The proposal to divide manic depressive illness into separate bipolar (alternating mania and depression) and unipolar (recurrent depression or recurrent mania) psychoses was first brought forward by Leonhard (1959), but it was Angst (1966) who first produced convincing evidence in support of the division. Perris (1968) was able to show that bipolar illness started on average fifteen years earlier than depression and recurred more frequently. Individual episodes of illness were shorter.

Leonhard's distinction has had to be amended in one respect. Patients with unipolar mania are rare, and their first degree relatives suffer not from mania alone but from bipolar illness, and there is general agreement that recurrent mania is best regarded as bipolar illness which has not yet manifested its first episode of depression.

Remi et al. (1970) analysed data from five published series of affective disorders for morbid risk of affective illness in parents, siblings and children of the probands, who were separated by age, sex and whether this is bipolar (demonstrating mania in their history or occurring in a first degree relative) or unipolar (demonstrating one or more depression and without a history of mania in first degree relative). Significant differences in parental morbid risk were found between younger and older onset probands. Significant sex differences in morbid risk were found in both unipolar and bipolar groups.

Venkoba Rao (1974) in a study of 101 endogenous depressions could not find statistically significant differences in unipolar and bipolar illness but Singh and Agarwal (1980) and Agarwal (1977) reported significant differences in the two groups.

MATERIAL AND METHODS

1. A series of hundred consecutive patients admitted with a diagnosis of manic depressive psychosis (I.C.D. 8) in the psychiatric ward of Rajendra Hospital, Patiala, have been taken up for study.

2. All probands were given a detailed psychiatric examination.

In addition to a diagnosis of affective psychosis according to I.C.D. 8 all probands had to fulfill the diagnostic criteria as proposed by Feighner et al. (1972) for primary affective disorder for inclusion in the present study.

Criteria used for Sub-classification of Primary Affective Disorder into unipolar and bipolar types:

To designate a patient as suffering from unipolar illness, Perris (1966) used the criteria of at least three, Winokur et al. (1969) on the other hand has taken even one episode of depression without history of mania as sufficient for unipolar illness. In the present study the unipolar illness was used only in these cases with at least two episodes of depressive illness without history of mania either in patient or first degree relatives. It was decided not to take first
episode of depressive illness as unipolar illness because it might increase the possibility of including a potentially bipolar illness in the unipolar group. We avoided three episodes because it would bias the sample towards late onset group, by excluding many young unipolar subjects who have had only two episodes so far. A similar criterion of two episodes of depression for diagnosis of unipolar illness has been used by Mandlewicz and Rainer (1968) and also Johnson et al. (1977).

To get a pure group of depressive patients unipolar, it is necessary to adopt a familial definition of illness. Thus any proband who has a mania at time of index admission, had mania in the past, or who even comes from a family in which mania, exists should be excluded from the unipolar group (Winokur et al., 1969). We have followed this criteria and such cases we included in bipolar group.

No one was admitted in to the study as a proband if he had evidence of a pre-existing non-affective psychiatric illness. In addition probands were excluded from the study if they had a medical or neurological illness with known psychiatric manifestation, used drugs believed to cause depression, abused drugs or alcohol in amounts which cause interference with day-to-day functioning, or had lost a mate or first degree family member within three months of admission.

Routine laboratory investigation of all the patients and special investigations where needed were done.

RESULTS

All probands were classified into two groups is unipolar and bipolar according to criterion mentioned. Socio-demographic variables of the two groups are presented in Table 1. The mean age of probands in unipolar group was 33.53 yrs. and it was 33.60 yrs. in the bipolar group. Age, and education were not significantly different in the two groups. However a significantly greater number of males were observed in the bipolar group as compared to unipolar group (p<0.01).

A greater proportion of probands in the bipolar group were single (19.30%) as compared to the unipolar group (11.63%), while there were more widowers (6.97%) in unipolar groups and the difference is statistically significant (p<0.05).

| Table 1. Socio-demographic variables of Unipolar and Bipolar groups |
|---------------------------------------------------------------|
|                  | Unipolar  | Bipolar |
|                  | (N=43)    | (N=57)  |
| Age (in yrs)     |           |         |
| 20               | 3         | 10      |
| 21-30            | 12        | 19      |
| 31-40            | 9         | 9       |
| 41-50            | 11        | 15      |
| 51-60            | 8         | 4       |
| Mean             | 32.51     | 33.60   |
| x² = 14.24, d.f. = 4, N.S. |
| Sex              |           |         |
| Male             | 16        | 40      |
| Female           | 27        | 17      |
| x² = 11.62, d.f. = 1, p<.001 |
| Marital Status   |           |         |
| Single           | 5         | 11      |
| Married          | 35        | 44      |
| Widower          | 3         | —       |
| Divorced         | —         | 2       |
| x² = 9.06, d.f. = 3, p<.05 |
| Education        |           |         |
| Professional or  | 23        | 3       |
| Master Degree    | 3         | 5       |
| Graduate         | 2         | 9       |
| High School      | 13        | 11      |
| Primary          | 11        | 10      |
| Literate         | —         | 1       |
| Illiterate       | 22        | 23      |
| x² = 6.94, d.f. = 5, N.S. |

TABLE 1. Socio-demographic variables of Unipolar and Bipolar groups
Table 2 shows the age at the time of
first episode it is evident that a large ma­
jority (91.21%) of bipolar probands has their
first illness before the age of 40 years, as
compared to (72.19%) in unipolar group,
where as a corresponding higher number
had a late age of onset 27.91% as compared
to only 8.87% in bipolar group.

| Age at the | Unipolar N=43 | Bipolar N=57 |
| time of first | Number | %  | Number | %   |
| episode in Yrs. |        |    |        |    |
| 15 to 40 years (Early onset) | 31 | 72.1 | 52 | 91.2 |
| 41 to 60 years (late onset)   | 12 | 27.9 | 5  |  8.8 |

\[ \chi^2 = 7.29, \text{ d.f.} = 1, p<.05 \]

Onset was acute in 55.8 percent in
unipolar probands and 73.7 percent in
bipolar probands (Table 3) onset was insi­

Table 3. Mode of onset and presence of precipitating factor in unipolar and Bipolar Groups.

| Mode of Onset | Unipolar (N=43) | Bipolar (N=57) |
|              | N | %  | N  | %  |
| Acute        | 24 | 55.8 | 42 | 73.6 |
| Insidious     | 19 | 44.6 | 15 | 26.3 |

\[ \chi^2 = 2.9, \text{ d.f.} = 1, \text{ N.S.} \]

| Presence of Precipitating factor | Unipolar | Bipolar |
|                                | N   | %  | N  | %  |
| With precipitating Factor      | 11  | 25.6 | 14 | 24.6 |
| Without Precipitating factor   | 32  | 74.4 | 43 | 79.4 |

\[ \chi^2 = 0.00, \text{ d.f.} = 1, \text{ N.S.} \]

The present study provided clear
evidence that unipolar illness occurs more
frequently in elder age group as compared
to bipolar illness. This is further supported
by the findings of age of onset that bipolar
illness tends to occur at an earlier age as
compared to unipolar illness. However, this
difference could in part be explained by the
fact that manics tend to come for treatment
early in the course of their illness as com­
pared to depressive and secondarily we take
even single episode of mania as bipolar,
while to take unipolar probands it was essen­
tial to suffer atleast with two attacks of depression.

Sex: In unipolar probands males were
37.2% and females were 62.8%, while in
bipolar group males were 70.2% and
females were 29.8%. It is evident that
unipolar illness is more common in females.
Perris (1966) also reported more females in
unipolar group. Singh and Agrawal (1980)
reported that bipolar type of illness is essen­
tially polygenic and with equal morbid risk
for affective illness in male and female rela­
tives. The unipolar would appear to be
modified expression of the primary manic
depressive predisposition due to a dominant
X linked factor, whose manifestation is sex
influence, i.e. it manifests entirely as a
depressive illness in females and 50% of
males, while in other 50% males manifests
as alcoholism and sociopathy.

So we can say that this is in favour of
heterogeneity of affective disorders and
these are two different groups.

Educational and occupational achievement:
There is an apparent difference in
occupational and educational level in
bipolar and unipolar groups i.e. higher achievements in bipolar groups. Which is probably due to a large number of females among unipolar group and secondly higher achievements during hypomaniac stage. Woodruff et al. (1971), also reported higher educational and occupational level in bipolar group.

Marital status: In this study higher number of widowers were present in unipolar and divorced in bipolar. Brodie and Left (1971) and Winokur (1969) also reported higher frequency of divorced in bipolar group.

Age at the time of first episode: In unipolar group 72.2% probands were passing through the age group of fifteen to forty years at the time of first episode of illness. In bipolar group 91.2% probands were passing through 15 to 40 years age group at the time of first episode, 27.9% probands of unipolar group and 8.8% of bipolar group suffered with first episode of illness between the age of 41 to 60 years. This difference is significant suggesting that onset of illness is earlier in bipolar group than unipolar group, Lundquist (1945), Perris (1966) and Winokur (1969) also reported that age of onset of affective symptoms is lower in bipolar as compared to unipolar individuals.

Mode of onset and precipitating factors: There is no significant difference in the mode of onset in unipolar and bipolar groups.

There is also no difference in the presence of precipitating factor.

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