



**James
Lind
Alliance**

Priority Setting Partnerships

Bipolar Research: What matters most to those affected?

The James Lind Alliance (JLA) enables people affected by a particular health issue and those who care for them, in personal or professional roles, to set priorities for future research.

People with bipolar - sometimes known as manic depression - experience periods of depressed mood and periods of elevated ('high') or irritable mood, and often a mixture of these. The depressed and 'high' or irritable moods are more severe than normal sadness, happiness or irritability and last from days to weeks or months. Many people experience general mood instability in-between the more obvious periods of depressed, high, irritable or mixed moods. The depression phase is often experienced first and commonly in the late teens and early adult life. Men and women of any age and from any social or ethnic background can develop the illness. Mothers, soon after giving birth, are at particular risk.

The **Bipolar Priority Setting Partnership (PSP)** brought together partners who used the JLA process to identify the research questions about bipolar causes, diagnosis, treatment, care and prognosis that mattered most to them.

The key stages of the two-year process were:

1. Partnership established

2. Initial two month survey: 3283 responses, 14,492 questions

3. Data analysis, resulting in 71 indicative questions

4. Interim prioritisation, identifying the top 35 questions

5. Final prioritisation workshop: top 10 questions agreed

For more information about the **Bipolar PSP** including details of the partnership and the top 35 questions see: www.ouh.nhs.uk/bipolar

For information about the **JLA** see: www.jla.nihr.ac.uk/

The top 10 research questions

1. What causes bipolar?
2. How can treatments be tailored to individuals?
3. What is the most effective combination of self-management approaches, therapy and medication?
4. What are the best ways to manage suicide risk among people with bipolar?
5. What could be done for people who do not get better with treatment?
6. What are the best ways to manage the side-effects of medication (including weight gain, problems with thinking and memory, and emotional numbness)?
7. Why does it take so long to get a diagnosis of bipolar disorder, and how could time to diagnosis be shortened?
8. Which are the best medications for treating episodes and for prevention of relapse in bipolar?
9. How effective are talking therapies such as counselling, dynamic psychotherapy and CBT?
10. Can medications with fewer side-effects be developed?

The Partners

[Bipolar UK](#)

[British Association for Psychopharmacology](#)

[British Association for Counselling and Psychotherapy](#)

[Cochrane Collaboration Common Mental Disorders Group](#)

[Leeds and York Partnership NHS Foundation Trust](#)

[MQ, Transforming Mental Health](#)

[NIHR CLAHRC Oxford](#)

[NIHR Oxford Biomedical Research Centre](#)

[Oxford Health NHS Foundation Trust](#)

[Royal College of Nursing](#)

[SANE](#)

[Service User Research Enterprise \(SURE\)](#)

[University of Oxford Department of Psychiatry](#)