

# Psychotherapeutic treatments in patients with bipolar and schizoaffective disorders: A meta-analytic review

## Tratamientos psicoterapéuticos en pacientes con trastornos bipolar y esquizoafectivo: Una revisión meta analítica

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### SUMMARY

**Objective:** To analyze scientific publications on bipolarity and schizophrenia to detect both pharmacological and psychotherapeutic treatments that have been applied in the last five years (2018-2022).

**Method:** A quantitative method was applied, under the bibliometric research approach. The PRISMA method was used for this purpose. The search variables and the construction of the equations with their respective Booleans were defined. The database used was the Web of Science (WOS). After filtering by applying exclusion and inclusion criteria, a total of 23 documents were obtained for analysis.

**Results:** The results indicate that treatments for bipolar and schizophrenia need to be traceable, considering history, sex, age, and response to traditional treatments,

and that alternative and complementary therapies that contribute to the patient's quality of life can be tested.

**Conclusions:** Treatments based on cognitive behavioral therapy, as a complementary treatment to pharmacological application, improve the disposition for incorporation into the natural routine.

**Keywords:** Bipolarity and schizophrenia, treatments, bibliometric analysis.

### RESUMEN

**Objetivo:** Analizar las publicaciones científicas sobre bipolaridad y esquizofrenia con la finalidad de detectar los tratamientos tanto farmacológicos como psicoterapéuticos que se han aplicado en los últimos cinco años (2018-2022).

**Método:** Se aplicó un método cuantitativo, bajo el

DOI: <https://doi.org/10.47307/GMC.2023.131.s3.21>

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Recibido: 29 de marzo 2023

Aceptado: 3 de mayo 2023

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*enfoque de investigación bibliométrica. Para ello se empleó el método PRISMA. Se definieron las variables de búsqueda y la construcción de las ecuaciones con sus respectivos booleanos. La base de datos empleada es Web of Science (WOS). Luego del filtrado aplicando los criterios de exclusión e inclusión se obtuvieron un total de 23 documentos para el análisis.*

**Resultados:** *Los resultados indican que los tratamientos para la bipolaridad y la esquizofrenia necesitan una trazabilidad, tomando en cuenta los antecedentes, el sexo, la edad y la respuesta a los tratamientos tradicionales, que se pueden probar terapias alternativas y complementarias que coadyuvan a la calidad de vida del paciente.*

**Conclusiones:** *Los tratamientos basados en terapia cognitiva conductual, como tratamiento complementario de la aplicación farmacológica mejoran la disposición para la incorporación a la rutina natural.*

**Palabras clave:** *Bipolaridad y esquizofrenia, tratamientos, análisis bibliométrico.*

## INTRODUCTION

There are behavioral alterations that directly affect the adaptation processes of human beings (1), while bipolar and schizoaffective disorders are a series of difficulties with some particularities related to alterations in mood, in addition to changes in perception (2). Therefore, the condition is linked to the different ways of understanding the situations through which the subject goes through. It is important to emphasize that these difficulties can have a great impact on the functionality of patients, leading, on many occasions, to states of disability (3).

Currently, these alterations have become a global mental health problem (4), because there is great personal and family suffering. This type of problem has a fundamental characteristic of cyclical form, on the one hand, polymorphism, and on the other, alterations in mood that interfere with basic daily activities. These include hypomanic and depressive episodes (5). On the other hand, they can persist in a time characterized by euthymic states and these changes affect people's routine performance (6).

The therapeutic work that is elaborated from Beck's proposals is oriented to review the schemes of non-functional thinking that the subject suffers (7), these are established as assumptions

so that the patient must undergo evaluation and, in parallel, of those non-functional thoughts (8). This would lead to a conclusion considering the legitimacy of these non-functional and inflexible thoughts that affect in one way or another the patient in his daily performance (9).

It is important to highlight that schemas are characterized as a cognitive structure that through time achieves the acquisition of learning, classifying the information and comparing it with reality (10); that is, in many cases there is a constant belief that regularizes how a subject perceives him/herself and the environment, becoming a type of dominant beliefs (11). For this reason, psychoeducation is appealed, to mediate the development of the difficulties presented and the pathologies that may appear, it is sought that this maladaptation have a modification that does not affect the subject in his interaction with the world (12).

On the other hand, cognitive behavioral therapy strategies help to minimize the impact of environmental events that may be a source of stress for the patient; in addition to achieving appropriate management of these difficulties and an adequate way of making decisions, thus solving the problems related to bipolar and schizoaffective disorder (13). Therefore, it allows for to reduce of relapses and promotes the functioning adjusted to the psychosocial differences of the disorder, the thoughts that are of the automatic type, in the manic situation, are located in a cognitively distorted way but oriented to the positive side, that is to say, in the euphoria the patient believes to be perceived as an ingenious being (14).

Considering the above, it is fundamental that the therapeutic work with a minimum period of 12 months of a structured process and not only limited to the patient's signs, but the activities and objectives will also be fundamental (15). Consequently, critical thinking skills will be developed over time and will allow the subject to have a greater capacity and ability to adapt to different contexts and stressful situations that the subject may suffer at some point in his life (16).

There are also other methods of treatment from the third-generation therapies, which focus the intervention processes from the modification of behavior in a contextualized and globalized way. Seeking to strengthen the processes of

acceptance and behavioral activation, is important to the progress made among patients who have remission of significant symptoms, thus obtaining better control of emotional processes and interaction with other individuals (17).

It is important to point out that there are treatments from a medical model that can adequately contribute to the patient's evolution and recovery process (18). In this process, pharmacological treatment is relevant to address these difficulties. However, its interventions take different forms (19). For its part, outpatient treatment is oriented to psychotherapy processes with pharmacological support at mild levels. Meanwhile, patients with greater symptomatology involvement with functional deficits should participate in a program with psychotherapy and pharmacological support and another interdisciplinary group such as occupational therapy and social work (20).

Behavioral changes require interdisciplinary professional accompaniment to improve the maladaptive components (21). In this sense, pharmacological therapy provides guarantees adjusted to the treatment and its adherence is very good; in fact, it is used even in cases of gender dysphoria where there is a rejection of the signifier and a reality appears from the patient's perspective, feeling that he/she is not located in his/her body and, therefore, requires another identity to feel better (22).

## METHODOLOGY

PRISMA methodology (23) facilitates performing reports of the updates and thematic advances. With this it was possible to analyse from the epistemological constructs, find their reason in the evidence that denotes the specifications from the interventions, the etiological components, as well as the prevalence and prognoses. In this way, systematic reviews generate synthesized information on the scientific achievements that are identified in the contributions that account for the state of knowledge because they start from the contributions of primary studies, identifying the research problems that have been addressed from the theoretical constructs (24).

Therefore, the analyses arising from the systematic reviews, aligned with the step-by-step guide, produce contributions from innovation that are visualized given the methodological quality used in the studies that are subjected to analysis. Scientific publications present contributions due to the usefulness of the transmission and implementation of new knowledge. Considering that the conceptual aspects of the methodology used present a repetitive nature, establishing priority among them. At the same time, the possible biases that may be generated by the statistical processes used for this purpose are evaluated, guaranteeing the quality and scientific rigor employed (25).

### Bibliographic search

The approach of Boolean equations was carried out using keywords, using the following "Bipolar" AND "Schizoaffective" OR "Psychotherapy" OR "Treatments" NOT "Children". The Web of Science (WOS) database was searched. A total of 3 567 articles were reviewed in the primary inclusion. Subsequently, a filter was performed by full-text access yielding 1 238 and, filtering for duplicate files and incomplete reviews, which indicated 478 documents. From this analysis, 359 were eliminated if they did not meet the criteria of the variables studied; 119 articles were pre-selected to include a total of 57 references of which 24 were eliminated due to exclusion of criteria and 10 of them due to convenience of the authors for a result of 23 selected documents.

### Inclusion and exclusion criteria

For the meta-analytic review, the criteria of standardized measures were included in which data related to mean age, sample, and gender were contemplated, considering that the indicators were met in the review of the documents, in a window of observation of the last five years published exclusively in English. Thus, evaluating the therapeutic results in the follow-up times established in the treatment and intervention processes reported in the research.

For the exclusion criteria, documents were eliminated if the methodological elements did not

include the report of the treatments performed and evaluated. As well as clinical case reports and case studies that do not allow analysis from a statistical perspective. Likewise, articles published in other

languages and with special population conditions such as children and adolescents and persons deprived of liberty were not considered.

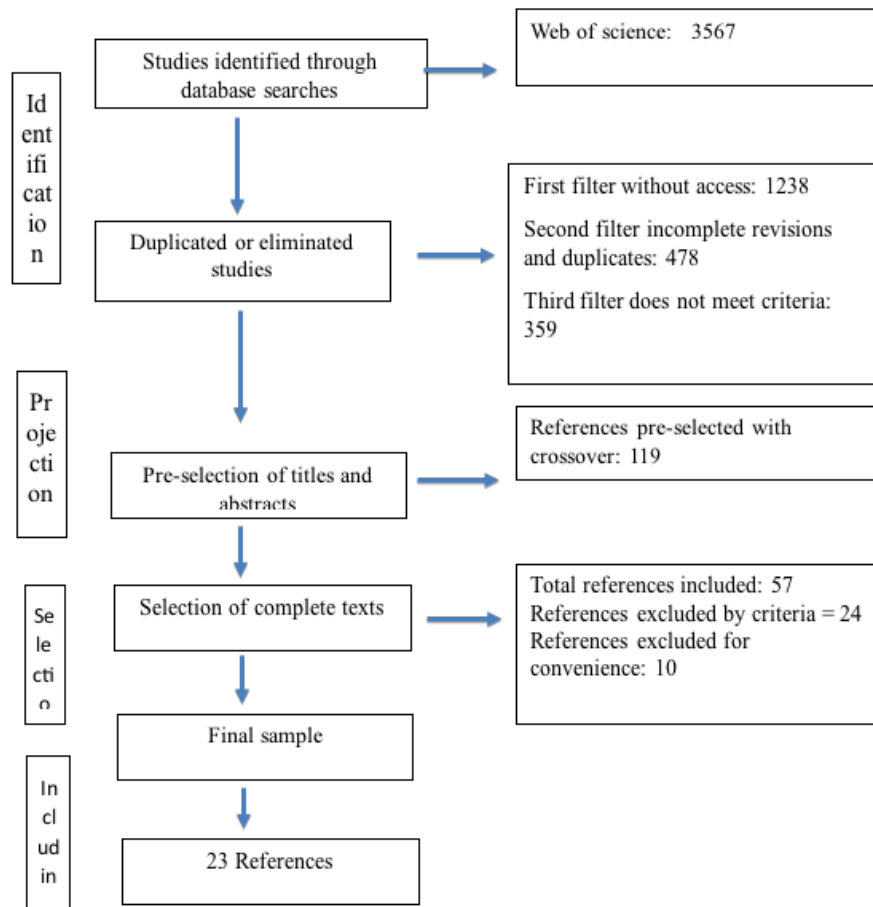


Figure 1. Flowchart of the process of study selection.

## ANALYSIS BY CATEGORIES

### Affective lability

The alterations of mood functioning are presented continuously in patients with a diagnosis of bipolar and schizoaffective disorder (26), considering that these are chronic pathologies. The episodes that are extrapolated

in the individual are presented throughout life in a process of cyclothymic order that varies from the appearance of hypomanic and manic episodes that, later, are transformed into depressive states (27). The manifestation of these alterations in the behavioral relationship affects the family, social and personal spheres which, according to the elements of development, have a very marked incidence in the labor aspects (28).

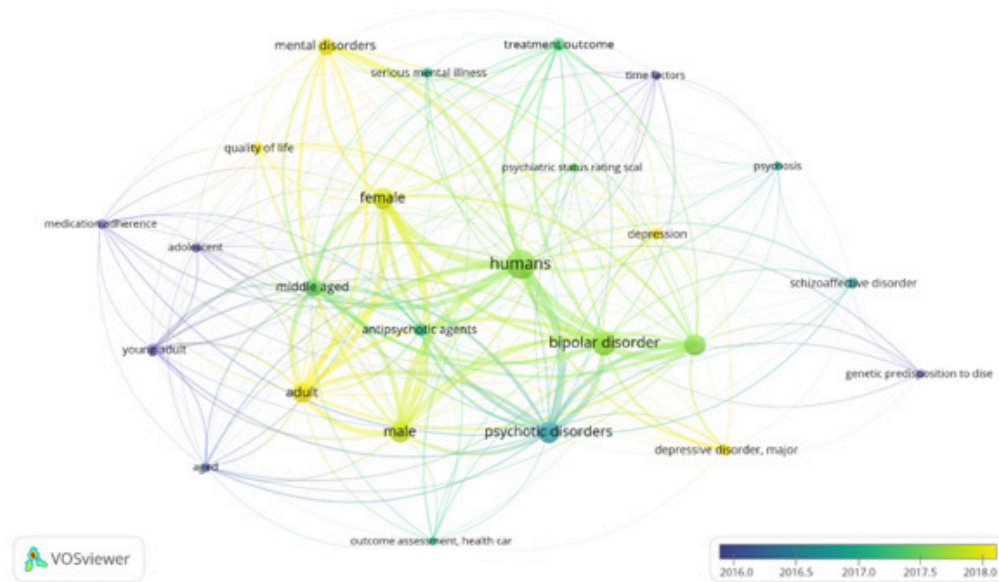


Figure 2. Keyword map the analysed topic. Own elaboration (2023)

In this way, mood changes that occur suddenly denote emotional instability; manifested in psychological discomfort that is externalized in sudden changes from crying and sadness to joy and apparent euphoria (29). According to the time duration criteria, these are established in days or weeks, which characterizes emotional lability. The emotional uncontrol of the psychopathological symptomatology represents rapid and intercalated changes in mood, which according to the theoretical constructs present a remission in time as long as there is a control and intervention from psychotherapy (30).

### Psychotic symptoms

Patients with psychotic symptoms present a loss of reality and a disintegration that is accompanied by the presence of delusions and hallucinations of a perceptual, visual, and auditory type that are based on the erroneous belief of persecution or of being against them (31). This

is accompanied by a mythomaniacal discourse where they usually present claims that have never happened, and that evidence proves the contrary. Additionally, they usually present motor excitation through uncontrolled crying where victimization prevails according to the degree of delirium and an exacerbation of incoherent and nonsensical verbiage that evidence disorganization of thought and speech (32).

In this sense, psychotic outbreaks often present comorbid major conditions such as schizophreniform and schizoaffective disorders. Representing the alterations of perception of reality that alter the areas of psychological adjustment (33). In these disorders, there are no behavioral limits, which leads to the presentation of problems in the establishment of relationships, hindering the ability to differentiate reality from fantasy. Paranoid ideas lead to social isolation, which is accompanied by the experience of disorganized ideas and feelings (34).



## Psychotherapy

On the other hand, it has been identified from the interventive proposals of the cognitive behavioral model that the psychotherapeutic approach in the treatment of bipolar and schizoaffective disorder (35), generates adherence in patients because they focus on the process of identification and change of maladaptive schemes that are presented in the processing of information, generating better results related to the erroneous beliefs that are addressed from the coping strategies and the identification of problems (36).

Scientific evidence has reported that mixed treatments from pharmacology with mood stabilizers in conjunction with psychotherapy focused on psychoeducation reduces automatic thoughts, as well as achieves cognitive restructuring of stressful situations, trains to alert early the identification of symptomatology before a psychotic break (37); helps to improve and maintain therapeutic adherence, since the use of cognitive strategies reduces psychosocial factors, avoiding relapses and providing support to the proposed therapeutic scheme to improve interpersonal relationships and strengthen the areas of psychological adjustment (37).

## RESULTS

The results are presented in Table 1.

## DISCUSSION

Therapeutic advances over time have achieved greater effectiveness in the diagnosis of bipolar affective disorder and schizotypal disorder, the appropriate approach allows in the first instance to identify the process of criteria to favorably target the treatment (38); these patients have a good response and adherence achieving better adaptations to the context, the patient manages to reduce the symptomatology from the dysfunctional thinking that may appear (39).

It can be pointed out that cognitive behavioral treatment allows one to know the central beliefs and maladaptive schemes that are determinants

in the development and evolution of the disorder and the instability of the patient (40). Therefore, establishing therapeutic techniques and procedures adjusted to the signs and symptoms manifested by the patient seeks to achieve the adaptation of the patient and eliminate the evolution and progress of the disorder due to its thought structure (41).

It is important to point out that the therapeutic techniques allow helping the patient to elaborate an invention of strategies to cope with the different situations and stimuli that generate stress, these were the factors that caused the symptomatic manifestations and amplified the difficulties of adaptation to the environment of the subject (42), while the cognitive schemes influence in a wide way in the thinking, emotions and in the way of carrying out behaviors, it is fundamental to highlight that these allow interpreting the situation, so they open spaces to quick, spontaneous thoughts that are part of the reasoning (43).

In bipolarity a disorder occurs, because it has identification and evolution of signs and symptoms that meet within the statistical criteria of the manual of classification of mental disorders, and from the pharmacological aspects (44), the treatment is fundamental and allows greater ease of adaptation and functionality to the context, within the processes of intervention of psychotropic drugs are the medications formulated to patients with the diagnosis of bipolarity and schizotypal disorders, the most frequent medications are mood stabilizers, the signs manifested by the patient can be identified as a difficulty of unstable and pathological emotion of mood states, therefore of their medical prescription, at present many patients benefit from these intervention processes to improve their condition and with the support of different therapies it is possible to improve the quality of life of patients suffering from these alterations (45).

## CONCLUSIONS

The different interventions help to improve the quality and well-being of patients with bipolar and schizoaffective disorders, the cognitive-behavioral psychotherapeutic processes are adjusted and help to improve maladaptive

Table 1.

Doi	year	sample	treatment	country/ city	mean age	gender %	Results (Time to Track)
<a href="https://doi.org/10.1080/02699931.2022.2105308">https://doi.org/10.1080/02699931.2022.2105308</a>	2022	Sample=49 26 de standard treatment + MBCT and 23 with regular therapy.	Mindfulness-based cognitive therapy (MBCT).	Netherlands	Group 1 (Treatment as usual) = 17.3-22.0 Group 2 (Cognitive mindfulness therapy + Treatment as usual)= 18,0-28,0	1 Women (Mdn = 12.0, P25-P75 = 5.0-24.0).	Mindfulness-based cognitive therapy + usual therapy decreases negative self-referential memory bias.
<a href="https://doi.org/10.3928/00485713-20221110-01">https://doi.org/10.3928/00485713-20221110-01</a>	2022	Early treatment group (n = 26).	Aripiprazole	Seül, Korea.	Between 18 and 65 years old.	Adult men and women	Adjuvant treatment with aripiprazole as a therapeutic alternative for patients with depression
<a href="https://doi.org/10.1371/journal.pone.0279073">https://doi.org/10.1371/journal.pone.0279073</a>	2022	Delayed treatment group (n = 20). 15 respondents with bipolar disorder used psilocybin.	Psilocybin or "magic mushrooms"	EEU and Canada.	Between 27 and 50 years old.	Between 27 and 50 years old.	Mental health decreases the impact and severity of depression, improves emotions, and there is greater relaxation and sleep. But, it aggravates mania and distressing sensory experiences
<a href="https://doi.org/10.1002/mp.212282">https://doi.org/10.1002/mp.212282</a>	2022	Sample=47 Hospitalized=22 with psychotic depression. Non-hospitalized=25 with non-psychotic depression.	Electroconvulsive therapy + benzodiazepines	Akita, Japan	64-67 years.	Women (Group 1=87.0%) Men (Group 1=13.0%)	There is no difference in the use of benzodiazepine agonists at the end of electroconvulsive therapy.

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Doi	year	sample	treatment	country/ city	mean age	gender %	Results (Time to Track)
<a href="https://doi.org/10.1186/s40345-022-00280-6">https://doi.org/10.1186/s40345-022-00280-6</a>	2022	162 patients	No medication was administered	USA	41.4 years	60.5% Woman	Alcohol abuse in psychotic patients increases hospital care and refers to hallucinations, and suicide attempts.
<a href="https://doi.org/10.1186/s40345-022-00267-3">https://doi.org/10.1186/s40345-022-00267-3</a>	2022	Total sample = 134 Group resistant= 68 Vulnerable group = 55 Highly vulnerable group= 11.	Not applicable.	Germany.	44.3 years The standard deviation of were women. 13.3 years.	Of the total Coresistant patients sample, 64.2% have advantages because they achieve improvements in anxiety symptoms and social function compared to highly vulnerable personality patients.	
<a href="https://doi.org/10.1186/s40345-021-00248-y">https://doi.org/10.1186/s40345-021-00248-y</a>	2022	Final sample = 94	Patients received pharmacological and psychotherapeutic treatment.	Germany, Austria, and Denmark	44.3 years (SD = 13.3).	64.2% of the participants were women.	Higher vulnerability predicts a higher rate of long-term morbidity.
<a href="https://doi.org/10.1186/s40345-022-00194-4">10.1186/s40345-022-00194-4</a>	2022	Sample= 60	Not applicable	Türkiye	17.87 years	Men (54.3 %) Woman (45.7)	Children and adolescents with bipolar disorder decreased need for sleep, increased speech, irritability, recurrent episodes, and social anxiety disorder.
<a href="https://doi.org/10.1136/bcr-2022-252721">doi:10.1136/bcr-2022-252721</a>	2022	Case study. A patient with Cotard	Treatment should be tailored to the	Luisiana, USA	30 years	Woman	Treatment for people with Cotard

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Doi	year	sample	treatment	country/ city	mean age	gender %	Results (Time to Track)
<a href="https://doi.org/10.1192/bjpo.2022.582">doi:10.1192/bjpo.2022.582</a>	2022	Syndrome Type II. Sample = 50 Group exp=25 Grupo control= 25	patient's symptoms and underlying diagnosis. Recovery Focused Therapy for Bipolar Disorder (RFT-OA) over a 12-week period.	England	The average age is 67 (SD = 6) years.	Men, n=38 (97%) Women, n=26 (67%)	syndrome should be tailored to the patient's symptoms and underlying diagnosis. Clinical assessment measures provide evidence of effectiveness on a variety of outcomes, including mood symptoms, time to relapse, and functioning. The intervention to improve the lifestyle and physical conditions of patients requires intensive interventions.
<a href="https://doi.org/10.1192/bjpo.2022.590">doi:10.1192/bjpo.2022.590</a>	2022	Sample = 88	Nurse accompaniment.	Australia.	Mean age = 19.4 (±3.4) years.		
<a href="https://doi.org/10.1017/S003329172000478X">https://doi.org/10.1017/S003329172000478X</a>	2022	Healthy group= 280 Diagnosis of schizophrenia=189 Diagnosis of mood stabilizer schizophrenia= 185 Bipolar diagnosis= 96	1st and 2nd generation antipsychotics Mood stabilizer Antidepressant Stimulant Anticholinergic	Boston Chicago Dallas Georgia Hartford (USA)	33.8	Woman Healthy group= 64% Diagnosis of schizophrenia= 40% Schizoaffective diagnosis=55% Bipolar diagnosis=54%	Antisaccade in cases of psychosis indicates a specific deficit of higher-order cognitive aspects of the saccade.
<a href="https://doi.org/10.1371/journal.pone.0276504">https://doi.org/10.1371/journal.pone.0276504</a>	2022	Inpatients 65 years of age years old.		Alberta, Ontario Canada	65 years	bipolar Does not report	The COVID -19

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Doi	year	sample	treatment	country/ city	mean age	gender %	Results (Time to Track)
<a href="https://doi.org/10.3390/ijms23179968">https://doi.org/10.3390/ijms23179968</a>	2022	Does not report	Chemical and physical restraint during acute care hospitalization of older adults	Australia	Over 18 years	Men and women	pandemic resulted in chemical/containment in hospitals. Physical restraint orders increased from 5.9% to 8.3% and remained elevated for the eight weeks at other hospitals.
<a href="https://doi.org/10.3928/00485713-20220817-01">doi:10.3928/00485713-20220817-01</a>	2022	1 Man 44 years old.	Multiple ECT sessions	Nueva York	44 years	Male	To understand the application of biomarkers in the detection/treatment of various diseases. The efficacy and safety of ECT produce significant improvement in catatonic patients.
<a href="https://formative.jmir.org/2022/8/e36444">https://formative.jmir.org/2022/8/e36444</a>	2022	N=366	Use of the Wilcoxon rank-sum test followed by multiple comparisons	United States	18 years and older	Men and women	Persons with clinical diagnosis of COVID-19 with high frequencies of violent behaviors, and psychotic symptoms resulting from COVID-19.
<a href="https://doi.org/10.1016/j.">https://doi.org/10.1016/j.</a>	2022	N=55 patients	Assessment by means of a	Australia	Over 18 years old	Men and women	Assessment of perception related to

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Doi	year	sample	treatment	country/ city	mean age	gender %	Results (Time to Track)
<a href="https://doi.org/10.3389/fnhum.2022.958169">https://doi.org/10.3389/fnhum.2022.958169</a>	2022	N=247	scale to check neuropsychiatric components Supply of psychiatric drugs	USA Oklahoma	Over 18 years old	Men and women	beliefs may improve the ability to evaluate delusional beliefs. Concussions associated with medication adherence. relationship between traumatic brain injury and adherence to treatment.
<a href="https://doi.org/10.1371/journal.pone.0270506">https://doi.org/10.1371/journal.pone.0270506</a>	2021	N=185	Combination of genomic information with plasma pentosidine levels	Tokyo, Japan	Over 18 years old	Men and women	Modification of IMP2L Functions to treat PEN-SCZ if the organic mechanism can be improved.
<a href="https://doi.org/10.1016/j.comppsy.2022.152313">https://doi.org/10.1016/j.comppsy.2022.152313</a>	2022	N = 150	Depressive medication and evaluation of depressive symptoms		Over 18 years old	Men and women	Importance of medical care for mental disorders, with greater depressive symptomatology
<a href="https://doi.org/10.1192/bjpo.2022.536">doi:10.1192/bjpo.2022.536</a>	2022	N = 1022	Review of stressors in patients	USA	Over 18 years old	Men and women	Potential prediction to stratify high-risk individuals into likely AAO groups, for provision of treatment and timely intervention.
<a href="https://doi.org/10.3389/fnins.2022.879703">https://doi.org/10.3389/fnins.2022.879703</a>	2022	N = 182	Higher-ranking biomarkers to meaningfully correlate patient symptoms	China	Over 18 years old	Men and women	Probable the AAO, for provision of treatment and timely intervention.

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Doi	year	sample	treatment	country/ city	mean age	gender %	Results (Time to Track)
<a href="https://doi.org/10.1111/ppc.12483">https://doi.org/10.1111/ppc.12483</a>	2020	Patients with bipolar disorder= 47 Schizophrenic patients= 45.		Türkiye	Patient with bipolar disorder. 43.53 ± 14.28 Patients with schizophrenia =44.31 ± 12.76	Bipolar disorder Women with= 31 (66.0%) Men= 16 (34%) Schizophrenia Woman=13 (28.9%) Men= 32 (71.1%)	ind the association between brain structure and dynamic brain. And help identify significant biological biomarkers of schizophrenic. Patients with bipolar disorder had more significant side effects than schizophrenic patients.

behavior, generate changes from the construction of a daily routine considering hygiene and daily tasks, so that the recurrence rates decrease significantly, on the other hand, psychoeducation with the family promotes a more functional social bonding (46).

Treatment with psychotropic drugs has a fundamental role because it has a vital function and helps to prevent relapses, these interventions articulated with psychotherapeutic work allow to improve clinical management and help the patient to adhere to treatment (47). In addition, the evidence of the changes in the way of facing life also allows us to recognize some signs that can destabilize the patient and act on these aspects.

Cognitive-behavioral intervention therapies have great benefits since they allow to achieve a reflective process so that the patient can realize his difficulty and can mobilize, understand what happened, and make the appropriate mourning of that lost object, to reinvent himself and generate changes from a new position in front of the world, with this it is sought to process all those components of the patient's history that generate discomfort in him over time (48). All these treatments produce changes and improve the patient's quality of life, the adaptation to the context and the elimination of non-adjusted or maladaptive behaviors is the objective of psychotherapeutic treatments.

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