

## Bipolar activity revealed!

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Bipolar disorder has been found to be “the sixth most disabling medical condition”(Murray & Lopez, 1997). Bipolar patients often have other medical conditions such as obesity, diabetes and heart disease and both depression and mania are phases that are associated with significant problems in activity. Therefore, one cannot help but realize the need to look into more depth the complex relationship between physical activity and bipolar disorder. Even though many studies in the past have tried to look at this relationship, it is only recently that advances in accelerometer technologies are beginning to help us to measure accurately activity patterns in bipolar disorder.

A recent study by Janney and colleagues (2013) used accelerometers that were placed on an elasticized belt over the hip of each participant and objectively measured the duration and intensity of physical activity for one week. Their selected sample of 60 adult outpatients with bipolar disorder was compared with a general sample of mental health service users and non-users. Depressive and manic/hypomanic symptoms were also measured before and after

the one-week observation period. Most Bipolar patients were asymptomatic. The results of the study suggested that adults with bipolar disorder were significantly less active than the compared sample of patients from a broader and less severe spectrum of mental health disorders.

The following were found for patients with bipolar disorder:

78% (13.5 hours per day) of the monitoring time was spent in sedentary (inactive) physical behaviour

21% (215 minutes per day) of the time was spent in light physical activity

1,4% (14 minutes per day) of the time was spent in moderate/vigorous activity Males engaged in 9 more minutes of moderate/vigorous activity than females.

Interestingly, none of the participants (bipolar or not) achieved the nationally recommended activity guidelines (150 minutes/week of moderate/vigorous activity).

However, based on the study design, it is not yet possible to establish a causal relationship between lack of physical activity and risk of common medical comorbidities in adults with bipolar disorder. This is something that has to be investigated in future studies. Moreover, the accelerometer used could not record the type of physical activity performed and if, for example, you were a swimmer or you were only exercising your upper body then the accelerometer wouldn't be much of a use. Finally, the participants may not have been representative enough given that the majority were females, middle-aged, and overweight.

Previous work from our lab has highlighted the utility of activity sensors for monitoring symptomatic states in Bipolar disorder, and indeed we find the addition of activity sensors invaluable in our treatment and symptom monitoring programs.

How active would you say you are?

Are you using any of the commercial activity sensors that are readily available to monitor your bipolar disorder?

What have you found most helpful?

We are looking forward to reading your experiences.

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