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BIPOLAR DISORDERS Factsheet

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Why is early detection of bipolar disorder important?

Detection of the early stages of bipolar disorder may help develop interventions that prevent or delay the onset of the disorder. Early intervention can also result in improved clinical outcomes should the disorder develop. To achieve early detection, accurate identification of individuals at highest risk of onset of symptoms is paramount.

What is the evidence for early detection of bipolar disorder?

Moderate to high quality evidence suggests large effects of having psychotic symptoms or a family history of bipolar disorder as risk factors for transition to bipolar disorder in people with major depression. There was a medium-sized effect of higher risk of transition with early age of onset of depression, and a small effect of having a family history of any mood disorder. The risk of transition to bipolar disorder was greatest in the early stages of having a major depressive disorder (up to 5 years).

Moderate quality evidence suggests subclinical symptoms preceding an initial mood episode last around 27 months, and subclinical symptoms preceding a recurrent mood episode last around 1 month. Common subclinical symptoms (in order of decreasing prevalence) are; too much energy, diminished ability to think, indecisiveness, pressured speech, talkative, elated mood, academic or work difficulties, insomnia and depressed mood. Less common subclinical symptoms (in order of decreasing prevalence) are; over-productive/ goal-directed behaviour, agitation, rage attacks, racing thoughts, anxiety, decreased need for sleep, irritable mood, fatigue, distractibility, sleep disturbance, disinhibition, weight loss/loss of appetite, hyperactivity, suicidal thoughts, feeling of worthlessness, mood swings, delusions, unkempt or bizarre appearance, guilt, and auditory hallucinations. Rare subclinical symptoms (in order of decreasing prevalence) are; loss of interest, somatic complaints, being over-sensitive, hypersexuality, flight of ideas, hypersomnia, weight gain, self-harm, suicide attempts, and visual hallucinations.

Low quality evidence is unable to determine the accuracy of instruments used for early detection. Review authors conclude that the Child Behavioral Checklist – Pediatric Bipolar Disorder Phenotype and the General Behavioral Inventory – Revised have the better validity and utility than the Hypomanic Personality Scale, the Behavioral Activation Scale or the Family History Scale, and that more studies assessing these scales are required.

For more information see the technical table

NeuRA
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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