Coping Styles in Prodromes of Bipolar Mania
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Abstract

Introduction: The Coping Inventory for Prodromes of Mania (CIPM) is a self-report measure which is designed to assess how bipolar patients cope with early warning signs of mania. This 23-item scale contains four subscales including stimulation reduction, problem-directed coping, seeking professional help, and denial or blame. Since it was first published in 1999, no other existing data has been published on its psychometric properties, or its relationships with other variables of interest, making it valuable in bipolar research to date, unclear. This study was interested in exploring possible differences in coping strategies between bipolar subtypes, as well as investigating relationships among the CIPM subscales and dysfunctional attitudes, a construct which is theoretically related to coping styles.

Method: 184 bipolar patients from across Canada completed the CIPM in addition to a measure of dysfunctional attitudes (DAS). From this sample, 131 had a primary diagnosis of Bipolar I, and 51 were diagnosed with Bipolar II disorder, as assessed through a standardized clinical interview (SCID). Internal consistencies and mean scores for the subscales were commensurate with those published by the authors of the CIPM. Multivariate analysis of variance was used to determine if there were any differences in the CIPM subscales between Bipolar I and II subgroups.

Results: Bipolar I subjects tended to seek professional help much more than Bipolar II subjects. When analyses were performed separately by diagnostic category, it was also found that Bipolar I subjects appear to use stimulation reduction much less than the other three coping strategies. Whereas for Bipolar II participants, the most preferred coping tendency seemed to be the use of denial or blame as well as problem-directed coping. Finally, three CIPM subscales were found to be related to dysfunctional attitudes, lending support for its construct validity.

Conclusion: The CIPM appears to be a reliable and valid measure. Canadian norms appear consistent with previously published studies. Coping style preferences appear to differ according to Bipolar subtype. Future research on the CIPM should examine results in the context of Bipolar subtype.

Introduction (cont’d)

Rationale for Study

1. Despite the clinical relevance of the investigation of coping strategies for mania, very little has been published on this topic since the inception of the CIPM. This study will describe the CIPM using a large Canadian sample.

2. It will also offer an opportunity to evaluate the scale in more detail from a psychometric perspective by examining the internal consistencies of the four factors of the scale.

3. The scale’s validity will also be evaluated by examining its relationships with mood symptom severity as well as a measure of dysfunctional attitudes.

4. Finally, very little is known about potential differences between Bipolar I and II patients with respect to their coping style preferences, this will also be explored in this study.

Method

Study Design

The data for this study was part of a larger Canada-wide psychosocial clinical trial evaluating the benefits of group Education versus individual-cognitive-behavioral therapy directed toward bipolar disorder. The CIPM was chosen for this specifically because coping with mania and its prodromes comprised a significant portion of both treatments. The CIPM was used as one of the outcome variables which were compared both at baseline and during the follow-up of the study. The results described herein reflect only the pre-treatment (baseline) data as many participants are still in the follow-up phase. Further information will be obtained at the conclusion of the follow-up phase regarding the ability of the CIPM to detect post-treatment change and its relationship with other variables of interest.

Sample Characteristics

Clinical Characteristics

- N = 184 Bipolar Disorder II (SCID-II)
  - Bipolar I = 133
  - Bipolar II = 51
- Prevalence of Mood Episodes
  - Depressive Episodes = 11.7
  - Manic Episodes = 8.8
  - Mixed Episodes = 2.8
  - Manic Episodes = 7.2
- Duration of Illness
  - Mean = 18.9 years (SD = 12.7)

Demographic Characteristics

<table>
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<th>Age Range</th>
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<tr>
<td></td>
<td>Female</td>
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<tr>
<td></td>
<td>Total</td>
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Results

CIPM scales: Means, Standard Deviations, Alphas, and Intercorrelations

<table>
<thead>
<tr>
<th>SCALES</th>
<th>N = 184</th>
<th>Mean</th>
<th>SD</th>
<th>Alpha</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Bipolar I</td>
<td>Bipolar II</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>67</td>
<td>113</td>
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<td></td>
<td></td>
<td>119</td>
<td>65</td>
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<td></td>
<td></td>
<td>12.7</td>
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Note: * = p < 0.05, ** = p < 0.01

Conclusions & Discussion

Overall, our sample was mostly free of significant mood symptoms & showed dysfunctionless attitudes to keeping with previously published norms for bipolar remission status (Scott & Pope, 2003).

CIPM subscales were not related to depressive or manic symptom severity which suggests that the CIPM is a measure of a more stable set of traits. This is important to note given it was created with the hope of being sensitive to change. Further research is needed to determine the sensitivity of the scale over time and treatment.

Two of the adaptive CIPM subscales (problem-directed coping & seeking professional help) were negatively related to the DAS, whereas the maladaptive coping strategy (denial/blame) was positively associated with the DAS, lending further support for its construct validity.

Manic episodes were a significant predictor of variability in coping style preference, with a slight increased tendency to seek professional help as well as problem-directed coping.

Bipolar II coping profile is characterized by an evenly distributed coping style preference, with a slight increased tendency to seek professional help as well as problem-directed coping.

Bipolar I coping profile is characterized by a tendency toward use of denial & blame & problem directed coping, together with a lower likelihood of seeking professional help and reducing stimulation in response to prodromes.

Manova by Bipolar Type

- A MANOVA was performed to identify multivariate effects of Bipolar type (I vs. II) on the CIPM subscales. An effect was found; further univariate analyses showed that Bipolar I subjects were more likely to seek professional help as compared to Bipolar II subjects. No other differences were found.

Univariate post-hoc comparisons within Bipolar Type

- Due to significant multivariate effects, analyses were performed separately for Bipolar I and Bipolar II groups.

- Specific pairwise comparisons were performed for the 3 CIPM subscales associated with the DAS, relationships were in predictable directions