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## BIPOLAR DISORDERS Factsheet

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### What is personality and temperament?

Personality and temperament are relatively stable over time and include innate emotional, reactive, and attentional traits. These traits may differ according to genetic differences and the extent of the risk a person has to psychiatric disorders such as bipolar disorder.

### What is the evidence for personality and temperament?

#### Compared to controls

Moderate to high quality evidence finds large increases in harm avoidance, highs and lows, depression, irritability, and anxiousness, and large decreases in self-directedness and excessive positive mood in people with bipolar disorder. There were medium-sized increases in self-transcendence and medium-sized decreases in cooperativeness and excessive positive mood. There were small increases in novelty seeking and small decreases in reward dependence.

Medium-sized increases were found in impulsivity on tasks assessing response inhibition, delayed gratification, attention, decision making, and risk-taking in people with bipolar disorder. During remission of the disorder, increased impulsivity was found in non-planning, motor, and general cognitive domains.

In first-degree relatives of people with bipolar disorder, there were large effects of more highs and lows, irritability, and anxiousness, and medium-sized effects of more harm avoidance and less self-directedness than in controls.

#### Compared to first-degree relatives

Moderate to high quality evidence suggests large effects of more harm avoidance, highs and lows, irritability, and anxiousness, and less self-directedness in people with bipolar disorder than in first-degree relatives. There were also medium-sized effects of less cooperativeness, and more novelty seeking and self-transcendence in people with bipolar disorder.

#### Compared to bipolar disorder II

Moderate to high quality evidence suggests a small effect of more depression in people with bipolar disorder I.

#### Compared to other psychiatric illnesses

Moderate to high quality evidence suggests medium-sized effects of more novelty seeking, highs and lows, irritability, and excessive positive mood in people with bipolar disorder than in people with major depression. There was also more self-transcendence, more rumination on positive mood states, and less harm avoidance in people with bipolar disorder.

Compared to people with borderline personality disorder, moderate quality evidence suggests large effects of less depression, irritability, and anxiousness, and a medium-sized effect of more excessive positive mood in people with bipolar disorder.

**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](http://neura.edu.au).