

Source : [joseeveilleladoc](#)

Un programme de psychoéducation tel que « Life Goals Program » pour les patients atteints de troubles bipolaires peut aider à réduire le taux d'hospitalisation, accroître la stabilité de l'humeur et prévenir les rechutes, selon une récente étude [Article en anglais]

Publié le 2011/10/14 par [joseeveilleladoc](#)

Long-term impact of the life goals group therapy program for bipolar patients.

Aubry JM, et al. *J Affect Disord.* 2011 Oct 4. [Epub ahead of print]

A life goals group therapy program for patients with bipolar disorder (BD) helps reduce hospitalization rates, increase mood stability, and prevent relapses, study results suggest.

Writing in the *Journal of Affective Disorders*, Jean-Michel Aubry and colleagues from Geneva University Hospitals in Switzerland explain that for BD patients, psychoeducation « is now unanimously considered as complementary to biological treatment and mentioned in expert treatment recommendations such as the Canadian Network for Mood and Anxiety Treatments, the British Association for Psychopharmacology guidelines, and the World Federation of Societies of Biological Psychiatry Guidelines for the Biological Treatment of Bipolar Disorders. »

They add: « Various psychoeducational interventions have been proposed and described, ranging from a short intervention consisting of 7-12 sessions of training on early warning sign detection to more comprehensive group packages with 21 weekly sessions lasting several months. »

For the current study, the researchers retrospectively evaluated the long-term impact of a 2-phase structured psycho-educative group program (Life Goals Program [LGP]) on hospitalization rates, mood stability, relapse prevention, and social relationships in BD patients.

In total, 85 BD patients participated in the program, including 50 who participated in phase 1 only, and 35 who participated in both phase 1 and 2.

Source : [joseeveilleladoc](#)

Phase 1 of the LGP consists of six weekly sessions, administered by therapists, in which participants get to know each other, discuss their objectives and expectations, receive information about their disorder, and learn to identify symptoms that warn of relapse, elements that can trigger relapse, and management strategies for episodes.

In phase 2, the therapists at the weekly sessions adhere to a behaviorally structured program, operating in progressive stages in order to attain the principal objective through a succession of intermediary steps.

Median participation in phase 1 was 41 days and median participation in phase 2 was 23.6 months.

The researchers found that the proportion of patients hospitalized at least once decreased from 44.9% in the 3-year period before LGP participation to 20.4% in the 3-year period after participation in phase 1 participants, and from 61.8% to 26.5% in phase 1 and 2 participants.

Overall, 86% of phase 1 participants and 94.3% of phase 1 and 2 participants reported at least some improvement in self-reported mood stability, 94.0% and 100%, respectively, reported at least a partial effect in relapse prevention, and 83.7% and 80.6% reported a better ability to cope with relapse.

A significantly greater proportion of phase 1 and 2 participants reported an improvement in social relationships than phase 1 participants, at 88.6% versus 70.0%.

The researchers conclude: « Both phase 1 and the full 2-phase Life Goals psycho-educative program have long-term positive effects on hospitalization, mood stability, and relapse prevention [in BD patients]. Participation in phase 2 seems particularly beneficial to help improving social relationships. »