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Bipolar Disorder

Definition

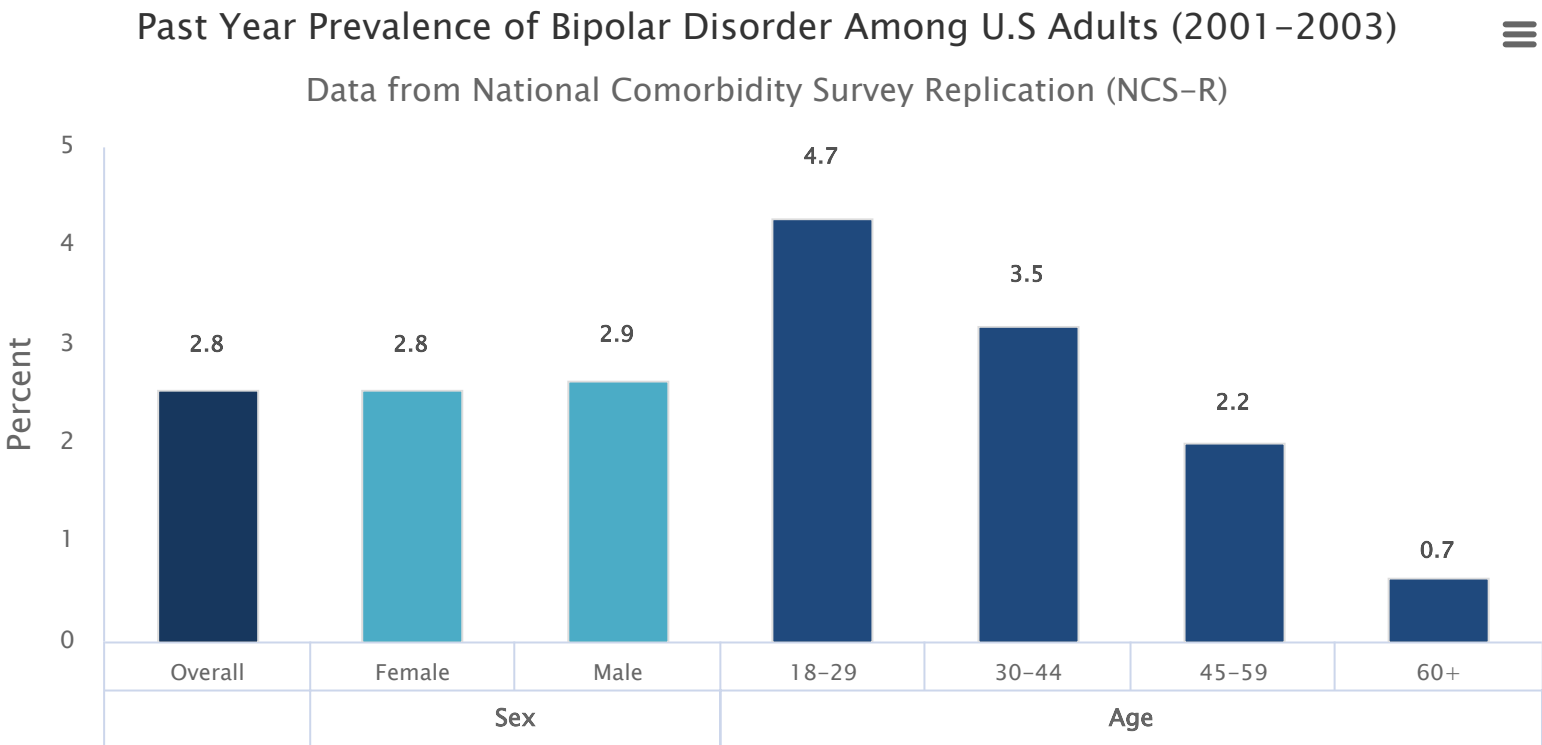
Bipolar disorder, sometimes referred to as manic-depressive disorder, is characterized by dramatic shifts in mood, energy, and activity levels that affect a person’s ability to carry out day-to-day tasks. These shifts in mood and energy levels are more severe than the normal ups and downs that are experienced by everyone.

Additional information about bipolar disorder can be found on the [NIMH Health Topics page on Bipolar Disorder](#).

Prevalence of Bipolar Disorder Among Adults

- Based on diagnostic interview data from National Comorbidity Survey Replication (NCS-R), Figure 1 shows past year prevalence of bipolar disorder among U.S. adults aged 18 or older.¹
 - An estimated 2.8% of U.S. adults had bipolar disorder in the past year.
 - Past year prevalence of bipolar disorder among adults was similar for males (2.9%) and females (2.8%).
- An estimated 4.4% of U.S. adults experience bipolar disorder at some time in their lives.²

Figure 1



Bipolar Disorder with Impairment Among Adults

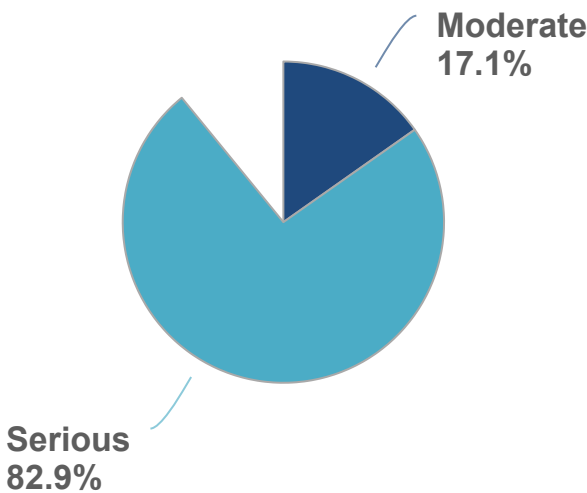
- Of adults with bipolar disorder in the past year, degree of impairment ranged from moderate to serious, as shown in Figure 2. Impairment was determined by scores on the Sheehan Disability Scale.
 - An estimated 82.9% of people with bipolar disorder had serious impairment, the highest percent serious impairment among mood disorders.³
 - An estimated 17.1% had moderate impairment.



Figure 2

Past Year Severity of Bipolar Disorder Among U.S. Adults (2001–2003)

Data from National Comorbidity Survey Replication (NCS–R)



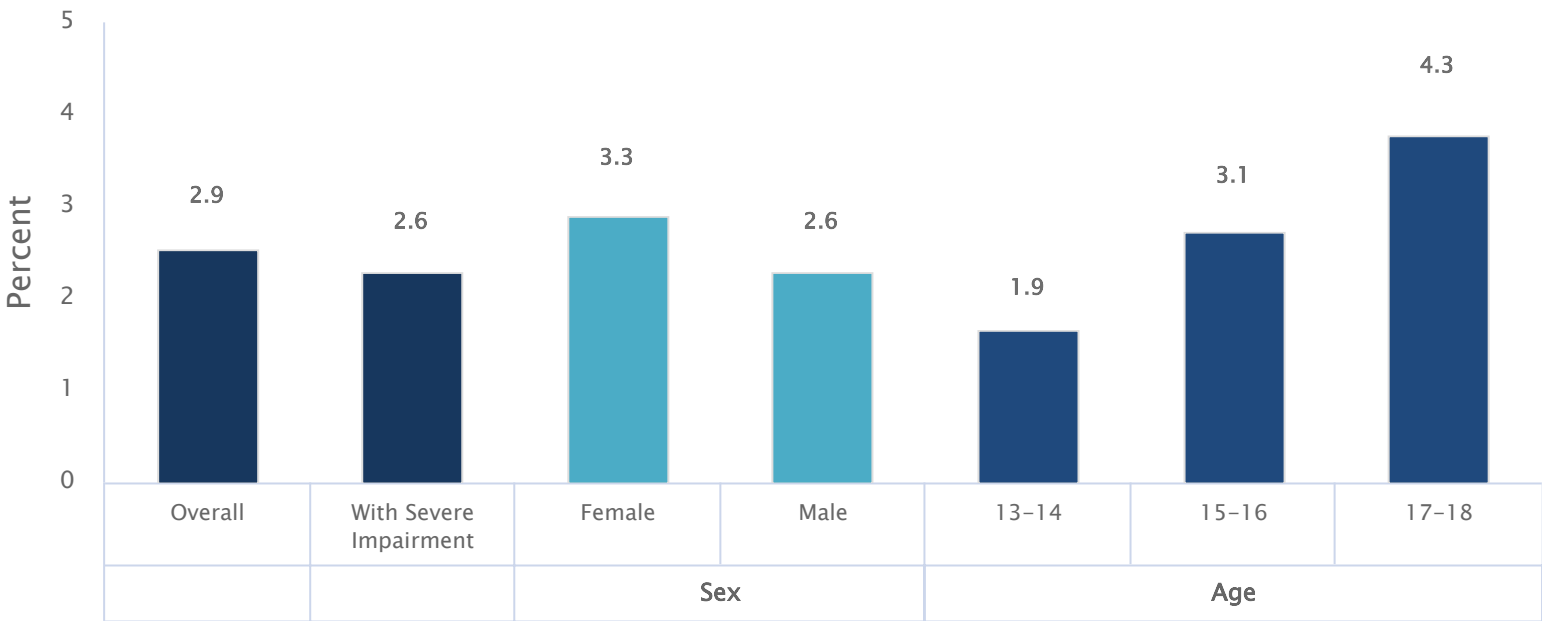
Prevalence of Bipolar Disorder Among Adolescents

- Based on diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A), Figure 3 shows lifetime prevalence of bipolar disorder among U.S. adolescents aged 13-18.
 - An estimated 2.9% of adolescents had bipolar disorder, and 2.6% had severe impairment. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria were used to determine impairment.
 - The prevalence of bipolar disorder among adolescents was higher for females (3.3%) than for males (2.6%).

Figure 3

Lifetime Prevalence of Bipolar Disorder Among Adolescents (2001–2004)

Data from National Comorbidity Survey Adolescent Supplement (NCS–A)



Data Sources

References

1. Harvard Medical School, 2007. National Comorbidity Survey (NSC). (2017, August 21). Retrieved from <https://www.hcp.med.harvard.edu/ncs/index.php>. Data Table 2: [12-month prevalence DSM-IV/WMH-CIDI disorders by sex and cohort](#).

2. Harvard Medical School, 2007. National Comorbidity Survey (NSC). (2017, August 21). Retrieved from <https://www.hcp.med.harvard.edu/ncs/index.php>. Data Table 1: [Lifetime prevalence DSM-IV/WMH-CIDI disorders by sex and cohort](#).

3. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in

4. Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010 Oct;49(10):980-9. [PMID: 20855043](#)

Statistical Methods and Measurement Caveats

National Comorbidity Survey Replication (NCS-R)

Diagnostic Assessment and Population:

- The NCS-R is a nationally representative, face-to-face, household survey conducted between February 2001 and April 2003 with a response rate of 70.9%. DSM-IV mental disorders were assessed using a modified version of the fully structured World Health Organization Composite International Diagnostic Interview (WMH-CIDI), a fully structured lay-administered diagnostic interview that generates both International Classification of Diseases, 10th Revision, and DSM-IV diagnoses. The DSM-IV criteria were used here. The Sheehan Disability Scale (SDS) assessed disability in work role performance, household maintenance, social life, and intimate relationships on a 0–10 scale. Participants for the main interview totaled 9,282 English-speaking, non-institutionalized, civilian respondents. Bipolar disorder was assessed in a subsample of 5,692 adults. The NCS-R was led by Harvard University

Survey Non-response:

- In 2001-2002, non-response was 29.1% of primary respondents and 19.6% of secondary respondents.
- Reasons for non-response to interviewing include: refusal to participate (7.3% of primary, 6.3% of secondary); respondent was reluctant- too busy but did not refuse (17.7% of primary, 11.6% of secondary); circumstantial, such as intellectual developmental disability or overseas work assignment (2.0% of primary, 1.7% of secondary); and household units that were never contacted (2.0).
- For more information, see [PMID: 15297905](#)

National Comorbidity Survey Adolescent Supplement (NCS-A)

Diagnostic Assessment and Population:

- The NCS-A was carried out under a cooperative agreement sponsored by NIMH to meet a request from Congress to provide national data on the prevalence and correlates of mental disorders among U.S. youth. The NCS-A was a nationally representative, face-to-face survey of 10,123 adolescents aged 13 to 18 years in the continental United States. The survey was based on a dual-frame design that included 904 adolescent residents of the households that participated in the adult U.S. National Comorbidity Survey Replication and 9,244 adolescent students selected from a nationally representative sample of 320 schools. The survey was fielded between February 2001 and January 2004. DSM-IV mental disorders were assessed using a modified version of the fully structured World Health Organization Composite International Diagnostic Interview.

Survey Non-response:

- The overall adolescent non-response rate was 24.4%. This is made up of non-response rates of 14.1% in the household sample, 18.2% in the un-blinded school sample, and 77.7% in the blinded school sample. Non-response was largely due to refusal (21.3%), which in the household and un-blinded school samples came largely from parents rather than adolescents (72.3% and 81.0%, respectively). The refusals in the blinded school sample, in comparison, came almost entirely (98.1%) from parents failing to return the signed consent postcard.
- For more information, see [PMID: 19507169](#)

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