

Does childhood trauma affect treatment outcomes among individuals with bipolar disorder?

A systematic review and meta-analysis



IMPACT
INSTITUTE FOR MENTAL AND PHYSICAL
HEALTH AND CLINICAL TRANSLATION



Anna Wrobel¹, Anuradhi Jayasinghe², Samantha Russell¹, Wolfgang Marx¹, Luis Alameda³, Olivia Dean¹, Sue Cotton⁴, Michael Berk¹, Alyna Turner¹

¹ IMPACT – The Institute for Mental and Physical Health and Clinical Translation, School of Medicine, Deakin University, Geelong, Victoria, Australia; ² School of Psychology, Deakin University, Geelong, Victoria, Australia; ³ Department of Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College of London, London, UK; ⁴ Centre for Youth Mental Health, The University of Melbourne, Parkville, Victoria, Australia

BACKGROUND

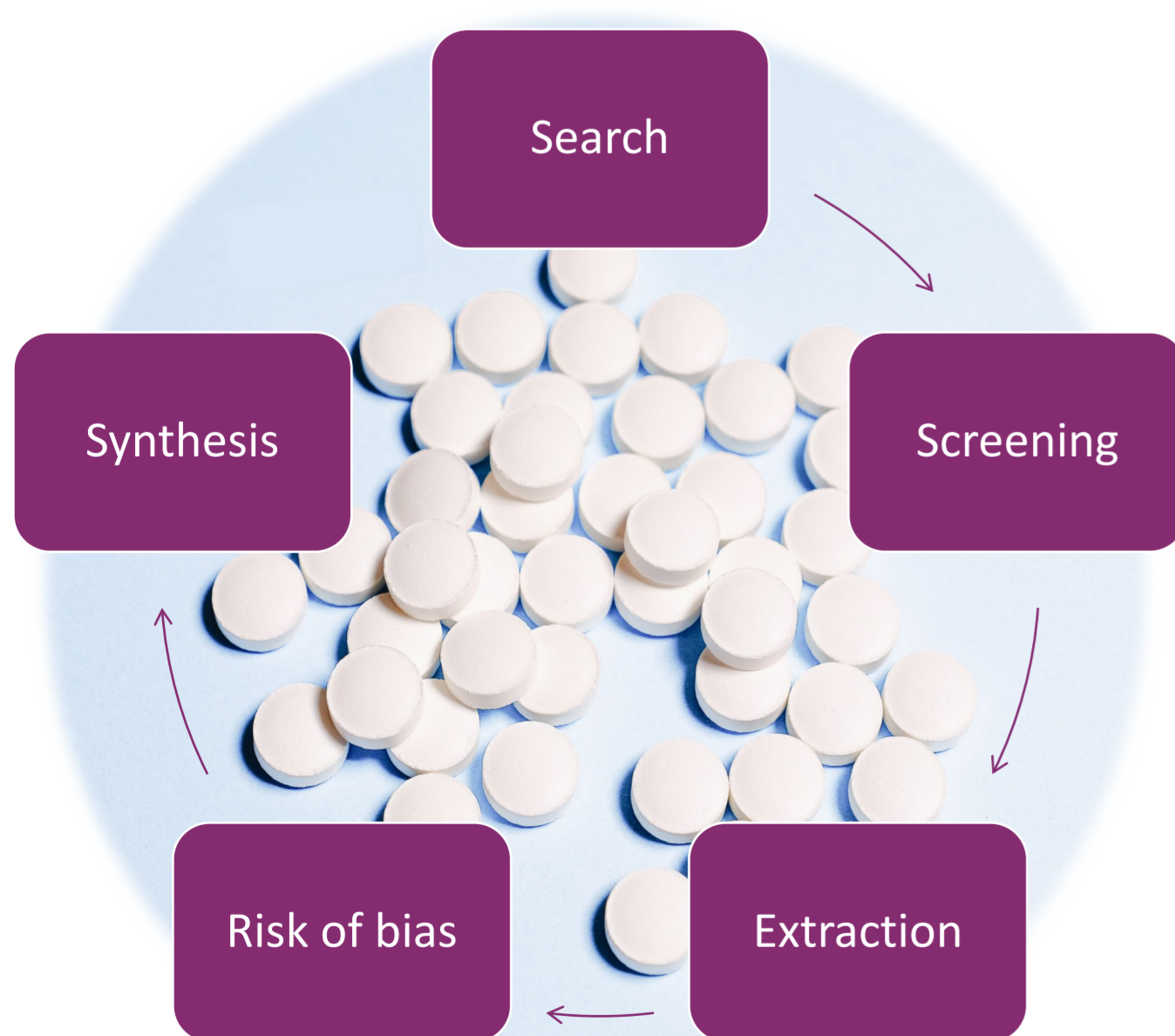
- Bipolar disorder is a debilitating illness that is characterised by episodes of mania and depression.¹
- Despite available treatments, only a minority sustain complete remission.²
- Identifying prognostic factors that predict poor treatment outcomes is paramount.³
- Experience of childhood trauma may function as a moderator of treatment outcomes for both pharmacological and psychological interventions.⁴
- No systematic review of this research area has been conducted to date.

REVIEW QUESTION

Does a **history of childhood trauma** affect the **treatment outcomes** of pharmacological and/or psychological interventions for adolescents and adults with bipolar disorder?



METHODS & ANALYSIS

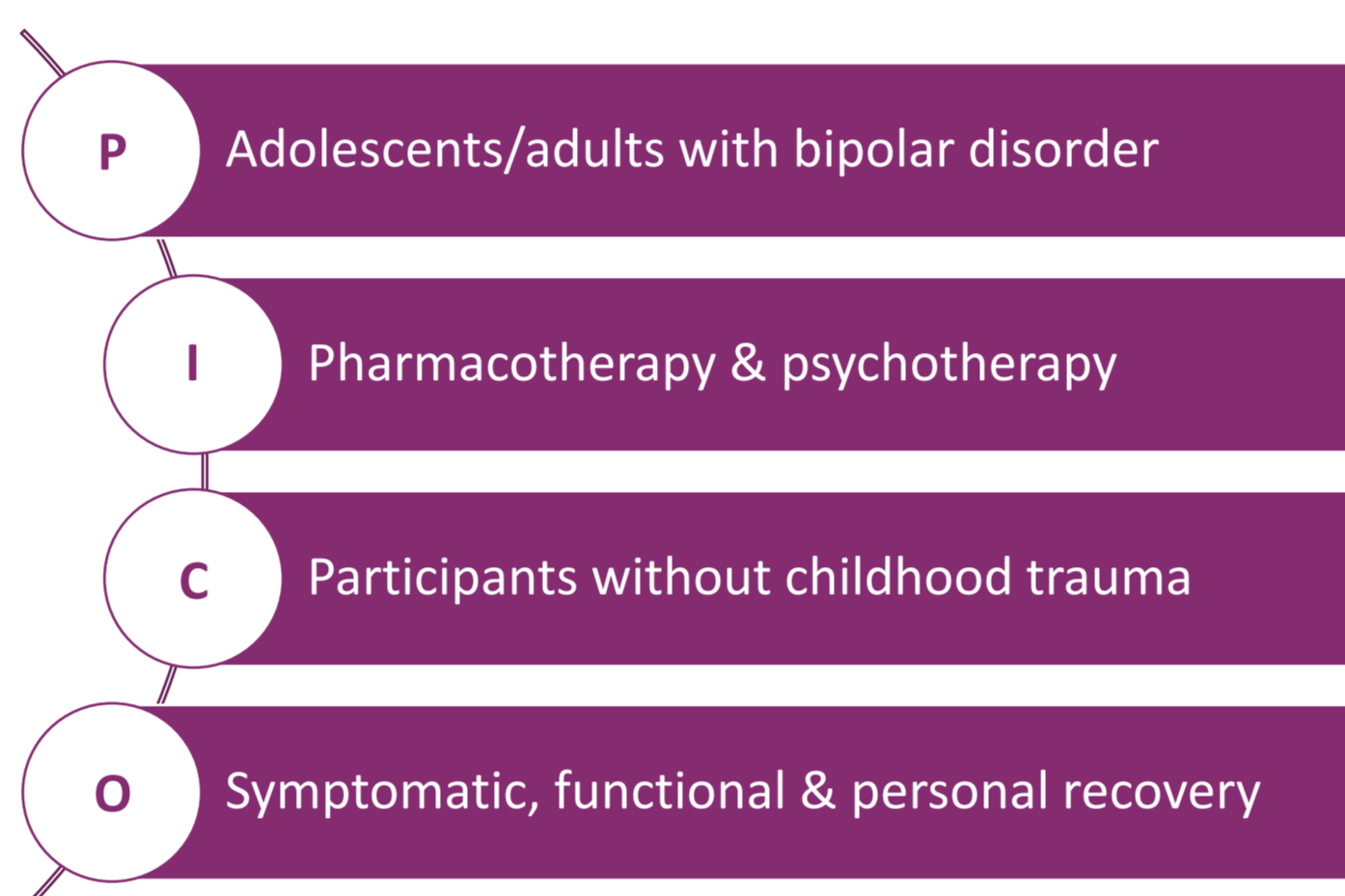


1. DATABASES

MEDLINE Complete, Embase, PsycINFO, and the Cochrane Central Register of Controlled Trials (CENTRAL) were searched.

2. SEARCH STRATEGY

The PICO (Population, Intervention, Comparison, Outcome) framework was used to develop relevant search terms.



3. EXTRACTION

Two reviewers independently completed the screening of potentially relevant references and the data extraction process.

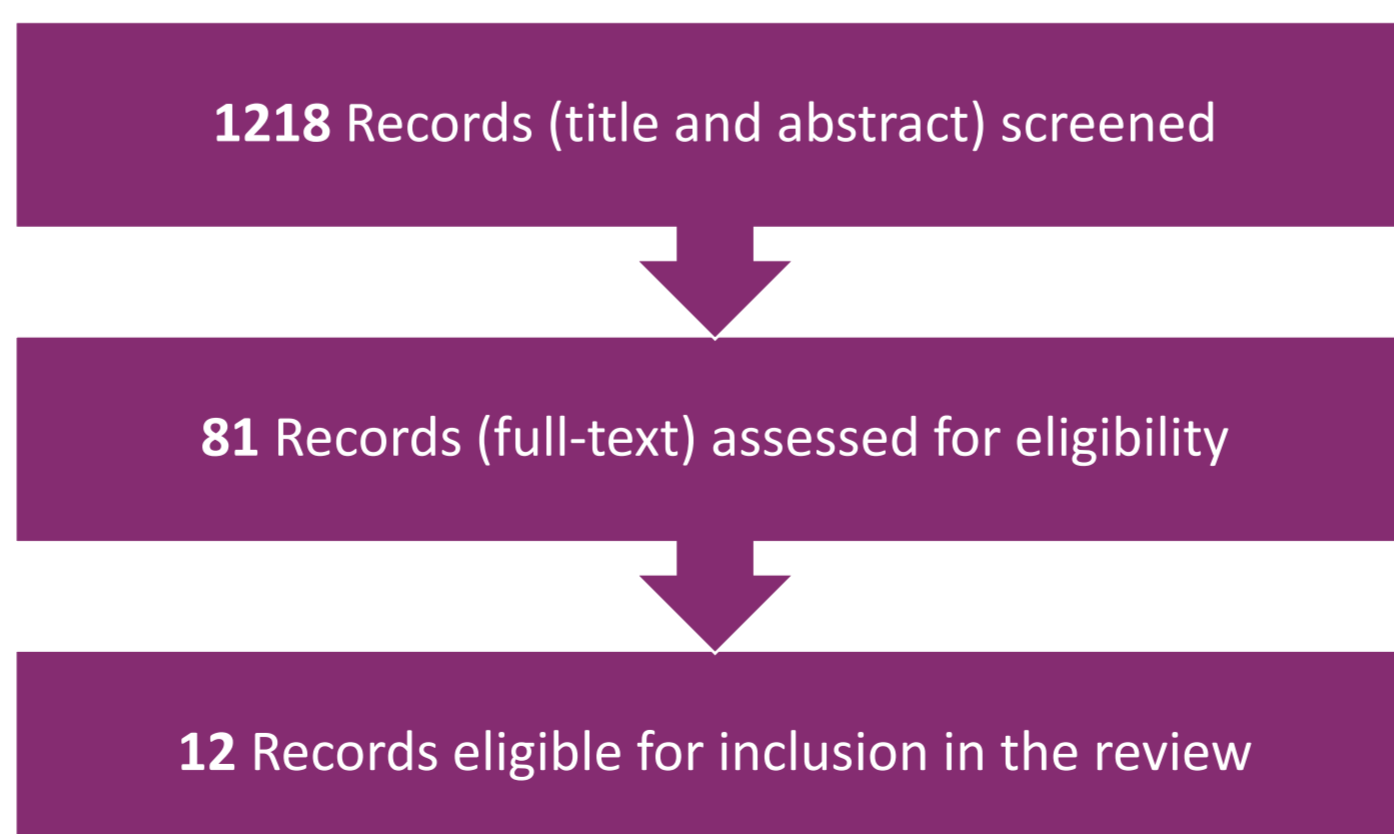
4. RISK OF BIAS ASSESSMENT

The Cochrane Collaboration's Risk of Bias tool and the Newcastle-Ottawa Scale were used.

5. SYNTHESIS & STATISTICAL ANALYSES

In addition to a narrative synthesis, random-effects meta-analyses were performed.

RESULTS



Cakir et al. (2016)
N = 135

Cascino et al. (2021)
N = 97*

Etain et al. (2017)
N = 148*

Neria et al. (2005)
N = 109

Marchand et al. (2005)
N = 66*

Pavuluri et al. (2006)
N = 38*

WORSE TREATMENT OUTCOMES
(CHILDHOOD TRAUMA GROUP)
BETTER TREATMENT OUTCOMES
(CHILDHOOD TRAUMA GROUP)
NO ASSOCIATION

Alameda et al. (2017)
N = 11[§]

Benarous et al. (2017)
N = 81*,[§]

McIntyre et al. (2017)
N = 58

Cho et al. (2021)
N = 71

Conus et al. (2010)
N = 118[§]

Perugi et al. (2018)
N = 243

- Narrative review = **different treatment outcomes** among individuals with and without a history of childhood trauma.
- Meta-analyses = childhood trauma was **unrelated to treatment response** (five studies*, 426 participants; odds ratio 0.58, 95% CI 0.27–1.25, $p = .164$) but may be associated with **greater improvement in global functioning** (three studies[§], 210 participants; Hedge's g 0.65, 95% CI 0.04–1.26, $p = .037$).

CONCLUSION

- The **overall quality of the extant evidence is low** which precludes definitive comment on the role of childhood trauma in the treatment of bipolar disorder.
- **Future research** consisting of intervention studies that follow **high methodological standards** is required.

REFERENCES

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