Does Bipolar Affect Men and Women Differently?

by BECKY WICKS

Gender Difference in Bipolar

Bipolar disorder is recognizable by patterns of mood disturbances, with swings ranging from depressed to manic/hypomanic, or at times even psychosis or a mixed state. However, studies have shown that there are some trends that can present differently between males and females who have a diagnosis of bipolar disorder.

One noticeable difference is the age of onset, which is fairly small, but still significant. The average first manic episode of a bipolar person will emerge in the 20s/30s, however women usually present with these symptoms 3-5 years later than men on average.

Women usually also experience a more seasonal version of the disorder, which for the most part involves depressive episodes emerging more in the winter months, and progressing onto hypomania or mania during the hotter summer months.

Most research tends to show women with bipolar disorder have more chance of being diagnosed with type II, meaning that the chances of a full manic episode are less than that of a man. Women also tend to have a depressive episode at the onset of their illness, in contrast to men who usually see the disorder emerging with a manic episode.

It is interesting to note that although women tend to be diagnosed with type II, meaning generally their experience of bipolar disorder is slightly milder; articles have shown that women are more likely to go through mixed episodes. A mixed episode in bipolar disorder is defined by symptoms appearing of both a depressive episode and a manic episode. Some of the usual ways in which a mixed episode affects someone with bipolar could be a tendency to be more irritable or losing their temper more often, pressured and rapid speech, and racing thoughts.

Rapid Cycling and Comorbidities

Another subset of bipolar disorder is that of rapid cycling, which entails four or more episodes of mania, hypomania or depression presenting in one year. It has been shown through various studies that it is more likely for a woman with bipolar disorder to be rapid cycling than a man, who is more likely to go through slower yet more pronounced changes in mood and mental state. Rapid cycling bipolar is often more harder to treat, which can present new challenges in reaching recovery for females with the disorder.

Men are often more likely to have more intense mania, resulting in potential fighting, shouting in the street, and other extreme behaviour which puts them at risk of trouble with authorities, or of needing to enter an inpatient facility. However, it has been noted that men are less likely to voluntarily seek help for their symptoms, and often are pushed to the extremes of the disorder before medical help intervenes.

Bipolar disorder is often comorbid with other mental health disorders, and there are gender differences in these also. Substance abuse in concurrence with bipolar disorder is usually seen more in males, whereas females are

more likely to have an anxiety related disorder or an eating disorder. The higher likelihood of anxiety in females means they are more likely to be treated with some form of anti anxiety medication such as benzodiazepines alongside the usual treatment of mood stabilizers etc.

Next page: the impact of bipolar on reproductive events.

Bipolar and Quality of Life

The effects of bipolar on quality of life and physical health have been proven by various studies, and it is important to realize that there are differences in gender in regards to this also. The physical implications of bipolar disorder tend to be more pronounced in women, with females more likely to suffer with obesity, migraines, and thyroid disorders. Recent research has shown a potential link between rapid cycling bipolar disorder and potentially abnormal thyroid levels in female patients, however this is a field that is yet to be explored fully. The risk of obesity in bipolar disorder overall has been shown to produce more fear in women overall, which will affect the medication choices offered by a professional.

Reproductive Life Events

One of the biggest differences between genders overall is that of reproductive life events - the overwhelming majority of women will go through the onset of their menstrual cycles, may get pregnant and produce children, and eventually will go through perimenopause (e.g. the stage before full menopause) and menopause itself. The impact of these events on women with bipolar disorder has been proven in multiple studies, as women are at times more heavily influenced by their hormones due to the changes in their body. An example of this influence is the effect of perimenopause that involves declining estrogen levels, which puts the bipolar woman more at risk of a depressive episode. Pregnant women or new mothers are also twice at risk of having an episode emerge, and up to seven times at risk of needing intensive medical intervention or inpatient treatment.

Pregnancy is one of the biggest challenges facing a woman with bipolar disorder, as the treatment of bipolar often involves a fair amount of medication. One form of medication that is used in the management of bipolar is a mood stabilizer, however a link has been seen to emerge between the use of these medications and possible birth defects. Safer treatment options for a pregnant bipolar woman are first generation anti psychotics, or the more traditional treatment of lithium. Please note however, if you are planning on trying for a baby, it is important that you consult a diagnosed medical professional such as your psychiatrist regarding this, and do not stop taking medication of your own volition. Pregnancy and bipolar is a fine balancing act, and this should not be attempted unless you are under medical supervision.

Menstrual cycles themselves provide a challenge in assessing the possibility of a bipolar disorder in a woman, as there have been multiple cases of PMS/PMDD being either self diagnosed or diagnosed professionally before the eventual diagnosis of bipolar is reached. One way in which the difference could be assessed is through keeping a mood diary, which means that patterns can be seen throughout the month - e.g. do symptoms only emerge around the time of the menstrual cycle.

Conclusion

Unfortunately at this moment in time, diagnosing bipolar disorder is not an exact science, and it is estimated that up to half of cases might not be identified. Women are potentially more likely to be misdiagnosed then men, and this could be in part due to the different presentation of the illness in females, with medical professionals assessing the patient for the 'male' version of the disorder.

Undoubtedly however, it is noteworthy to mention that although there are studies and research proving many of the differences listed above, this will not be typical for everyone who has a diagnosis of bipolar disorder.