



NeuRA

Discover. Conquer. Cure.

BIPOLAR DISORDERS LIBRARY



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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.

BIPOLAR DISORDERS Factsheet

September 2021

What are psychotic symptoms?

Psychotic symptoms most commonly involve hallucinations and delusions. Hallucinations are defined as a perceptual experience that occurs in the absence of any corresponding external sensory input. They are most commonly auditory, but can occur in any modality. Delusions are fixed, false beliefs that persist regardless of contradictory evidence, and are not explained by cultural beliefs. Persecutory delusions involve the belief that people are attempting to harm or even kill the individual. Delusions of reference refer to beliefs that neutral events are directed specifically towards the individual. Somatic delusions involve the belief that the individual has a serious physical disease or alteration of the body. Delusions of grandeur are characterised by an exaggerated belief that the individual has extraordinary powers, abilities, or fame.

Psychotic symptoms are sometimes found in people with bipolar disorder, particularly in the manic phase of the illness. The severity of psychotic symptoms can significantly affect a person's day-to-day functioning, quality of life, and cognition.

What is the evidence for psychotic symptoms?

Moderate quality evidence suggests the prevalence of visual hallucinations in people with affective psychosis is around 15%, and the prevalence of auditory hallucinations is around 28%. These rates are lower than in schizophrenia (visual = 27%, auditory = 59%), Parkinson's disease (15-40%), dementia with Lewy bodies (60-90%), age-related eye disease (10-60%), and death-bed visions (50%). They are higher than general population rates (7%).

Auditory hallucinations are also more common than visual, olfactory, tactile or gustatory hallucinations, are most common in the early stages of bipolar disorder, and in people with bipolar disorder and a history of childhood abuse.

Moderate to low quality evidence suggests the lifetime frequency of delusions is higher than the lifetime frequency of auditory hallucinations (66-82% vs. 23-31%). Rates of delusions and auditory hallucinations are higher in people in a manic episode than in people in a depressive episode. Rates of auditory hallucinations are most common in people with mixed-manic presentations.

For further information see the technical table

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.

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