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Hypersexuality in Bipolar Disorder: an overlooked symptom and its devastating consequences

Bipolar disorder is a common, recurrent illness that generally develops by early adulthood, and is associated with considerable morbidity and mortality.¹ Receiving the correct diagnosis of bipolar disorder still takes an average of 9.5 years, according to the Bipolar Commission.² Not identifying and appropriately managing cases of bipolar disorder early in the course of the condition is associated with adverse clinical and functional consequences for patients,³ and it is at this stage that serious damage is often done as a result of behaviour driven by hypersexuality.

Hypersexuality is a key symptom of bipolar disorder that is very rarely talked about, and even more rarely researched. Goodwin and Jamison (2007) reviewed increased sexuality associated with bipolar disorder in adults and found a range of values from 25 - 80%, with hypersexuality observed or reported in 57% of manic patients.⁴ In their 1969 review of Manic-Depressive Illness, Winokur and colleagues found that 65% of manic episodes were characterised by increased sexuality.⁵ High quality research on how bipolar disorder affects sexuality is sparse. Kopeykina and colleagues conducted a review of hypersexuality and couple relationships in bipolar disorder in 2016 and found only three studies.⁶ They noted that there was a gender difference in incidence of 'risky sexual behaviour', with women reported to engage in more dangerous behaviours during manic/hypomanic episodes compared to men with bipolar, though this could reflect the fact that sexual encounters hold more threat of rape or sexual assault for women than men. They highlighted that the existing literature is outdated and lacks a consistent definition of hypersexuality, calling for novel research "to address sexual symptomatology in bipolar disorder within the context of current sexual, cultural and gender norms."

Viera and colleagues reviewed 'the sexual and reproductive health of women with bipolar disease' in 2022,⁷ and highlighted the threats to women's health including an increased incidence of unsafe sexual practices and sexually transmitted infections (STIs) plus a higher risk of unwanted pregnancies and abortions. In 2023 a Danish group conducted a small qualitative pilot study on bipolar and sexuality, interviewing five participants.⁸ They noted that changes in sexual drive may act as a trigger or early warning of new episodes, underlining the clinical relevance of addressing sexuality in individuals with bipolar. However, people with experience of the condition have not been asked to describe their understanding of how it affects them: is it experienced as heightened sexual interest plus increased energy and

diminished inhibition? Or can it be viewed as a feature of increased impulsiveness and risk-taking?

Changes in sexual drive are significant enough to be included in the diagnostic criteria for bipolar in current diagnostic classification systems. ICD-11 does not specifically mention hypersexuality under 'Bipolar type 1 disorder, current episode manic', only referring to 'impulsive or reckless behaviour' as a characteristic symptom, but it does list "an increase in sexual drive or sociability under a 'hypomanic' episode. DSM-5 includes it under two of the seven key symptoms of mania: Increase in goal-directed activity (either socially, at work or school, or sexually) and Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments). While the inclusion of hypersexuality is helpful, we believe the language used could be improved as the terminology of 'sexual indiscretions' appears to trivialize hypersexual behaviour and may encourage the lack of serious attention paid to it both by clinicians and researchers.

We have identified the limited research on hypersexuality, particularly its prevalence and its impact including trauma from sexual assault or the damage caused to loved ones, friends or strangers. To our knowledge there has been no research which examines the impact of hypersexuality on the risk of developing post-traumatic stress disorder (PTSD) and other psychological consequences which warrant further investigation. The Bipolar Commission's survey on hypersexuality clearly demonstrated that this symptom arises as part of a hypomanic or manic episode yet there are no qualitative investigations into how this behaviour manifests within the context of mania or hypomania. If research led to better descriptions of how it presents this could aid its early identification and help people with bipolar to recognise it as a harbinger of an episode of high mood. Such knowledge would be useful in the self-management of the condition. The research literature also ignores that this is a significant problem for people with Bipolar type 2, with only one paper from Australia highlighting this.⁹ Clearly there is a need for researchers to focus on this symptom and how it affects people on the bipolar spectrum differently.

Improvements in training and awareness should begin with an updating of the language used to describe hypersexuality in the diagnostic manuals. Considering this symptom could lead to greatly increased vulnerability to rape and sexual assault, especially for women, we believe it should not be described in the DSM as causing people to engage in "sexual indiscretions". A descriptor such as "an unusual or excessive preoccupation with or participation in sexual activity" would be more accurate and appropriate. The accompanying

phrase stating that such activities “have a high potential for painful consequences” could be improved by substituting “harmful” for “painful”. More qualitative or mixed methods research might reveal the true extent of how much harm this symptom can cause, especially to women. It could provide an evidence base to inform training programmes for professionals and new modules on bipolar psychoeducation courses. In terms of relapse prevention, there is value in investigating systematically how people with bipolar experience this symptom and whether it can be viewed as a warning sign of the ascent into hypomania or mania. With only one very small qualitative study investigating the experience of hypersexuality from the viewpoint of people with bipolar themselves, we believe there is a need to explore their knowledge of how it affects them and research the psychological impact it can have so these issues can be better addressed by healthcare professionals in the future.

1,000 words

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