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BIPOLAR DISORDERS LIBRARY

BIPOLAR DISORDER Factsheet

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How is bipolar disorder type and cognition related?

Bipolar disorder is characterised by episodes of depression and mania. A major depressive episode is a period of at least two weeks in which a person has at least five of the following symptoms (including one of the first two): intense sadness or despair; feelings of helplessness, hopelessness or worthlessness; loss of interest in activities once enjoyed; feelings of guilt, restlessness or agitation; sleeping too little or too much; slowed speech or movements; changes in appetite; loss of energy; difficulty concentrating, remembering or making decisions; and/or thoughts of death or suicide. A manic episode is a period of at least one week when a person is high spirited or irritable in an extreme way most of the day for most days. A manic episode involves changes in normal behaviour such as showing exaggerated self-esteem or grandiosity, less need for sleep, talking more than usual, talking more loudly and quickly, being easily distracted, doing many activities at once, scheduling more events in a day than can be accomplished, embarking on risky behaviour, uncontrollable racing thoughts, and/or quickly changing ideas or topics. These changes in behaviour are significant and clear to friends and family and are severe enough to cause major dysfunction.

The difference between bipolar I disorder and bipolar II disorder is determined by the existence of mania in bipolar I and hypomania in bipolar II, which is a less severe form of mania. People with bipolar I disorder are also more likely to have psychotic symptoms. As people with psychotic disorders show cognitive deficits, they may be more apparent in people with bipolar I disorder.

What is the evidence for cognition in different types of bipolar disorder?

Moderate to high quality evidence suggests small effects of greater cognitive impairment in global cognition, verbal memory, processing speed, executive functioning, and language fluency in people with bipolar I disorder compared to bipolar II disorder, with no differences in working or visual memory, attention, inhibition, or social cognition.

For more information see the technical table



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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.

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.

NeuRA (Neuroscience Research Australia) Foundation
T 1300 888 019 F +61 2 9399 1082
ABN 57 008 429 961

Margarete Ainsworth Building
Barker Street, Randwick NSW 2031
PO Box 1165 Randwick Sydney NSW 2031 Australia

neura.edu.au