

Bipolar Disorder in Women: Everything You Need to Know

Khairat Saif*

Department of Biosciences, Birla Institute of Technology, Mesra, India

INTRODUCTION

Bipolar disorder is a mental illness marked by extreme and abrupt changes in mood, energy, and activity levels.

Bipolar disorder affects 4.4 percent of American adults at some point in their lives, according to the National Institute of Mental Health. Bipolar disorder is a serious illness that can impair your capacity to function. However, there are a variety of effective therapies and strategies available to assist you or someone you love in managing symptoms and general health. As a woman, I'm dealing with bipolar disorder. Women's bipolar disorder may be affected by their reproductive cycles and hormones. In 77 percent of women with bipolar illness, hormonal variations linked with menstruation, pregnancy, and menopause might alter or worsen symptoms including mood instability, according to one study [1,2].

PMS and Periods

During the premenstrual period, many women (adults and adolescents) may experience more frequent and severe mood swings. Premenstrual dysphoric disorder (PMDD), a condition with symptoms similar to PMS but considerably more severe, affects 15 to 27 percent of women with bipolar illness.

Even if the symptoms aren't severe enough to be classed as PMDD, 44–65 percent of women with bipolar disorder exhibit mood abnormalities connected to their menstrual cycle. The premenstrual period seems to pose an especially heightened risk for depressive episodes as well [3].

Pregnancy

The evidence on whether pregnancy worsens or improves bipolar illness symptoms is mixed. Regardless, we understand that managing your health at this time can be extremely difficult. Some pregnant women use their medications throughout their pregnancy, while others quit for a short time, owing to the risk of exposing the foetus to psychoactive substances.

The decision to keep or stop taking a medicine is usually determined by comparing the potential hazards of the medication to the pregnancy against the advantages of the medication to the mother [4].

Mood stabilisers like valproate and carbamazepine, which are often prescribed for bipolar disorder, are considered dangerous to take

during pregnancy. When lithium is used after the first trimester, it is generally considered to be safer. Lamotrigine (Lamictal) is a mood stabiliser that has been proved to be safe during pregnancy.

If you choose to breastfeed, similar precautions should be made, however the medications to be aware of may differ. For some women with bipolar disorder, the postpartum period (the time after childbirth) can be difficult. Relapse rates are higher, and the risk of psychosis is higher, according to research. According to a 2015 study, 66 percent of women who stopped taking their drugs during pregnancy relapsed after giving birth, compared to only 23 percent of women who maintained taking their medications [5].

Working with your OB-GYN and mental health physician to make decisions and manage your treatment during pregnancy and beyond is the best way to go. What works for one individual may not work for you.

Menopause

Menopause has a profound effect on many women's minds and bodies, so it's not surprising that symptoms of bipolar illness may develop. Though further research into the link between menopause and bipolar disorder is needed, research published in 2016 reveals that lower oestrogen levels are likely to be to blame for worsening symptoms.

Many women experience more acute but brief bouts of mania and sadness. After menopause, about 20% of women experience worse mood issues. They discovered that menopausal transitions were associated with a higher risk of depression worsening in a 2020 study. During menopause, some women have symptoms they've never had before, which can be unsettling or bewildering.

It's also difficult to tell if your symptoms are caused by hormonal changes during menopause, bipolar disorder, or stressful life events that tend to occur around menopause. Fortunately, you don't have to figure it all out on your own; instead, enlist the help of your treatment team.

You should look for a gynaecologist who is willing to work with the doctor who is treating your bipolar condition.

Open communication between both sides of your treatment team doesn't necessarily imply they'll chat to each other on a frequent basis, but it can provide each of them access to any changes the

*Correspondence to: Khairat Saif, Department of Biosciences, Birla Institute of Technology, Mesra, India, E-mail: khairatif@gmail.com

Received: August 31, 2021, Accepted: September 22, 2021, Published: September 29, 2021

Citation: Saif K (2021) Bipolar Disorder in Women: Everything You Need to Know. *Bipolar Disord* 7: 159. doi:10.35248/2472-1077.21.7.159.

Copyright: © 2021 Saif K. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

other is making to your treatment plan. It can also help if you're forceful and proactive about communicating test results and prescriptions with your doctors so they're aware of everything going on with your health.

Managing the Stigma

When it comes to how women handle bipolar disorder, it's not just about hormones and physiology. It's also important to consider stigma. In a 2013 survey, 50 percent of those with bipolar disorder claimed preconceptions about the disorder had harmed their self-esteem. Both men and women participated in this study.

Internalizing the stigma associated with bipolar disorder can be just as destructive to your mental health as hormonal changes. Internalized stigma, on the other hand, can be overcome via support, counselling, and advocacy. Bipolar disorder can be a part of who you are without completely defining who you are. Building self-esteem, identity, and interpersonal interactions can help you overcome societal stigmas.

REFERENCES

1. <https://psychcentral.com/bipolar/bipolar-disorder-symptoms-in-women#about-bipolar-disorder>
2. Fernandez ME, Breen LJ, & Simpson TA. Renegotiating identities: Experiences of loss and recovery for women with bipolar disorder. *Qual Health Res.* 2014; 24(7): 890-900.
3. Perich T, Fraser I, Ussher J. Extreme emotions-the impact of reproductive life events for women living with bipolar disorder. *Health Care Women Int.* 2021: 1-14.
4. Perich T, Ussher J, Parton C. Is it menopause or bipolar: A qualitative study of the experience of menopause for women with bipolar disorder. *BMC Women's Health.* 2017: 17(1); 1-9.
5. Otto, MW, Reilly-Harrington, NA Knauz, RO Henin, A Kogan JN, Sachs GS. *Living with Bipolar Disorder: A Guide for Individuals and Families Updated Edition.* Oxford University Press. 2011.