



BIPOLAR DISORDERS Factsheet

November 2021

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 to low quality evidence finds a medium to large increased risk of any substance use disorder in people with bipolar disorder compared to people without a mood disorder. Moderate to high quality evidence shows people with a comorbid substance use disorder have more manic episodes, and similarly are more likely to have a diagnosis of bipolar I rather than bipolar II disorder. They are also more likely to be male, have a history of suicidal behaviour, and have an early age of onset of bipolar disorder (<18 years). Having a substance use disorder was also associated with a greater risk of hospitalisation, high levels of alcohol intake, increased the risk of a mood recurrence and rapid-cycling.

For cannabis use in particular, 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, more suicide attempts, and more insomnia or hypersomnia. Cannabis use was also associated with younger age, male gender, single marital status, having fewer years of education, an earlier onset of affective symptoms, psychotic symptoms, and use of 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



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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/donate.