, 2012).

Material and Methods

The current study is exploratory research using modified Delphi study carried out in three rounds (1) Academic and nonacademic references were collected through international journals and using Google scholar search engine. The data was then extracted to find a list of themes which was then distributed the panels of experts.

(2) The recorded themes and constructs were evaluated in the second step. These were then combined into a Likert Scale questionnaire and presented to an expert panel in Round 2 for evaluation. It was also permitted for the experts to offer suggestions for statements within each theme group. The panel included three group of experts: (1) psychiatrists, (2) psychologist, (3) care givers and patients of recovery. The data was collected from hospital and rehabilitation center of Rawalpindi/Islamabad. The total number of participants were N=24. The criteria included for this study was diagnosed bipolar patient (bipolar 1 and bipolar 2) according to the Dsm 5- TR.

The clients in recovery or on follow up at hospitals

Those caregivers were included that have some idea about the relapse and opinion of prevention of relapse. The caregiver or people in recovery should be those who come for medication or advice. The psychiatrist included in this study had at least 5 years of experience with bipolar disorder. The psychologists included in this study also had experience of 5 years dealing with bipolar patients.

The exclusion criteria for this study is as follows:

- The patient who was first diagnosed with bipolar disorder is excluded as caregiver must have an idea about the relapse and understand its prevention.
- Any comorbidity in the form of chronic illness or not mentioned in the DSM 5 TR.

The delphi approach is the method of choice for developing guidelines in health researches (Moher et al; 2010). In fact, a recent discussion on the research conducted by Mc

Allister et al (2020) on resistant depression stated that is difficult to cure it, suggests using a Delphi approach for consensus statement in depression (Cosgrove et al.,2021). But this approach might be hard to standardize, and the results might not be reported well (Humrey & De, 2019., Grant et al,.2019).The definition of consensus has recognized what is likely the most significant of these concerns (Diamond et al;2014). As a result, we defined consensus precisely as the percentage of participants who agree (vs to disagree) on a specific recommendation. We also defined strong consensus as occurring when this percentage is equal to or higher than 95%, moderate consensus as occurring between 61 and 94%, and weak consensus as occurring between 51 and 60% (Sforzani et al., 2022). The agreement of the expert panel is determined by calculating the voter participation percentage and classifying the results into three categories: "accepted," "considered," and "rejected." ". A statement is considered "rejected" if at least 80% of participants indicate that they "disagree" or "strongly disagree" with it. Statements that don't fit these parameters are categorized as "considered" and are changed based on the advice of experts. The panel received both the amended statements and the ones that were "rejected" back for Round 3.

In round 3, evaluated the themes and constructions that were "rejected" and "considered," after they were modified based on advice from the experts. The assessment completed in round 2 forms the basis of the agreement (Surjaningrum et al., 2023).

Ethics Statement

I declare that this submission follows the policies of Societal Impacts as outlined in the Guide for Authors and in the Ethical Statement. This research involved human subjects. Inform consents was obtained from those subjects after every round.

Results and Discussion

In round 1, seven questions were asked from the psychiatrists and the psychologists about their clinical practices of bipolar disorder and about its relapse prevention. Caregivers/patients in recovery were also asked seven questions to understand their knowledge challenges faced by them. After this round themes are concluded which has helped in making rubric surveys in round 2 and 3. Themes and sub themes are shown in the table as follows

Table 1
Turning Codes into Themes

Themes	Sub Themes
Clinical Treatment	- Pharmacological Treatment - Antipsychotics, Mood Stabilizer and anti-depressant - Psychological Treatment - Psycho education - Sleep hygiene - Compliance to medication - Early warning signs as mood change - Identifying stressors - Relapse prevention
Challenges	- Proper Psycho education
Psychological and Psychiatric Helpline	-Online facility in emergency
Awareness Campaign	-Acceptance in Society - Sessions to create awareness

Certification for Interpersonal social rhythm therapy	- Effective treatment - To meet need of psychologist
Follow up	- As planned according to need - Phone or app for follow up
Lack of information in care givers/patient in recovery	- No knowledge about illness - Noncompliance to medication after recovery - No psycho education

Walpole et al., 2015

From the first round, themes and subthemes which are explained in table 1 were emerged as follows:

Clinical Practice

"First treatment plan is the biological treatment like medication. These days' health professionals are using mood stabilizers and antipsychotics. The rest is psycho social interventions which includes psycho education of the family, then tell them about lifestyle modifications which is known as social rhythm therapy, telling them about the warning signs and about the relapse. These are the three to four things which are considered for the treatment of bipolar disorder. Side by side medication and psychological interventions are continued" (Participant 2)

"There are two types of modalities. One is psychological and the other is pharmacological. Psychological treatment is done on those patients who are psychologically oriented. It also depends on the patient's condition. If a patient is in a severe condition then first psycho pharmacological treatment is given. Then the psychological work is done to those patients who are psychologically minded. Patient condition also matters as if the patient is severely ill first pharmacological treatment is provided and then psychological management is continued. Like in mania patients when they start to engage then psychological work is started. Mental health professionals also engage the patient in occupational therapy. The work on functionality is also done. For some patients, hospital staff engage social workers but it is not that effective." (Participant 4).

Psycho Education

Psycho education includes the cause of the illness, symptoms, compliance to medication, follow up. It also includes reducing stigma in patients and caregivers. So the theme emerged. One of the participant mentioned about psycho education as follows.

"Patients are not properly psycho educated in the OPD due to the shortage of time or due the huge amount of patients waiting. In the part of mental health professionals they don't psycho educate them and explain them that these can be the triggers of the relapses. In female patients they are drinking hookah. Even in my female patients, when they increase hookah, the manic episode starts. Neither we ask about drug use nor do they tell about the drug use." (Participant 1)

"Some of them are illiterate and some are educated. Some have insight about their illness and some doesn't have. They are very aggressive and at times hostile or disinhibited. As it's an episodic disorder, some of them do not take their medicines due to poor drugs compliance and relapses quickly." (Participant 10)

"The biggest challenge is the stigma as patients report that they are labeled as mental. As patients do not understand their behaviors. Isolation and interpersonal conflicts are also the issue. As mood fluctuation is also affecting them interpersonally. Like in mania patients, this creates a lot of challenges in their lives." (Participant 13).

Psychological or Psychiatric Helpline

The need of 24 hours psychological or psychiatric helpline is necessary to manage especially manic patients as they are disruptive and distracted easily. It will help to cater the needs of patients in emergency.

"24 hours psychological or psychiatric helplines are not available which will help to cater the need of the patient in the case of emergency. Patients who do not want to tell their family members but will help the patient to understand the illness. " (Participant 4).

Awareness Campaign

"The theme of awareness campaign is developed which will help to create awareness in the general public especially in rural areas." (Participant 11)

"We can prevent bipolar by giving proper informational care and by telling about early warning signs to the patient and its caregiver. If a patient has a physical illness then address those issues too. So you have to make a comprehensive plan for the long term."(Participant 5)

Certification Program for Interpersonal Therapy:

The experts identified that there is a need for certification of interpersonal social rhythm therapy as it is the best for bipolar disorder, at hospital level. Themes emerged.

"I think there is a need for a certification program for bipolar disorder. As all the participants have said that Interpersonal social rhythm therapy is best but they have only learned the therapy from institutions which is not sufficient as they only teach theoretical subjects. The trained professional should give training to all the psychologists working in the hospital so that correct techniques of therapy are provided to the patient. " (Participant 11).

"The need for certification of interpersonal social rhythm therapy is needed by the trained psychologist. It will make sure the patient is receiving correct techniques which can help to reduce relapse in bipolar disorder." (Participant 14).

Booster Sessions

Booster sessions are important after the patients are stable to indicate if the patient is following the techniques and medication or not.

"Follow up should be after 2 weeks initially after the patient is discharged. Patients should come for the medication or the review of psychotherapy techniques he has learned to manage. The family member who is attached with the patient, how much he is following them is very important. When the patient is stable, can monitor its mood then the follow up can be switched a month." (Participant 12)

Caregiver Consensus Statement

Lack of Information

Participant 18:

"They have never told my family or the patient anything about the disorder. I think the patient has been ill since childhood, he always remains isolated. I have asked about the illness so they told me about mania so I searched about the mania in which the patient talks excessively, have excessive energy. But no one talked about the relapse." (Participant 19).

"No one psycho-educated us, we went to the clinic and the checkup was for 2 months. Then after one year the issue was started. I stopped eating or sleeping but no one ever told me about the illness."

Round 2 was based on the themes and sub themes generated in Round 1. Round 2 was a rubric survey, as experts had to give feedback if the statement could be part of consensus or not. The items which were rejected by the experts (<80%) were replaced or modified according to the feedbacks given by the experts. The Table 2 shows the result of round 3, as two items were considered as strong and other six items as moderate level of consensus.

Table 2
Main Consensus statements

Sforzini et al., 2022

Level of Consensus Strong	**%**
1 Well-written handouts in local language in order to improve psycho education. The hand written information should cover following topics: symptoms, illness cause, illness treatment (adherence to medication, negative effects of non-treatment) and techniques to prevent relapse.	95
2 Between the patient/caregiver and the mental health experts, a treatment alliance should be ensured. Nurses, psychologists, and psychiatrists are included as health experts to ensure optimal care	95
Level of Consensus Moderate	
1 There are no certification programs for social and interpersonal rhythm therapy. Only through academic institutions can students receive training, which is insufficient. Training should be offered at the hospital level in order to meet the need for psychologists.	88
2 It is important to raise awareness of mental health issues such as bipolar disorder. Sessions should be conducted for patients and caregivers.	87
3 A forum should be created for the recovering/ recovered patients to share their experiences of recovery amongst each other. It should be supervised by psychologists or any mental health professionals.	87
4 Multiple 24/7 helplines like Umang should be available to address the psychological/psychiatric needs of bipolar disorder. This will give access to the citizens to reach authorities in the case of mental health emergency.	87
5 Regular follow-up examinations are planned according to the requirement of the patient condition. Patients can be reminded of appointments via the app or by phone.	85
6 Social media and written campaigns should be launched to ensure that patients with mental disorders are accepted into the society which helps to prevent social isolation in the family and community. The social media can show these people illnesses in the form of video clips or drama, as well as their recovery processes.	83

Conclusion

The consensus of the study based on experts, stakeholders and professional and clinical experts, supported by research and clinical evidence, but without any hard and objective validation (Sforzini et al., 2022). This study helped to understand the clinical practices followed by the experts and identify the gaps in the clinical practices. The relapse prevention plan can be summarized as (i) training of interpersonal and social rhythm therapy, (ii) conducting sessions of bipolar disorder to patients and caregivers in all

department of hospitals, (iii) Psycho education pamplets in local language, (iv) , need of treatment alliance in all mental health professionals, (v) , importance of recovery support groups, (vi) availability of 24/7 psychological apps, (vii) follow up schedule through telephone or apps and (viii) promoting the mental health and recovery through social media like in the form of dramas.

Recommendations

The future studies can cover a large sample of experts from different cities. The relapse prevention plan developed through this Delphi study can be further studied on longitudinal basis or in an intervention based study to investigate the benefits of this plan more quantitative. In future studies, this research can include policy makers which will help to make to identify if these consensus are applicable to the clinical setting and larger population.

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