



NeuRA
Discover. Conquer. Cure.

BIPOLAR DISORDERS LIBRARY

Image: @shidlovski – stock.adobe.com

BIPOLAR DISORDERS Factsheet

September 2021

What is mania?

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, including 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. A hypomanic episode is similar to a manic episode but the symptoms are less severe and need only last four days in a row. Hypomanic symptoms do not lead to the major problems that mania often causes, and the person is still able to function.

The frequency and severity of manic or hypomanic symptoms vary from person to person, and may also vary according to whether the onset of bipolar disorder is in childhood, adolescence, or adulthood.

What is the evidence for mania in bipolar disorder?

Moderate quality evidence suggests the most common mania symptoms reported in youths with bipolar disorder are (in decreasing order); increased energy, irritability, mood lability, distractibility, goal-directed activity, euphoric/elated mood, pressured speech, hyperactivity, racing thoughts, poor judgment, grandiosity, inappropriate laughter, decreased need for sleep, and flight of ideas. Moderate to high quality evidence suggests irritability, aggression, and low insight are more common in youths than adults with bipolar disorder. Odd appearance, grandiosity, flight of ideas, decreased sleep, and increased sexual interest are more common in adults with bipolar disorder.

Moderate to high quality evidence suggests having a positive family history of any mood disorder is associated with greater likelihood of switching to mania in children with major depression. Moderate quality evidence suggests having subthreshold symptoms of mania, emotional dysregulation, or behaviour problems are also associated with greater likelihood of switching to mania. Moderate to low quality evidence shows increased prior depressive episodes was associated with increased risk of antidepressant-induced mania in adults with bipolar disorder.

For more information see the technical table



NeuRA
Discover. Conquer. Cure.

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