

Bipolar Disorder in Women: An Overview

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INTRODUCTION

Bipolar Disorder is mainly a mood disorder which is characterized by fluctuations in a person's emotions, energy, and the ability to function. Patient experiences various periods of extreme euphoria and energy which is categorized as mania and sadness or hopelessness termed as depression.

Women are more likely to have more symptoms of depression than mania. In women, hormones play a role in development and severity of this disorder.

Suicide Risk in Women with Bipolar Disorder

Women who face the below conditions are more likely to attempt suicide

- Person having symptoms of depression and mania at the same time, or mixed episodes over a lifetime
- Psychiatric problems which started at the early stage of life
- A personality disorder along with the bipolar disorder

Study revealed that women with bipolar disorder attempted suicide more often than men with the same condition, also double or triple times more often than men in the general population.

Effects of Pregnancy and Sex Hormones

The major evidence of association of hormones with bipolar disorder is found during pregnancy and the postpartum period. Women who have bipolar disorder are at risk for experiencing an episode (depressive episode) after child birth. Childbirth can trigger depressive or manic episodes for some women and are also more likely to have episodes after other pregnancies. These are known as postpartum episodes.

Menstruation: Hormones may trigger a bipolar episode after childbirth, and the menstrual cycle might worsen the symptoms. The hormones (at the time of menstruation) may alter the effect of lithium, a treatment for bipolar treatment disorder, which may lead to reduced influence of medication.

Late-onset bipolar disorder is sometimes found to be associated with menopause in women. Women with mood disorders, including bipolar disorder, experience severe symptoms of premenstrual syndrome (PMS).

Bipolar Treatment Risks for Pregnant Women

Bipolar disorder does not affect the safety of pregnancy, but some treatments used for bipolar disorder can present risks to the unborn. E.g.: Medication such as benzodiazepines, carbamazepine, lamotrigine, lithium, paroxetine, valproate.

Treatment during Pregnancy

Special treatment considerations are required for some women, mainly during pregnancy. Mostly doctors prefer lithium, older drugs such as haloperidol (Haldol), and antidepressants, during pregnancy, as they have a proven track record and more safety data than the newer drugs.

Medication such as valproic acid and carbamazepine, have been observed to be harmful to babies and contribute to birth defects. If a woman taking valproic acid as a treatment to BD, and becomes pregnant, her doctor may alter her medication or adjust the dosage and prescribe folic acid in order to prevent birth defects affecting baby's brain and spinal cord development.

Carbamazepine is also avoided during pregnancy, as it not only poses risks to the unborn baby, but can also cause complications such as a rare blood disorder and liver failure to mother.

Some antipsychotics such as aripiprazole (Abilify), haloperidol (Haldol), risperidone (Risperdal), quetiapine (Seroquel), and olanzapine (Zyprexa), if taken in late pregnancy may cause the baby to experience abnormal muscle movements, called extrapyramidal signs (EPS), or withdrawal symptoms at birth.

Other Treatment Considerations for Women

Women who intake valproic acid must visit doctors regularly for monitoring, as valproic acid may sometimes increase levels of the male hormone testosterone and lead to polycystic ovary syndrome (PCOS).

Taking lithium may lead to low thyroid hormone levels in some women, which can trigger symptoms of bipolar disorder. If thyroid hormone is low, thyroid hormone medication is required. Other side effects of lithium include:

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drowsiness, dizziness, frequent urination, headache, constipation.

Sometimes symptoms worsens in pregnant women and require urgent treatment, then electroconvulsive therapy (ECT) is used as it may provide a safer option than medications for their unborn babies. During ECT, doctors continuously monitor the baby's heart rate and levels of oxygen for potential problems, which can be treated if necessary.

Pregnant women and women in the postpartum period who have bipolar disorder can also be benefitted from:

- Psychotherapy
- Stress management
- Regular exercise

Women who have bipolar disorder and are considering having a baby, they should consult with doctors well before conceiving to develop the best treatment during conception, pregnancy, and new motherhood.