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Bipolar Disorders: Epidemiology

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Bipolar disorders are mental health disorders characterized by alternating depressive and manic episodes. Bipolar disorders are thought to exist on a spectrum that includes bipolar I disorder, bipolar II disorder, and cyclothymia. To be diagnosed with bipolar I disorder, an individual must have experienced at least one manic episode, which is defined as a period of elevated, irritable, or expansive mood lasting most of the day, nearly every day, for at least 1 week. In addition, the individual must experience at least three of the following symptoms for elevated or expansive mood, or four of the following symptoms for irritable mood: (1) inflated self-esteem or grandiosity, (2) decreased need for sleep, (3) more talkative than usual or pressure to keep talking, (4) flight of ideas or racing thoughts, (5) distractibility, (6) increased goal-directed activity or psychomotor agitation, and (7) excessive involvement in activities that have a high potential for painful consequences.

Individuals with bipolar I disorder often also experience major depressive episodes characterized by at least five of the following nine symptoms: (1) depressed mood, (2) lack of interest in things the individual used to enjoy, (3) weight loss or gain or increased or decreased appetite, (4) insomnia or hypersomnia, (5) psychomotor agitation or retardation, (6) fatigue or loss of energy, (7) feelings of worthlessness or excessive guilt, (8) diminished ability to think or concentrate, and (9) recurrent thoughts of death. At least one of the five symptoms has to be depressed mood or lack of interest in things, and the symptoms have to be present all day, nearly every day, for 2 weeks or more.

People with a diagnosis of bipolar II have depressive mood episodes but experience hypomanic, rather than manic, episodes. A hypomanic episode is defined with the same symptoms as a manic episode, but the duration is more than 4 days rather than more than 7 days. Finally, people with cyclothymia experience numerous periods of time when they have hypomanic and depressive symptoms, but these symptoms do not meet criteria for either hypomanic or major depressive episodes. This experience must be present for at least 2 years in adults or 1 year in children and adolescents and must be present at least half of the time with no periods of 2 months or longer between episodes. In studies examining prevalence of bipolar disorder, cyclothymia is often not included. Rather, researchers include subsyndromal bipolar disorder, which includes symptoms of depression and manic symptoms that do not reach the levels of major depression or mania.

Epidemiologists, researchers who study how common diseases or disorders are in the population, define the proportion of people who have bipolar disorder in two related, but distinct, ways. The *prevalence* of bipolar disorder refers to the percentage of people who have a bipolar disorder within a given time frame. Two common time frames are "lifetime" and "12 month." Lifetime prevalence refers to the percentage of people who meet criteria for bipolar disorder at any point in their lives, whereas 12-month prevalence refers to the percentage of people who meet criteria for bipolar disorder in any given year. *Incidence* refers to the percentage of people who have an onset, or first development, of the disorder within a given time frame. For example, 12-month incidence refers to the percentage of people who develop bipolar disorder in any given year.

U.S. Adult Population

There have been several nationally representative epidemiology studies that have examined the prevalence and incidence of bipolar disorder in adults in the United States. Traditionally, the lifetime prevalence of bipolar disorder was estimated to be approximately 1.0% of the population. However, more recent epidemiological studies have found higher rates of bipolar

disorder. Estimates for lifetime prevalence of bipolar I disorder range from 0.2% to 3.3%. Twelve-month prevalence estimates range from 0.4% to 1.3%. For bipolar II disorder, estimates of lifetime prevalence range from 0.2% to 1.7%, and estimates for 12-month prevalence range from 0.4% to 0.8%. For subsyndromal bipolar disorder or cyclothymia, lifetime prevalence rates range from 1.4% to 5.1%, and 12-month prevalence rates range from 1.2% to 1.4%.

Some estimates are particularly noteworthy due to the large sample sizes and rigorous data collection methods of their studies. For example, the National Comorbidity Survey-Replication ($N = 9,282$), conducted between 2001 and 2003, found a lifetime prevalence of 1.1% and a 12-month prevalence of 0.6% for bipolar I disorder, a lifetime prevalence of 1.1% and a 12-month prevalence of 0.8% for bipolar II disorder, and a lifetime prevalence of 2.4% and a 12-month prevalence of 1.4% for subthreshold bipolar disorder. Overall, the lifetime prevalence of any bipolar disorder was 4.4%, and the 12-month prevalence of any bipolar disorder was 2.8%. The National Epidemiological Survey of Alcohol and Related Conditions ($N = 43,093$), conducted in 2001–2002, found a lifetime prevalence of 3.3% and a 12-month prevalence of 2.0% for bipolar I disorder, a lifetime prevalence of 1.1% and a 12-month prevalence of 0.3% for bipolar II disorder, and a lifetime prevalence of 2.5% and a 12-month prevalence of 1.8% for subsyndromal bipolar disorder.

Prevalence in Non-U.S. Countries

Like the large-scale epidemiological studies in the United States, several studies have attempted to examine the lifetime and 12-month prevalence of bipolar disorders in community samples from countries in Europe, Asia, Australia, the Middle East, and Africa. One study, the World Mental Health Study, included 11 countries and found a lifetime prevalence rate of 0.6% and a 12-month prevalence rate of 0.4% for bipolar I disorder, a lifetime prevalence rate of 0.4% and a 12-month prevalence rate of 0.3% for bipolar II disorder, and a lifetime prevalence rate of 1.4% and a 12-month prevalence rate of 0.8% for subsyndromal bipolar disorder. The lifetime prevalence rates for bipolar I disorder were 0% in Bulgaria and India, 0.1% in Japan and Romania, 0.3% in China, 0.4% in Lebanon, 0.7% in Mexico and Colombia, 0.9% in Brazil, and 1.0% in New Zealand. Twelve-month prevalence rates for bipolar I disorder were similar, with 0% in Bulgaria, India, Japan, and Romania; 0.2% in China; 0.4% in Lebanon and Colombia; 0.5% in Mexico; and 0.6% in Brazil and New Zealand.

The lifetime rates for bipolar II disorder were found to be 0% in Bulgaria and India, 0.1% in Japan and Mexico, 0.2% in China and Brazil, 0.3% in Romania, 0.4% in Colombia, 0.5% in Lebanon, and 0.7% in New Zealand. Twelve-month prevalence rates for bipolar I disorder were similar, with 0% in Bulgaria, India, and Japan; 0.1% in Mexico; 0.2% in China and Brazil; 0.3% in Romania and Colombia; and 0.5% in Lebanon and New Zealand. The lifetime rates for subsyndromal bipolar disorder were 0.1% in India, 0.2% in Bulgaria, 0.5% in Japan, 1.0% in China and Mexico, 1.1% in Brazil, 1.4% in Romania, 1.5% in Colombia and Lebanon, and 2.1% in New Zealand. Twelve-month prevalence rates for subsyndromal bipolar disorder were similar, with 0.1% in India and Bulgaria, 0.2% in Japan, 0.5% in Mexico, 0.7% in Romania and Brazil, 0.8% in China, and 1.1% in Lebanon and New Zealand.

Prevalence in Children and Adolescents

Clinicians and researchers have become increasingly interested in bipolar disorder in children and adolescents. However, most epidemiological studies have included only adults older than

18 years of age, making it difficult to accurately assess the prevalence of bipolar disorder in youths. At the same time, bipolar disorder may be difficult to diagnose in children and adolescents because many adolescents experience a depressive episode first and are not diagnosed with bipolar disorder until they have a manic episode later in life. Best estimates range from a 0.2% lifetime prevalence of any bipolar disorder in the Great Smoky Mountains Study (ages 1–13 years) to 2.9% for bipolar I disorder and bipolar II disorder in the National Comorbidity Survey—Adolescent Supplement (ages 13–18 years). Data in younger children are even sparser, with studies suggesting that the rate of mania in younger children is about 1%. Reliable data on bipolar II, cyclothymia, or subsyndromal symptoms in children are missing from the literature.

Incidence of Bipolar Disorder

The incidence of bipolar disorder varies with age. Traditionally, it has been thought that bipolar disorder tends to have an onset in late adolescence or early adulthood. Several studies have shown that the highest rates of bipolar disorder are among people in the age range of 18 to 21 years or 18 to 25 years, suggesting that there is a higher incidence rate in these younger cohorts. However, many of these studies, like epidemiological studies in general, have included only adults 18 years of age and older. Research that has included children and adolescents suggests that the highest incidence rate is in 14-year-olds, and recent research suggests that the mean age of onset for bipolar disorder is 18 years. Overall, the National Epidemiological Survey of Alcohol and Related Conditions study found a 12-month incidence rate of 0.53% for bipolar I disorder and 0.21% for bipolar II disorder.

See also [Bipolar Disorders: Cultural Factors](#); [Bipolar Disorders: Diagnosis](#); [Bipolar Disorders: Gender and Sex Differences](#); [Bipolar Disorders: Lifespan Perspectives](#); [Bipolar Disorders in Childhood](#); [Bipolar II Disorder](#); [Cross-Sectional Research Design](#); [Cyclothymic Disorder](#); [Epidemiology](#); [Hypomania](#); [Longitudinal Research Design](#); [Mania](#); [Mixed Episode](#); [National Comorbidity Survey](#); [Representative Sample](#); [Subthreshold Diagnoses](#)

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Further Readings

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