



Relapse

BIPOLAR DISORDERS Factsheet

August 2020

How is relapse determined?

People with bipolar disorder may relapse with manic, mixed, or depressive episodes, regardless of what their previous episode involved. The chance of relapse is complicated by differential response to treatments and other factors associated with the disorder. Preventing the development of rapid cycling symptoms is particularly paramount to good outcomes.

What is the evidence for relapse in people with bipolar disorder?

Moderate to high quality evidence suggests there were more major life events occurring just prior to a mood episode than prior to an euthymic, stable phase of the disorder, indicating transitions and major life changes may trigger a mood episode.

Moderate quality evidence suggests the risk of any subsequent mood episode after any first mood episode is around 44% in the first year, reducing to around 20% in the second and third years. Adolescents show consistent rates of relapse over three years of around 20%. The median time to any subsequent mood episode after any first mood episode is around 1.5 years. This time is longer in people with bipolar I than bipolar II disorder, in adolescents than adults, in people tested in an euthymic than in a mood phase, and in people with ongoing subclinical symptoms. Children and adolescents with bipolar disorder were more likely to be readmitted to a psychiatric hospital than children and adolescents with other psychiatric disorders.

Moderate to low quality evidence suggests a small effect of greater risk of any subsequent mood episode after a first episode of depression than after a first episode of mania or mixed symptoms. The risk of a depressive subsequent mood episode was higher in people with bipolar II than bipolar I disorder. However, the polarity of the index episode generally predicted the polarity of the subsequent episode.

For people with a first episode of mania, moderate quality evidence suggests rates of relapse are around 26% by 6 months, and up to 48% by 4 years. Older age at first-episode of mania was associated with lower relapse rates. For people with a first episode of mania or mixed symptoms, moderate to low quality evidence suggests rates of relapse are around 35% by 12 months up to 58% by 4 years.

For pregnant women, there is moderate to low quality evidence showing the median rate of mood episodes during pregnancy is around 24%, with most episodes being depressive. For women in the postpartum period, mood relapse rates are around 37%, which is similar to psychotic relapse rates in women with a history of postpartum psychosis, however severe relapses are greater in women with a history of postpartum psychosis. Women taking prophylactic medications during pregnancy or during the postpartum period had fewer relapses than women who were medication free during pregnancy.

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.