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BIPOLAR DISORDERS Factsheet

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How is drug and alcohol use related to people with bipolar disorder?

Substance use is a concern for people with a mental illness due to the association with poor clinical and social outcomes. Substance use places additional burden on patients, families, psychiatric services, and government resources due to high rates of treatment non-adherence and relapse.

Substance abuse leads to risk-taking behaviour, illegal activity, interpersonal problems and a loss of interest in usual activities. Abuse jeopardises physical health and neglect of important commitments at home, school or work.

Substance dependence involves having a strong physical or psychological need for the substance. Not taking it leads to withdrawal symptoms within a few hours of stopping, such as nausea, vomiting, tremors, chills, sweating, low blood pressure, irritability, depression, anxiety or confused thinking.

What is the evidence for drug and alcohol use in people with bipolar disorder?

Moderate quality evidence suggests a medium to large increased risk of bipolar disorder in people with any substance use disorder. High quality evidence shows there are more manic episodes in those with a substance use disorder, and moderate quality evidence suggests associations between having a substance use disorder and having a diagnosis of bipolar I rather than bipolar II disorder, being male, having a history of suicidal behaviour, and having an early age of onset of bipolar disorder (<18 years). Having a substance use disorder was also associated with a greater risk of hospitalisation, and high levels of alcohol intake increased the risk of a mood recurrence or rapid-cycling.

For cannabis use, moderate quality evidence found around one-quarter of people with bipolar disorder reported using cannabis. Cannabis use was associated with more depression, anxiety, and mania symptom severity, more mood episodes, suicide attempts and more insomnia or hypersomnia. It is also associated with younger age, male gender, single marital status, having fewer years of education, an earlier onset of affective symptoms, psychotic symptoms, suicide attempts, use of tobacco, alcohol, and other substances.

In children and youth with bipolar disorder, moderate to low quality evidence finds the risk of having a substance use disorder is around 31%. Rates were significantly higher in youth than in children, and in youth with comorbid PTSD or disruptive behaviour disorder.

For more information see the technical table

HOW YOUR SUPPORT HELPS

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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.