

Regular periods, but worse symptoms: women with bipolar disorder losing out on gynaecological care

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Munich, Germany: Researchers have found that women with bipolar disorder who have regular menstrual cycles are more likely to report severe premenstrual symptoms than those with irregular cycles, according to preliminary research being presented at the 2026 ECNP Congress in Munich.

The study, led by researchers in Norway and international collaborators, surveyed 267 women of reproductive age with bipolar disorder. It found that women with regular menstruation (62% of the sample) more often than those with irregular menstruation (38% of the sample) reported premenstrual symptoms such as irritability, anger, relationship difficulties, physical symptoms and significant distress or interference with work, activities or relationships every or almost every premenstrual phase in the last year.

The researchers also found that women with regular cycles were less likely to use hormonal contraceptives than women with irregular cycles. Most of the women in the sample (93%) had tried hormonal contraceptives, but a larger proportion of women with regular menstruation had stopped because of side effects, and expressed more reluctance to use hormones.

Lead researcher, Dr Sofie Ragnhild Aminoff (of Oslo University Hospital) said *“This was an unexpected finding, and raises important questions about whether some women with bipolar disorder may be especially sensitive to hormonal contraceptives, while others might potentially benefit from it”*.

Bipolar disorder is a serious mental health condition involving episodes of depression and elevated or irritable mood, as well as periods with no or few symptoms. A majority of women with bipolar disorder experience some kind of premenstrual disturbance (either premenstrual symptoms or premenstrual exacerbations of the bipolar disorder), but reproductive mental health in women with severe mental illness remains an under-studied area.

Around 1% to 2% of women have bipolar disorder, meaning that there will be approximately 235,000 women with BD who are of childbearing age in a large European country such as the UK, France, Italy, with even more in Germany.

Sofie Aminoff said: *“I have met many women with bipolar disorder who described changes in mood, psychotic symptoms or suicidal thoughts varying with their menstrual cycle. These experiences can have a real impact on daily life, but clinicians currently have very limited guidance on how best to help.”*

She added: *“Our main message is that premenstrual symptoms in women with bipolar disorder need to be taken seriously. We need more research and clearer clinical guidelines so that women and the health care system can make better-informed decisions about treatment, contraception and mood-stabilising medication.”*

“These findings may have important clinical implications. Many women with bipolar disorder report that their premenstrual symptoms are not taken seriously, and few experience getting the treatment they need. Assessment and information of premenstrual symptom burden alongside tailored hormonal contraceptive and mood-stabilizing medication should be standard care but unfortunately does not appear to be so”.

The authors stress that findings are preliminary and come from an online survey, and that the work has not yet been submitted to a peer-reviewed journal.

Dr Aminoff added *“These results highlight the need for closer collaboration between psychiatry and gynaecology, and for research that looks not only at mental health symptoms but also at hormonal contraception and reproductive health”.*

Commenting, Professor Louise Howard (Professor Emerita in Women's Mental Health, King's College, London) said:

“It is great to see preliminary research into the reproductive health of women with bipolar disorder being presented at this conference. This has been an under-studied area for too long and the relevance of menstrual cycle regularity on symptoms and potential interventions such as hormonal contraception is poorly understood and deserves further investigation.”

Dr Clare Dolman, Co-chair of the Bipolar Commission and Ambassador Bipolar UK added:

"I totally agree with Dr Aminoff's take-home message from this research that premenstrual symptoms in women with bipolar need to be taken more seriously. Not only can they exacerbate bipolar symptoms but sensitivity to hormonal change can be a marker for potentially dangerous relapse at other times such as pregnancy, childbirth and perimenopause. We badly need more research in this area; women's mental health generally has been ignored for too long."

Neither Professor Howard nor Dr Dolman were involved in this work, these are independent comments.

Notes for editors: The study surveyed 267 women with bipolar disorder, including 166 with regular menstruation and 101 with irregular menstruation. It was distributed through the Norwegian Bipolar Association and professional networks over 10 weeks in spring 2025.

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Notes for Editors

This work is presented at the 39th ECNP (European College of Neuropsychopharmacology) Congress, taking place in Munich and online 10th-13th October 2026, see <https://www.ecnp.eu/congress2026/> The ECNP Congress is Europe's leading platform for the science and treatment of brain disorders.

Conference abstract (presented, Saturday 10th October, 12.00 CEST)

Menstrual cycle regularity in women with bipolar disorders: associations with premenstrual disturbances, hormonal contraceptives and course of illness

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Introduction: The reproductive mental health in women with severe mental disorders such as bipolar disorders (BD) is a neglected area [1]. Women with BD seem to have higher rates of menstrual irregularities and premenstrual disturbances such as premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) compared to healthy controls [2], in addition to potential premenstrual exacerbations of mood episodes (PME), which may contribute to clinically significant distress and impairment [3]. Premenstrual disturbances in BD have been linked to more severe illness course, including earlier onset, greater number of mood episodes, and higher rates of rapid cycling [2]. However, most existing studies focus on symptom presence rather than underlying menstrual cycle characteristics, and the role of menstrual cycle regularity in shaping premenstrual symptom burden and illness course remains unclear. Hormonal contraceptives (HC) are among the first-line treatments for moderate to severe PMS and PMDD in the general population, with evidence suggesting benefit through suppression of cyclical hormonal variation. Nevertheless, HC seem to be underutilized in women with BD. The aim of the present study was to investigate menstrual cycle regularity in women with BD of reproductive age and to examine its associations with premenstrual disturbances, course of illness, psychiatric medication, and use and attitudes toward hormonal contraception.

Methods: A co-created online survey was distributed to women with BD via the Norwegian Bipolar Association and through professional networks over 10 weeks in spring 2025. Data were collected on menstrual cycle regularity, premenstrual symptoms, course of illness, medication and HC use. The sample included 267 women with BD (BDI, BDII, Other BD; mean age 35.2 ± 8.3 S.D.), stratified into regular ($n=166$) and irregular ($n=101$) menstruation. Bivariate analyses with Bonferroni corrections were conducted, with subgroup analyses excluding current HC users.

Results: The preliminary findings are that women with BD and regular menstruation significantly more often reports having premenstrual disturbances ($p \leq 0.001$, $\Phi=24$) than women with BD and irregular menstruation. Premenstrual symptoms such as irritability/anger/interpersonal conflicts ($p=0.009$, $\Phi=17$) and physical symptoms ($p \leq 0.001$, $\Phi=24$) were significantly more common in women with BD and regular menstruation than in women with BD with irregular menstruation. HC use was more common in women with BD and irregular menstruation ($p \leq 0.001$, $\Phi=46$). Women with regular cycles had more often discontinued HC due to side effects ($p=0.007$, $\Phi=17$) and more often expressed reluctance to use hormones ($p \leq 0.001$, $\Phi=23$). There were no significant group differences in any demographic variables, course of illness or comorbid gynecological or mental disorders, or in the use of medications for BD.

Conclusion: The preliminary findings of this study is that in women with BD of reproductive age regular menstruation is associated with greater premenstrual symptom burden. Women with regular menstruation seem to have lower acceptance of HC, which may contribute to lower rates of HC in women with BD. Menstrual regularity is not associated with overall course of illness.