M. Maj

Falret and Baillarger's circular insanity as a specific variety of bipolar disorder: old and new research evidence

Department of Psychiatry
University of Naples SUN
Naples (Italy)

The origin of the modern concept of bipolar disorder is commonly traced back to the mid-1800 contributions by Falret on «la folie circulaire» («circular insanity»)[1] and Baillarger on «la folie à double forme» («dual form insanity»)[2]. The continuity between these contributions and Kraepelin's description of manic-depressive insanity[3] is correctly pointed out. One aspect, however, is usually overlooked: both Falret and Baillarger, contrary to Kraepelin, described a specific variety of bipolar disorder, i.e. the form characterized by the direct, regular transition from mania to depression or vice versa. Both of them regarded this «circular" form as distinct from those cases in which manic and depressive episodes occur separately (although Baillarger accused Falret to have originally missed, and borrowed from him, the differentiation) and both considered this distinction as significant. Falret[1] reported that «circular insanity is very hereditary» and «infinitely more frequent in females than in males», and stated that «mania and melancholia, when they occur in isolation, are more treatable than when they occur together in circular insanity".

Modern generations of psychiatrists have not completely ignored Falret and Baillarger's teaching. In fact, some scholars of manic-depressive illness have explicitly distinguished a «circular» form of the disease, having a poor prognosis (e.g., 4), while others have reported that the tendency to switch is a predictor of a worse outcome (e.g., 5,6). Koukopoulos et al.[7] found that a circular course in which depression regularly precedes mania, as well as a circular course without free intervals («continuous circular course»), are associated with a poorer response to lithium prophylaxis. Turvey et al.[8] reported that «polyphasic episodes» (i.e., episodes including at least two switches in polarity) are associated with a poor prognosis, concluding that «it is more likely that patients who switch have a more severe form of bipolar disorder which manifests as affective instability».

Correspondence:
Mario Maj
Department of Psychiatry
University of Naples SUN
Naples (Italy)
E-mail: majmario@tin.it

The literature on rapid cycling is only partially relevant to the present issue. In fact, the current definition of rapid cycling (i.e., the one proposed in the DSM-IV) does not require «switching» (i.e., the direct transition from mania to depression or vice versa) as a prerequisite. Indeed, the term «cycling» is currently used in a very equivocal manner in this research area: consider, for instance, the statement[9] that «cycling, and cycling with hypomania in particular, seemed to predispose to subsequent rapid cycling», in which the term «cycling» is first used as a synonym for «switching» and then, in the same sentence, without such a meaning. However, the tendency to switch may have significant implications for the prognosis and treatment response of patients with rapid cycling as defined by the DSM-IV: in fact, rapid cyclers with a history of «switching» manifest a poorer response to lithium and a higher stability of the rapid cycling pattern on follow-up[10,11].

Thus, currently available research provides some evidence that Falret and Baillarger were actually right: i.e., that the regular switch from one polarity of mood to the other may identify a variety of bipolar disorder with a characteristic prognosis, treatment response and perhaps pathophysiology.

In a study we published a few years ago[12], we found that bipolar patients whose index episode was polyphasic (i.e., included at least two switches) spent a significantly higher percentage of time in an affective episode during the observation period and had a significantly worse psychopathological and psychosocial outcome 10 years after recruitment than those whose index episode was monophasic. Patients with a biphasic or polyphasic index episode starting with depression spent a significantly higher proportion of time in an affective episode and had a significantly worse 10 year outcome than those whose index episode started with mania. The «switching» pattern was retained throughout the observation period by 42.4% of patients whose index episode started with mania and 65.2% of those in whom it started with depression.

These findings confirm that a polyphasic index episode, especially if starting with depression, is associated with a poor long-term outcome in bipolar disorder. This pattern

represents a significant target for new pharmacological and psychosocial treatment strategies.

REFERENCES

1. Falret JP. Mémoire sur la folie circulaire. Bulletin de l'Académie de Médecine 1854;19:382-415.
2. Baillarger J. De la folie à double-forme. Ann Med Psychol (Paris) 1854;6:367-91.
3. Kraepelin E. Psychiatrie. Ein Lehrbuch für Studirende und Aerzte, 8th ed. Leipzig: Barth, 1909.
4. Bratfos O, Haug JO. The course of manic-depressive psychosis. A follow up investigation of 215 patients. Acta Psychiatr Scand 1968;44:89-112.
5. Roy-Byrne P, Post RM, Uhde TW, Porcu T, Davis D. The longitudinal course of recurrent affective illness: life chart data from research patients at the NIMH. Acta Psychiatr Scand 1985; 71(Suppl. 317).
6. Keller MB, Lavori PW, Coryell W, Andreasen NC, Endicott J, Clayton PJ, et al. Differential outcome of pure manic, mixed/cycling, and pure depressive episodes in patient with bipolar illness. JAMA 1986;255:3138-42.
7. Koukopoulos A, Reginaldi D, Laddomada P, Floris G, Serra G, Tondo L. Course of the manic-depressive cycle and changes caused by treatments. Pharmakopsychiatr Neuropsychopharmakol 1980;13:156-67.
8. Turvey CL, Coryell WH, Solomon DA, Leon AC, Endicott J, Keller MB, et al. Long-term prognosis of bipolar I disorder. Acta Psychiatr Scand 1999;99:110-9.
9. Coryell W, Endicott J, Keller M. Rapidly cycling affective disorder. Demographics, diagnosis, family history, and course. Arch Gen Psychiatry 1992;49:126-31.
10. Maj M, Magliano L, Pirozzi R, Marasco C, Guarneri M. Validity of rapid cycling as a course specifier for bipolar disorder. Am J Psychiatry 1994;151:1015-9.
11. Maj M, Pirozzi R, Formicola AMR, Tortorella A. Reliability and validity of four alternative definitions of rapid-cycling bipolar disorder. Am J Psychiatry 1999;156:1421-4.
12. Maj M, Pirozzi R, Magliano L, Bartoli L. The prognostic significance of «switching» in patients with bipolar disorder: a 10 year prospective follow-up study. Am J Psychiatry 2002;159:1711-7.