BIPOLAR DISORDER Factsheet

October 2021

How is language ability measured?

Language may be altered in people with bipolar disorder and may present in the form of disorganised speech. Tasks designed to assess language ability include; letter fluency tasks that assess the ability to generate words starting with a particular letter; and category fluency tasks that assess the ability to name words within a specified category. Working memory is needed for both letter and category fluency as participants must organise and retrieve relevant information.

Other tests designed to assess language include: Boston Naming task; Wechsler Adult Intelligence Scale (WAIS) comprehension (including the subtest information, similarities and vocabulary), WAIS verbal memory, verbal fluency, National Adult Reading Test (NART)/ Wide Range Achievement Test (WRAT), Controlled Oral Word Association Test (COWA), Category Instance Generation Test (CIGT), Multiple Choice Vocabulary Test (MWT-B), Hopkins Verbal Learning test (HVLT), California Verbal Learning Test (CVLT), Rey Auditory Verbal Learning Test (AVLT), semantic priming tasks and Lexical Decision Task and the Peabody Individual Achievement reading comprehension (PIAT).

What is the evidence on language fluency in people with bipolar disorder?

Moderate to high quality evidence shows a medium-sized effect of poorer language fluency in people with bipolar I disorder than controls. There was also a medium-sized effect of poorer language fluency in people with bipolar II disorder compared to controls. In direct comparison between bipolar I disorder and bipolar II disorder, those with bipolar I disorder showed a small effect of poorer language fluency.

High quality evidence shows a small effect of poorer language fluency in people with first-episode bipolar disorder compared to controls. Moderate to high quality evidence suggests a medium-sized effect of better fluency in people with first-episode bipolar disorder compared to people with first-episode schizophrenia.

High quality evidence suggests a medium to large effect of poorer language fluency in elderly people with bipolar disorder compared to controls matched for age and education.

High quality evidence suggests a small to medium-sized effect of poorer language fluency in first-degree relatives of people with bipolar disorder compared to controls. There was better fluency in first-degree relatives of people with bipolar disorder than first-degree relatives of people with schizophrenia.

High quality evidence suggests a small association between poor verbal ability/fluency and poor general functioning.

Moderate quality evidence suggests no changes in performance on fluency tasks over time (~3-4 years) in people with bipolar disorder.

For more information see the technical table

NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about bipolar disorder or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au**.