

REVIEW

Gender Differences in the Relationship Between the Subjective Experience of Bipolar Disorder and Treatment Adherence

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ABSTRACT

Objective: This paper examines gender differences in the relationship between the subjective experience of bipolar disorder (BD) and treatment adherence.

Methods: A descriptive literature review was conducted using PubMed, PsycINFO, and Google Scholar with terms including “bipolar disorder,” “gender differences,” “treatment adherence,” and related keywords. Studies in English were included without time restriction.

Results: Gender influences both the manifestation and subjective experience of BD, as well as treatment adherence. Women tend to experience more depressive episodes, rapid cycling, and show greater willingness to collaborate with therapists, whereas men present with more intense manic episodes, higher substance abuse rates, and greater difficulty accepting diagnosis and treatment. Attachment theory provides a useful framework for understanding these differences, highlighting the influence of attachment styles on treatment adherence and therapeutic relationships.

Conclusions: Gender-sensitive interventions are crucial to improve adherence and therapeutic outcomes in BD. Future research should include populations with diverse gender identities to enhance personalized care.

Keywords: Bipolar disorder, treatment adherence, gender differences, attachment theory.

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INTRODUCTION

Bipolar disorder (BD), characterized by fluctuations between manic and depressive episodes, affects more than 1-2% of the global population, significantly impacting quality of life, interpersonal relationships, and overall functioning. Although both pharmacological and psychotherapeutic treatments are effective,

patient adherence to treatment remains one of the primary challenges in managing the disorder.

Recent studies have highlighted the role of attachment theory in mental health, while there is growing interest in exploring gender differences in treatment compliance and the subjective experience of the disorder. Women with BD often present with different attachment patterns, symptom expression, and treatment responses

compared to men. Similarly, issues related to gender identity and social roles influence the course of the illness and the quality of the therapeutic relationship [1].

MATERIALS AND METHODS

The present study conducted a systematic literature review to investigate gender differences in the relationship between the subjective experience of bipolar disorder (BD) and treatment adherence. Relevant studies were identified through searches in the PubMed, PsycINFO, and Google Scholar databases, using the following keywords: “bipolar disorder and gender differences,” “bipolar disorder and illness experience,” “bipolar disorder and treatment adherence,” “bipolar disorder and childbirth,” and “medication adherence rates and bipolar disorder in men and women.” Only publications written in English were included, with no time restrictions applied.

The specific aims of the review were: (a) to emphasize the relationship between treatment adherence and therapeutic outcomes in individuals with bipolar disorder, (b) to elucidate the role of gender as a determinant in illness management, and (c) to illustrate how understanding adherence in conjunction with gender-related characteristics can inform the delivery of personalized care.

Factors Related to Treatment Adherence in Individuals with Bipolar Disorder

A variety of factors have been identified as related to treatment adherence in populations with bipolar disorder (BD). One

significant factor is gender, which appears to influence both the subjective experience of the illness and the treatment process [2,3]. This difference may be attributed to higher comorbidity rates and diagnostic frequencies in women with BD, as well as biological and/or hormonal and possibly psychosocial factors [4]. However, very little research has specifically addressed gender differences in the subjective experience of the illness among individuals with BD. A positive subjective experience of the illness has been shown to serve as an important and effective motivator for patients to adhere to their treatment plan [5,6,7,8], whereas a negative subjective experience often leads to decreased treatment compliance.

The subjective experience of illness includes factors such as the level of social support, the experience of positive or negative medication effects, and perceived stigma. Previous studies have shown that women are particularly affected by concerns such as weight gain—a potential side effect of medication [9,10], and a greater desire for social support compared to men [11].

Another factor that may affect treatment adherence is the use of drugs and alcohol as a form of self-medication. This is especially important given that individuals with BD, compared to those with other mental illnesses, have among the highest rates of comorbid substance and alcohol abuse [12, 3]. In line with trends in the general population, men with BD have higher rates of substance abuse than women with BD and may also experience more problems related to violence [13].

Gender Differences in the Experience of Bipolar Disorder

The study of bipolar disorder (BD) through the lens of gender reveals significant differences in both symptom manifestation and in how individuals experience and make sense of the illness. These differences arise from a combination of biological, psychological, and sociocultural factors, and they have a direct impact on access to treatment, adherence, and therapeutic effectiveness.

Epidemiological data indicate that although BD occurs with similar frequency in men and women (1:1 ratio; [14], the patterns of expression differ. Women tend to exhibit higher rates of rapid cycling, more depressive episodes, and increased comorbidity with anxiety and eating disorders [15,16].

In contrast, men more frequently experience manic episodes, greater substance abuse, and a heightened risk of suicidal behavior – especially when they fail to recognize or accept the diagnosis [17].

The subjective experience of the disorder also differs in terms of illness perception and self-concept. Women often report intense feelings of guilt and worthlessness, particularly when they feel they are not fulfilling social roles such as motherhood, caregiving, or professional stability [18]. Conversely, men tend to underexpress emotions, avoid seeking help, and attribute symptoms to external causes – factors that contribute to lower treatment adherence [19].

Notable differences are also found in treatment attitudes. Research indicates that women demonstrate greater adherence to both medication and psychotherapy, while men are

more likely to discontinue treatment and to neglect mental health professionals' recommendations [20]. This difference is related to both attachment style and social beliefs surrounding gender and vulnerability.

In addition, transgender and non-binary individuals with BD represent an under-researched yet important population. Early evidence suggests higher rates of mood disorders and significant barriers to accessing affirming and safe care, highlighting the urgent need to incorporate gender identity issues in future research and clinical practice [21].

Integrating gender as a variable in the understanding of bipolar disorder allows for a more accurate and personalized approach. This underscores the need for gender-sensitive interventions, where understanding social roles and subjective experiences enhances treatment effectiveness and the therapeutic relationship.

(A) Clinical Differences Between Men and Women with Bipolar Disorder

- Manic episodes occur more frequently in men, whereas depressive episodes are more common in women.
- Existing evidence suggests that men typically present with manic episodes, while women tend to experience major depressive episodes.
- The onset of bipolar disorder is often later in women compared to men.
- Women have a higher likelihood of experiencing mixed episodes, seasonal episodes, and rapid cycling compared to men.

- Additionally, women with bipolar disorder exhibit greater comorbidity with physical illnesses, particularly thyroid disorders.
- Substance abuse comorbidity is more prevalent in men, whereas women are more likely to present with comorbid eating disorders and anxiety disorders, although the latter association requires further confirmation.

(B) Gender Differences in Treatment Adherence and Factors Associated with Non-Adherence

Factors associated with non-adherence to treatment in populations with bipolar disorder include:

- Comorbid alcohol and drug abuse
- Family status
- Hospitalization history
- Suicide attempts
- Age at disease onset
- Family psychiatric history
- Health status
- Functional level
- Residual cognitive dysfunction
- Lower educational attainment
- Gender

Female gender is correlated with better adherence to pharmacological treatment in bipolar disorder.

Substance abuse, which is more frequent in men, is associated with non-adherence. Among bipolar patients, alcohol and other substance use rates are approximately 38% and 25%, respectively.

The subjective experience of illness is another factor influencing treatment adherence.

This includes:

- Level of social support
- Experience of positive or negative medication effects
- Perceived stigma [15].

Research indicates gender differences in these subjective factors; women tend to have greater concerns about weight gain, potential medication side effects, and desire more social support compared to men.

There is a paucity of data on the effects of medication use for bipolar disorder during pregnancy. Available studies report conflicting findings, highlighting the need for further research.

Attachment Theory and Bipolar Disorder

Medication adherence refers to the extent to which a patient correctly follows the prescribed medication regimen. Accurate measurement of adherence is critical for the effectiveness of pharmacotherapy and for avoiding adverse effects or relapses.

Attachment theory, originally developed by Bowlby (1969), emphasizes the importance of early caregiving relationships and the formation of emotional connection patterns that influence stress management and mental health throughout life. In the context of bipolar disorder (BD), attachment plays a central role in understanding both the subjective experience of the illness and treatment response [22].

Attachment styles (secure, avoidant, anxious/ambivalent, disorganized) influence how individuals manage their mental health, relate to therapists, and comply with treatment recommendations [23]. Patients with a secure attachment style tend to demonstrate better

treatment adherence, greater emotional regulation abilities, and more effective use of social support networks. In contrast, individuals with insecure attachment styles often struggle more with managing BD episodes, exhibit increased distrust toward healthcare professionals, and face a higher risk of treatment discontinuation [19, 24].

Moreover, attachment style affects how individuals perceive and make meaning of their illness. For instance, those with an anxious attachment style often exhibit excessive concern about their health and a heightened fear of abandonment, which may intensify symptoms of anxiety and depression during episodes [25]. Understanding and assessing attachment styles can serve as a valuable tool for therapists in personalizing treatment and developing strategies to strengthen the therapeutic relationship.

Integrating attachment theory into the management of BD opens new pathways for developing interventions that aim not only to reduce symptoms, but also to improve quality of life and functioning through strengthening relationships and therapeutic collaboration.

RESULTS

The investigation of gender differences in the relationship between the subjective experience of bipolar disorder (BD) and treatment adherence reveals complex interactions that critically influence clinical outcomes. The data confirm that gender acts as a crucial factor shaping illness perception and management, simultaneously affecting attachment style and treatment compliance.

Specifically, women with BD, although often exhibiting greater sensitivity in symptom expression and higher levels of depressive episodes [15], also demonstrate a stronger willingness for therapeutic collaboration and adherence to medication [20].

This tendency is likely linked to more secure or anxious attachment styles that encourage seeking support [23]. In contrast, men tend to exhibit more avoidant or disorganized attachment styles, which are associated with mistrust, lower treatment adherence, and an increased risk of treatment discontinuation [19,24].

The gender dimension is further reinforced by sociocultural factors that define roles, expectations, and the expression of mental illness. Social norms that discourage emotional expression in men may exacerbate symptom minimization and reluctance to seek help, while women often experience greater pressure to comply due to the multiple social roles they are expected to fulfill [18].

Additionally, the importance of attachment as a framework for understanding the therapeutic relationship is confirmed. Assessing and targeting the reinforcement of secure attachment patterns can contribute to increased treatment adherence and a reduction in relapse episodes [25]. Training and sensitizing therapists regarding gender differences and attachment styles may improve treatment personalization and support more humane and effective care.

Finally, further research in populations with diverse gender identities, such as transgender and non-binary individuals, is deemed necessary to address knowledge gaps and develop appropriate interventions [21].

DISCUSSION

This paper examines gender differences in the relationship between the subjective experience of bipolar disorder (BD) and treatment adherence. Through a review of relevant literature, it is highlighted that gender is a determining factor both in the manifestation and experiential perception of BD, as well as in treatment response and compliance. Women more frequently experience depressive episodes, rapid cycling, and show greater willingness to collaborate with therapists, while men tend to have more intense manic episodes, higher rates of substance abuse, and greater difficulty accepting diagnosis and treatment. Attachment theory provides a framework for understanding these differences by emphasizing the role of attachment styles in mental health, therapeutic relationships, and treatment effectiveness. Furthermore, there is a clear need for gender-sensitive interventions and further research in populations with diverse gender identities. Integrating these insights into clinical practice can significantly improve the quality of life for individuals with bipolar disorder.

The study explores how gender influences the subjective experience of BD and treatment adherence, synthesizing literature data and proposing directions for clinical application and future research. Factors such as social support, medication side effects, and stigma are particularly impactful, with women often more affected by concerns such as weight gain and desire for social support. Substance abuse, especially among men, is another critical factor influencing adherence [21].

Attachment styles (secure, avoidant, anxious/ambivalent, disorganized)

significantly affect how individuals manage their mental health, interact with therapists, and adhere to treatment. Securely attached patients tend to have better treatment adherence and emotional regulation, while insecure attachment is linked to mistrust and treatment discontinuation.

Gender differences also emerge in symptom expression and subjective illness experience. Women report higher rates of depressive episodes and comorbid anxiety or eating disorders, while men have more frequent manic episodes, substance abuse, and riskier behaviors. Sociocultural norms and gender roles further shape these experiences and treatment attitudes.

The paper underscores the importance of incorporating attachment theory and gender considerations in treatment, advocating for personalized, gender-sensitive psychiatric care and the inclusion of transgender and non-binary individuals in future research.

CONCLUSION

The relationship between attachment and treatment in individuals with bipolar disorder is multifaceted, with gender playing a critical role both in the subjective experience and the therapeutic attitude of the individual. People with insecure attachment exhibit lower levels of adherence, while women often manage the emotional intensity of the disorder differently, showing greater emotional awareness but also higher susceptibility to depressive episodes [26].

There is an urgent need for gender-sensitive psychiatric interventions and for strengthening the therapeutic relationship

based on attachment style. Understanding attachment, combined with gender

characteristics, can provide valuable tools for personalized and more effective care.

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ΑΝΑΣΚΟΠΗΣΗ

Διαφορές φύλου στη σχέση μεταξύ της υποκειμενικής εμπειρίας της διπολικής διαταραχής και της συμμόρφωσης στη θεραπεία

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ΠΕΡΙΛΗΨΗ

Σκοπός: Η παρούσα εργασία διερευνά τις διαφορές φύλου στη σχέση μεταξύ της υποκειμενικής εμπειρίας της διπολικής διαταραχής (ΔΔ) και της θεραπευτικής προσήλωσης.

Μέθοδοι: Πραγματοποιήθηκε περιγραφική ανασκόπηση της διεθνούς βιβλιογραφίας με αναζήτηση στις βάσεις δεδομένων PubMed, PsycINFO και Google Scholar, χρησιμοποιώντας τους όρους «bipolar disorder», «gender differences», «treatment adherence» και συναφείς λέξεις-κλειδιά. Συμπεριλήφθηκαν μελέτες στην αγγλική γλώσσα χωρίς χρονικό περιορισμό.

Αποτελέσματα: Το φύλο φαίνεται να επηρεάζει τόσο τη φαινομενολογία όσο και την υποκειμενική εμπειρία της διπολικής διαταραχής, καθώς και τη θεραπευτική προσήλωση. Οι γυναίκες παρουσιάζουν συχνότερα καταθλιπτικά επεισόδια και ταχεία εναλλαγή φάσεων, καθώς και αυξημένη προθυμία συνεργασίας με τους επαγγελματίες ψυχικής υγείας. Αντιθέτως, οι άνδρες εμφανίζουν εντονότερα μανιακά επεισόδια, υψηλότερα ποσοστά διαταραχών χρήσης ουσιών και μεγαλύτερη δυσκολία αποδοχής της διάγνωσης και της θεραπευτικής αγωγής. Η θεωρία της προσκόλλησης συνιστά ένα χρήσιμο θεωρητικό πλαίσιο για την ερμηνεία των διαφορών αυτών, αναδεικνύοντας τον ρόλο των στυλ προσκόλλησης στη θεραπευτική σχέση και στη θεραπευτική προσήλωση.

Συμπεράσματα: Η ανάπτυξη παρεμβάσεων ευαίσθητων ως προς το φύλο κρίνεται απαραίτητη για τη βελτίωση της θεραπευτικής προσήλωσης και των κλινικών εκβάσεων στη διπολική διαταραχή. Μελλοντικές μελέτες θα πρέπει να συμπεριλάβουν πληθυσμούς με ποικιλία ταυτοτήτων φύλου, προκειμένου να ενισχυθεί η εξατομικευμένη και ολιστική φροντίδα.

Λέξεις ευρετηρίου: Διπολική διαταραχή, θεραπευτική προσήλωση, διαφορές φύλου, θεωρία προσκόλλησης

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