

COGNITIVE PERFORMANCE IN BIPOLAR AND UNIPOLAR DEPRESSION

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The depression that occurs in patients with bipolar affective disorder is usually associated with complaints of cognitive dysfunction: poor memory, inattention, problems with planning, initiation and perseverance. While it is true that all forms of depression can be associated with cognitive complaints, they are thought to occur more commonly, and with greater severity, in patients with bipolar depression, compared to unipolar depressives.

The authors have tested this widely-held clinical belief in a study of patients with bipolar depression (N=64), compared to an age/gender/race matched comparison group of unipolar depressives (N=68) and to normal controls (N=363). (Age 18-60.) All patients were clinically stable on therapeutic regimes, and free of significant co-morbidity. Normal controls were in good health, drug-free and without neurological/psychiatric disorders.

All Ss were tested on a computerized neurocognitive screening battery, "CNS Vital Signs." The battery consists of seven tests: verbal and visual memory, finger tapping, symbol-digit coding, the Stroop test, shifting attention and the continuous performance test. The test has been standardized in 500 normals, age 8-89. It is highly reliable, and generates results with millisecond accuracy. It takes 30 minutes to administer. CNS Vital Signs generates "domain scores" in five areas: memory, psychomotor speed, reaction time, attention and cognitive flexibility.

The results indicated that normal subjects performed significantly better than patients, and that unipolar depressives performed better than bipolars, on tests of attention, reaction time, psychomotor speed and cognitive flexibility. The differences in tests of visual and verbal memory obeyed the same pattern, but were not significant.

It is possible that these differences are attributable to the medications patients were taking. Bipolar patients, as a rule, were on mood-stabilizing drugs, and unipolar patients on antidepressants. The medical literature, however, is consistent in demonstrating that bipolar patients, even in a drug-free, euthymic state, are more impaired, cognitively, than normals and unipolar depressives. Our results indicate that successful treatment does not necessarily rectify these differences. They also suggest that neurocognitive testing might be useful to administer, on a regular basis, to patients with affective disorders, even if they are well-controlled on medications.