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BIPOLAR DISORDERS Factsheet

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What is sleep disturbance?

People with bipolar disorder may show disturbances in the amount or quality of sleep they receive. Typically sleep follows a characteristic pattern of four stages, where stage 1 is a state of drowsiness and early sleep; stage 2 comprises the largest component of the sleep cycle and is the first complete loss of awareness of the external environment; stage 3 is a deep, slow-wave sleep; and the fourth stage is rapid eye movement (REM) sleep where memorable dreaming and muscle paralysis occurs.

Sleep disturbance can be measured in many ways, including the total sleep time, the sleep latency (the length of time it takes from full wakefulness to sleep), and the sleep efficiency index (the amount of time spent asleep while in bed). Sleep latency can have varying definitions, particularly regarding the definition of “asleep” – some studies define this more strictly as the time from lights out until 10 consecutive minutes of stages 2, 3 or 4, while other studies define the latency more leniently as the time from lights out until the first signs of stage 2 sleep.

What is the evidence for sleep disturbance?

Moderate to high quality evidence suggests around 30% of people with bipolar disorder have hypersomnia. There were large effects of more time in bed and poorer sleep quality; medium-sized effects of less sleep efficacy, more sleep time (particularly stage 1), and more awakenings; and small effects of more sleep latency and wakefulness in people with bipolar disorder than in people without a mental disorder. Sleep disturbances were greater in people with bipolar disorder than in people with schizophrenia.

Sleep disturbances may be apparent prior to the onset of bipolar disorder, including during childhood and adolescence. A decreased need for sleep may precede a manic episode, while hypersomnia may precede a depressive episode. Insomnia can precede either a manic or a depressive episode.

Moderate quality evidence finds a medium-sized effect of lower relative amplitude of the sleep-wake cycle in people with bipolar disorder than people at familial or clinical risk of 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**.

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