

Bipolar affective disorder and the impact on the family

Trastorno afectivo bipolar y su impacto en la familia

Transtorno afetivo bipolar e o impacto na família

Abstract

This study aimed to understand the impact of Bipolar Affective Disorder on family dynamics and how this condition affects relationships between family members. An integrative literature review was conducted, with analysis of observational studies available in the BVS, LILACS, SciELO, and PubMed databases. Articles that addressed the impact of bipolar disorder on families were included, using combined descriptors such as: "Bipolar Disorder AND Family", "Mental Disorder AND Family Relationships", and "Bipolar Disorder AND Family". Eight articles relevant to the topic, published within the last five years, were selected to address family experiences concerning the disorder. Bipolar disorder alters family dynamics in multifaceted ways, generating emotional overload, stigmatization, and challenges in accepting the diagnosis. Families often become the primary support for patients, but suffer from the pressure and expectations generated by crises. Psychoeducation emerges as an essential tool to improve family members' knowledge about the disorder, reducing emotional overload and strengthening family ties. Furthermore, many feel unprepared to deal with the demands of care, highlighting the need for adequate support from health services.

Descriptors: Family; Family Relationships; Bipolar Disorder; Mental Health; Psychology.

Resumén

El objetivo de este estudio fue comprender el impacto del Trastorno Afectivo Bipolar en la dinámica familiar y cómo esta condición afecta las relaciones entre los miembros de la familia. Se realizó una revisión bibliográfica integradora, con análisis de estudios observacionales disponibles en las bases de datos BVS, LILACS, SciELO y PubMed. Se incluyeron artículos que abordaron el impacto del trastorno bipolar en las familias, utilizando descriptores combinados como: "Trastorno Bipolar Y Familia", "Trastorno Mental Y Relaciones Familiares" y "Trastorno Bipolar Y Familia". Se seleccionaron ocho artículos relevantes al tema, publicados en los últimos cinco años, que abordan las experiencias familiares en relación con el trastorno. El trastorno bipolar altera la dinámica familiar de múltiples maneras, generando sobrecarga emocional, estigmatización y dificultades para aceptar el diagnóstico. Las familias a menudo se convierten en el principal apoyo para el paciente, pero sufren la presión y las expectativas generadas por las crisis. La psicoeducación surge como una herramienta esencial para mejorar el conocimiento de los familiares sobre el trastorno, reduciendo la sobrecarga emocional y fortaleciendo los vínculos familiares. Además, muchos se sienten no preparados para afrontar las demandas de la atención, lo que pone de relieve la necesidad de un apoyo adecuado de los servicios de salud.

Descriptores: Familia; Relaciones Familiares; Trastorno Bipolar; Salud Mental; Psicología.

Resumo

Objetivou-se compreender o impacto do Transtorno Afetivo Bipolar nas dinâmicas familiares e como essa condição afeta os relacionamentos entre os membros da família. Foi realizada uma revisão integrativa de literatura, com análise de estudos observacionais disponíveis nas bases de dados BVS, LILACS, SciELO e PubMed. Foram incluídos artigos que abordam o impacto do transtorno bipolar nas famílias, utilizando descritores combinados, como: "Transtorno Bipolar AND Família", "Transtorno Mental AND Relações Familiares" e "Bipolar Disorder AND Family". Foram selecionados oito artigos relevantes ao tema, publicados nos últimos cinco anos, que tratam sobre as experiências familiares em relação ao transtorno. O transtorno bipolar altera a dinâmica familiar de maneira multifacetada, gerando sobrecarga emocional, estigmatização e desafios na aceitação do diagnóstico. As famílias frequentemente tornam-se o principal suporte para o paciente, mas sofrem com a pressão e as expectativas geradas pelas crises. A psicoeducação surge como uma ferramenta essencial para melhorar o conhecimento dos familiares sobre o transtorno, reduzindo a sobrecarga emocional e fortalecendo os laços familiares. Além disso, muitos se sentem despreparados para lidar com as demandas do cuidado, evidenciando a necessidade de suporte adequado por parte dos serviços de saúde.

Descritores: Família; Relações Familiares; Transtorno Bipolar; Saúde Mental; Psicologia.

Rosilaine Altéa Bernal Garcia¹

ORCID: 0009-0008-3956-3608

Inês Antunes Rezende¹

ORCID: 0009-0006-9951-0837

Amanda Aparecida Camargo de Oliveira²

ORCID: 0000-0002-4938-7561

Anelvira de Oliveira Florentino^{1*}

ORCID: 0000-0001-8628-0565

Heloísa Lopes de Souza Inácio²

ORCID: 0000-0002-3611-2704

Jéssica Alessandra Pereira¹

ORCID: 0000-0002-6307-0343

Cristiano Rodrigues da Mota¹

ORCID: 0000-0003-3154-7124

Denise Cristina Matheiski

Alkmim¹

ORCID: 0009-0009-9609-4868

Kayo Augusto Salandin Pacher¹

ORCID: 0000-0002-0623-6669

Marcelo Vicente de Castro¹

ORCID: 0009-0003-1330-8565

¹Faculdade de Ensino Superior Santa Bárbara. São Paulo, Brazil.

²Universidade Estadual Paulista. São Paulo, Brazil.

How to cite this article:

Garcia RAB, Rezende IA, Oliveira AAC, Florentino AO, Inácio HLS, Pereira JA, Mota CR, Alkmim DCM, Pacher KAS, Castro MV. Bipolar affective disorder and the impact on the family. Glob Acad Nurs. 2025;6(2):e468. <https://dx.doi.org/10.5935/2675-5602.20200468>

*Corresponding author:

anelviraflorentino@yahoo.com.br

Submission: 05-26-2025

Approval: 07-09-2025



Introduction

Bipolar disorder is characterized as a complex condition that is difficult to understand, both for patients and their families and other interested individuals. Those seeking answers often turn to books, the internet, and specialized professionals, but fully understanding the illness remains a challenge. Although bipolar disorder is an old and extensively studied illness, clarity regarding its diagnosis and management remains limited. Even among psychiatrists, psychologists, and researchers, a degree of uncertainty persists. Controversial questions persist regarding its possible causes and even treatments¹.

According to 2019 data from the World Health Organization (WHO), approximately 140 million people worldwide are affected by bipolar disorder, including approximately 2.5% of the Brazilian population. Diagnosis typically occurs in individuals between the ages of 16 and 25, but the disorder can manifest from childhood to old age. "Approximately half of patients begin with a depressive episode, while the other half begins with a manic episode," says Professor Beny Lafer of the FMUSP Psychiatry Institute. This tumultuous environment of uncertainty directly affects those who suffer from the condition, who often find themselves lost in the face of the challenges posed by the disease, unable to fully understand its origins or accept its consequences because of mental illness. Not to mention family members who share this suffering, lacking clarity and knowing how to help. It's common for many people to seek a better understanding of this psychopathology (bipolar disorder), as deciphering it is an exceptional challenge. The path can be long and exhausting, from the first attempt at treatment to obtaining a correct diagnosis. This is because, initially, the symptoms can be confused with a variety of other conditions, such as substance dependence, obesity, personality or character disorders, panic disorder, with the most common diagnoses being depression or excessively high self-esteem^{1,2}.

According to the Brazilian Association of Relatives, Friends and People with Affective Disorders (ABRATA), Bipolar Disorder (BD) is a disease that presents as its main aspect mood disturbances, almost always in the form of oscillation or fluctuation between the depressive and euphoric/agitated poles and can also reveal itself as a mixture of symptoms of both polarities³.

According to the Virtual Health Library (VHL) and the Ministry of Health, on March 30, 2021, from 8 p.m. to 10 p.m., there was a live broadcast open to the public on the social media of the Mood Disorders Research Group (GPTH), of the Institute of Psychiatry of the Clinic Hospital of the Faculty of Medicine of USP, with the speakers: Doris H. Moreno and Diego F. Tavares, in celebration of World Bipolar Disorder Day (WBD), an initiative of the International Society for Bipolar Disorders, configured as a moment of solidarity around the goal of increasing awareness and ease of bipolar disorder, eradicating social stigma and promoting excellence in clinical care, in addition to encouraging research funding. The date is celebrated on March 30th, which marks the birthday of Dutch painter Vincent Van Gogh, who was reported after his death to have likely suffered from bipolar

disorder. The global prevalence of bipolar disorder is estimated at between 1% and 2%, with a possible increase of 5%. It primarily affects young people, especially those between 15 and 25 years old, although more recent studies have identified a later peak in incidence between 45 and 55 years old⁴.

According to a study, bipolar disorder is a brain condition that causes extreme changes in mood, energy, and activity levels, impacting the ability to perform everyday tasks. Although the exact cause is unknown, neuroimaging studies using functional magnetic resonance imaging (fMRI) and positron emission tomography (PET) show changes in brain areas such as the prefrontal cortex, amygdala, and hippocampus in people with bipolar disorder. These regions are involved in regulating mood, emotions, and decision-making. This imbalance may reflect a genetic or hereditary predisposition, characterized by depressive episodes interspersed with episodes of euphoria (called mania or hypomania, depending on the intensity and duration), as well as cases where a mixture of these episodes occurs⁴.

Symptoms characteristic of the euphoria phase include: a feeling of extreme well-being, accelerated thought and speech, agitation and hyperactivity, decreased need for sleep; increased energy, decreased concentration, euphoria or irritability; disinhibition; impulsivity; ideas of grandiosity and a sense of "power." Symptoms characteristic of the depression phase includes changes in appetite with weight loss or gain, depressed mood most days, fatigue or loss of energy, apathy, loss of interest or pleasure, recurring thoughts of death or suicide; psychomotor agitation or retardation, feelings of guilt or worthlessness, discouragement and mental fatigue, a tendency toward social and family isolation, and anxiety and irritability⁴.

The contemporary understanding of bipolar disorder is notable for its differentiation into two main subtypes: Type I, characterized by manic episodes, and Type II, which presents a milder mood elevation, manifesting in hypomanic episodes. Furthermore, the bipolar spectrum perspective broadens this classification, encompassing a variety of clinical and genetic patterns. Its origins are complex and multifaceted, resulting from an intricate interplay between genetic and environmental factors, characterizing it as a disorder with a multidetermined nature. According to the DSM-5 approach, identifying symptoms of mania or hypomania, along with a longitudinal assessment of the illness course, is essential for diagnosing bipolar disorder. Although depression is often the most prevalent and long-lasting symptom among bipolar patients, there are no specific symptoms that differentiate bipolar from unipolar depression. However, distinct clinical characteristics, such as symptom profile, family history, and illness course, have been identified in each manifestation. Early diagnosis and therapeutic intervention during acute mood episodes demonstrate significant improvements in the prognosis of bipolar disorder^{4,5}.

Therefore, bipolar disorder presents significant challenges due to its complex diagnosis. The profound anguish experienced by affected individuals is not limited to the patient but also significantly impacts those close to



them. These disorders not only limit daily activities but can also undermine the ability to care for oneself, maintain employment, and cultivate interpersonal and social relationships. This emotional and physical burden on family members can lead to fragmented family dynamics, marked by tension, conflict, and unpredictable behavior. However, even in the face of these challenges, family plays a vital role in offering support, love, and care through acts of care, protection, and understanding. In this challenging context, it is essential that families grow both individually and collectively, creating an environment of support and understanding to share their concerns and learn to deal constructively with anxiety and pain^{6,7}.

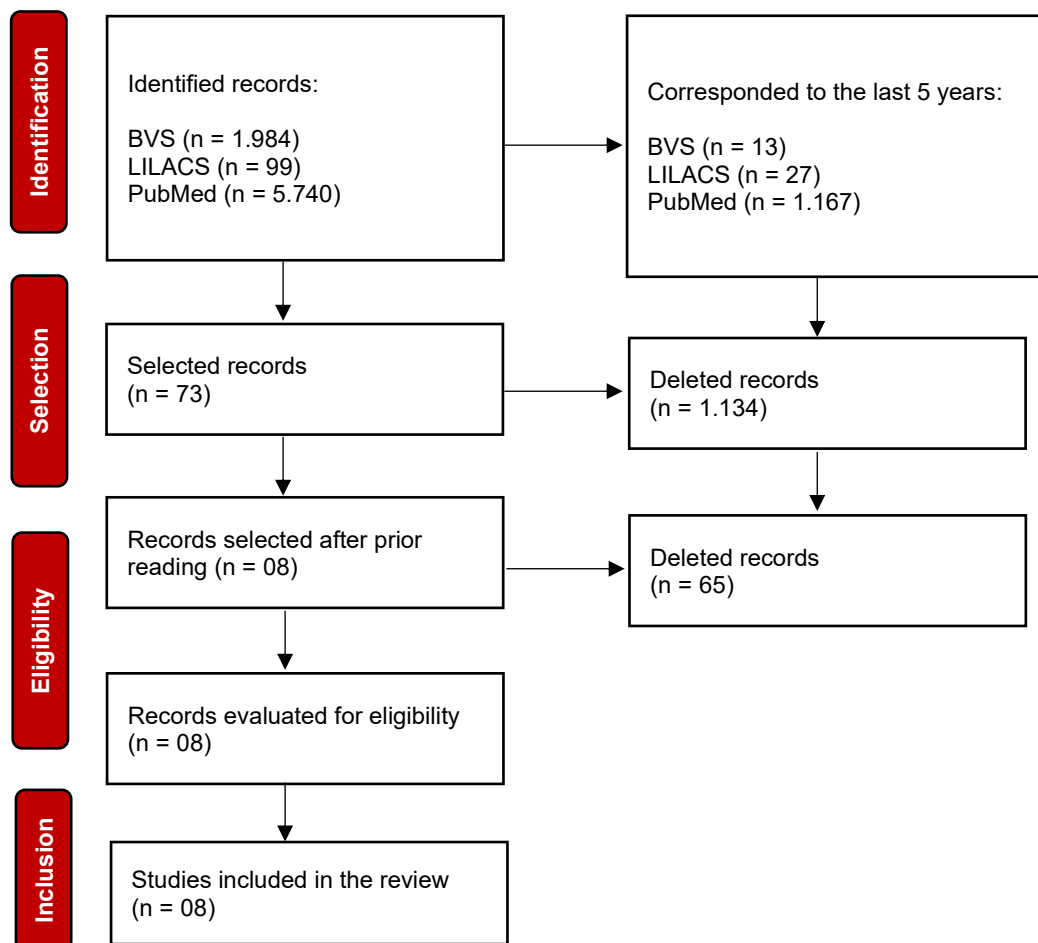
This study aims to answer the question: "How does bipolar disorder affect family relationships?" by providing insights that contribute to self-awareness and reduce suffering for all involved. It also seeks to foster dialogue and

knowledge about the disorder, recognizing its complexity and the challenges faced by family members in the face of the emotional overload caused by episodes of crisis.

Methodologia

This article was prepared using an integrative systematic review method, analyzing observational studies. The search was conducted in the BVS, Latin American and Caribbean Health Sciences Literature (LILACS), and Scientific Electronic Library Online (SciELO) databases. The search aimed to encompass a wide range of scientific publications relevant to the topic, including articles highlighting studies on bipolar affective disorder and its impact on the family. For this purpose, the following descriptors or keywords were used: "bipolar disorder" and "family," combined with the Boolean operator (AND).

Figure 1. Flowchart for identification and selection of studies included in the review. Tatuí, SP, Brazil, 2024



Initially, the search was conducted in the BVS database, which identified 1,984 articles using filters. In LILACS, 70 articles were identified, of which 13 corresponded to the period of interest, covering the last 5 years (2019 to 2024). After applying the language criterion, eight articles remained; after a preliminary reading, it was observed that only three articles were relevant.

Continuing the search in the same BVS/LILACS database but using other descriptors - "mental disorder" and

"family relationships" - also combined with the operators, 99 articles were identified, 27 of which were from the last five years. Specifying the language, the search reached 18 articles; then, applying the "mental health" filter, the result was four articles. Moving on to a final analysis, it was found that two articles addressed family suffering.

Next, a search was conducted in the SciELO database using the descriptors "bipolar disorder" and "family," also using a Boolean operator for combination.



Using the country filter (Brazil), the result was 25 articles. Two articles (from 2019 and 2021) were identified, however, regarding treatment adherence rather than family conflict.

A search for scientific articles in academic databases addressing the topic "bipolar affective disorder and its impact on the family" revealed a scarcity of specific studies. This fact highlights the need for more research in this area. It's clear that there's still little available content for in-depth analysis. As another option to increase the likelihood of a systematic review, we integrated a new search in the

PubMed database. Using the descriptors "bipolar disorder" and "family," combined with the Boolean operator "AND," 5,740 articles were identified. Applying the filter for publications in the last 5 years resulted in 1,167 articles, reducing this to 43 when applying the filters: free full text and systematic review. After preliminary reading, it was found that only three articles were relevant.

Results and Discussion

Chart 1 shows the eight studies selected for review.

Chart 1. Results of scientific articles on bipolar affective disorder. Tatuí, SP, Brazil, 2024

Authors	Year	Title	Databases	Main Results
VASCONCELOS, Raíssa Ottes. et al.	2020	A relação familiar com pessoas que possuem transtorno afetivo bipolar	BVS LILACS	Family relationships with people with BAD can be positive with support, but they face challenges such as accepting the diagnosis and adhering to treatment. Families avoid hospitalizations, and the study suggests greater support in health services and further research.
MENEGALLI, Vanessa; SILVA, Francine Moraes da; OLIVEIRA, Aline.	2022	Importância da psicoeducação para familiares de pacientes com esquizofrenia e transtorno afetivo bipolar	BVS LILACS	The article highlights the importance of psychoeducation, benefiting patients with mental disorders and their families by improving care, reducing emotional burden and stigma, and promoting family health. It also helps prevent relapses and strengthen family bonds.
SALLES, Mariana Moraes; BARROS, Sônia; SANTOS, Jussara Carvalho dos.	2019	Relacionamentos familiares de pessoas com transtornos mentais: processos de exclusão e inclusão social	LILACS	The article analyzes the challenges faced by family members of people with mental disorders, highlighting emotional overload, social isolation, and the negative impact of stigma. It also emphasizes that family relationships can foster resilience and support strategies for well-being and inclusion.
PACHECO, Aline Esteves; et al.	2020	Transtorno afetivo bipolar: avaliação da satisfação dos pacientes, familiares e profissionais com o tratamento	BVS LILACS	The article highlights the importance of a family approach in the treatment of bipolar disorder, emphasizing support for family members to avoid burnout and improve treatment adherence.
SILVA, Aline Pereira da. et al.	2021	O cuidado à pessoa em sofrimento mental: sob a ótica dos familiares	LILACS	The article highlights that deinstitutionalization in mental health care burdens families, causing emotional, physical, and financial stress for caregivers, as they assume care without sufficient training. Support from health services, such as CAPS (Public Health Centers) and religious support, remains unsatisfactory.
MUNUERA, Caroline. et al.	2022	Melhorando o processo de avaliação do funcionamento familiar em adultos com transtorno bipolar: uma revisão sistemática PRISMA	PubMed	The review analyzed 29 studies assessing family functioning in the treatment of adults with bipolar disorder, highlighting the lack of consensus on methods. Most used self-report questionnaires and family members as informants. The goal is to develop guidelines for clinical practice.
AZORIN, Jean-Michel; LEFRERE, Antoine; BELZEAUX, Raoul.	2021	O impacto do transtorno bipolar no funcionamento do casal: implicações para cuidados e tratamento	PubMed	Bipolar disorder negatively impacts family relationships through caregiver burden, emotional distress, relationship volatility, and stigmatization, while at the same time fostering personal growth and strengthening connections.
STAPP, Emma K. et al.	2020	Transtorno bipolar parental, ambiente familiar e transtornos psiquiátricos na prole: uma revisão sistemática	PubMed	The article reviews studies showing that children of parents with BD have a higher risk of psychiatric disorders, lower family cohesion, and more conflict, and concludes that family problems may be related to the parents' psychiatric illness in general.

The analysis revealed that BD exerts a significant and multifaceted impact, altering family dynamics and influencing the way members interact and relate to one

another. Families often become the primary source of care, playing a crucial role in supporting the patient and preventing hospitalizations. However, this responsibility can



lead to emotional overload, stigma, and difficulties in accepting the diagnosis, reinforcing the idea that the disorder affects not only the patient but also the entire family dynamic⁸⁻¹⁰.

Emotional, physical and financial overload is a constant in the reports of family members who care for patients with BD⁹, and deinstitutionalization in mental health, although important, can increase this burden, especially when health services do not offer support to family members¹⁰. Psychoeducation emerges as an essential tool for family members of patients with BAD, improving knowledge about the disorder, reducing emotional burden and stigma, and promoting family health, in addition to helping prevent relapses and strengthen family ties¹¹.

Health services, such as Psychosocial Care Centers (CAPS), are crucial for supporting patients and their families, but the support offered is still considered unsatisfactory, with families reporting a lack of preparation and resources to deal with the demands of care¹⁰.

Despite the challenges, many families demonstrate resilience and a capacity for growth⁹, developing support and well-being strategies to manage anxiety and pain constructively. The findings of this review are in line with existing literature, which consistently points to the significant impact of BD on family relationships. Studies¹⁰⁻¹² also highlight the importance of family support in treatment adherence and relapse prevention. However, this review deepens understanding by identifying specific subtle aspects of this impact, such as caregiver burden and the need for psychoeducation.

Despite the valuable findings obtained, we identified important gaps in the literature, such as the lack of studies that explore the impact of BD in different cultural and socioeconomic contexts, as mentioned by study⁸; the need for more research on specific interventions to support caregivers/family members, such as psychoeducation programs adapted to different realities, as suggested by a study¹¹; and the lack of studies that identify the impact of BD on specific relationships, such as couples and parents and children, as pointed out in the studies^{13,14}. Based on these gaps, we suggest that future research focus on qualitative studies to explore the experiences of families in different cultural and socioeconomic contexts, clinical trials to evaluate the effectiveness of psychoeducation programs and other support interventions for caregivers, and longitudinal studies to investigate the impact of BD on specific relationships over time.

The results of this review can be applied in clinical practice through a family-centered approach, in which health services include not only patients, but also their families, offering emotional support, psychoeducation and guidance, as proposed by the study¹², and through the implementation of psychoeducation programs that can improve families' knowledge about the disorder, helping them reduce suffering and deal with the challenges of care¹¹.

Based on the evidence found, the implementation of interventions such as family psychoeducation, family therapy, and support groups is suggested. It is important to acknowledge the limitations of this review, such as

difficulties in finding studies and the inclusion of studies in a specific language, which may have affected the results, restricting the generalizability of the findings and the identification of specific subtle aspects of the impact of BD on family relationships. The findings of this review are relevant to Evidence-Based Psychology, as they provide important information for clinical practice and the development of effective interventions for patients with BD and their families. They also highlight priority areas for future research, contributing to the advancement of knowledge and the improvement of mental health services.

Final Considerations

This integrative review sought to answer the research question of how BD impacts family relationships, synthesizing evidence from relevant studies. Throughout this work, reflections are offered on the complexity of the relationships established between family members and their loved ones facing psychological distress. The journey of caring for someone who does not accept their diagnosis is fraught with emotional challenges. It is common for these patients, surrounded by a sea of doubts and fears, to reject the idea of treatment, leaving family members in a vulnerable and exhausting position. Often, they are the ones seeking help, guidance, and support, facing the anguish of not knowing how to cope with the situation.

Given this, it is imperative to develop interventions that not only embrace patients' resilience but also offer solid support to family members, who so often find themselves in a role of overwhelming responsibility. We propose, therefore, some solutions that can transform the reality of both those suffering and those who care for them.

Strengthening Psychosocial Care Centers (CAPS) is crucial in this context, as they provide support and education for families. Through open and sincere dialogue, the diagnosis can be demystified, and patients can become more accepting. Furthermore, awareness campaigns are essential to foster a deeper understanding of mental health (BAD), helping to reduce the stigma that often prevents individuals from seeking help. Political campaigns play a crucial role in promoting mental health. Public officials must prioritize mental health in their political agendas, ensuring adequate resources for CAPS (Psychosocial Care Centers) and other care initiatives. Campaigns aimed at informing the public about mental health issues can be an important instrument for social change, encouraging people to seek care and breaking the taboo surrounding mental illness.

Television media plays a fundamental role in shaping social perceptions about mental health. As a study points out¹⁵, media representations of madness and mental disorders on television are permeated by social, political, and historical issues, and can both reinforce stigmas and contribute to public education and empathy. The author emphasizes that the way television programs address the topic can directly impact citizenship and social acceptance of people with mental disorders, highlighting the responsibility of this media outlet.

Parental support and community resource integration are other strategies that can provide significant



support to families. Society often ignores the complexity of psychological distress; it is our duty to ensure that families not only receive guidance but also become active participants in their loved ones' recovery process.

Finally, mental health professionals must be trained to deal with complex family dynamics, creating an environment where everyone feels heard and respected. Only then can we cultivate a space of humane and efficient

care, where both patient and caregiver can embark on a path of hope and recovery. Mental health care transcends simple attention to the individual; it involves a network of relationships that must be strengthened and valued. Therefore, it is crucial that this study inspires actions that promote inclusive and humane mental health, reflecting the real needs of families and patients experiencing mental distress.

References

1. Tung TC. Enigma bipolar: consequências do diagnóstico e tratamento do transtorno bipolar. São Paulo: Editora MG; 2007. p. 1-96.
2. Jain A, Mitra P. Bipolar disorder. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. [cited 2025 May 13]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK558998/>
3. Meleiro A, Tung TC. O que é transtorno bipolar. São Paulo: ABRATA; 2018 [cited 2025 May 13]. Available from: https://www.abrata.org.br/site2018/wp-content/uploads/2018/08/TRANSTORNO-BIPOLAR_-Vol1.pdf
4. Moreno DH, Tavares DF. Dia Mundial do Transtorno Bipolar. [Live broadcast]. São Paulo: Grupo de Pesquisa em Transtornos do Humor do Instituto de Psiquiatria do HC-FMUSP; 2021 Aug 30.
5. Bosaipo NB, Borges VF, Jurueña MF. Transtorno bipolar: uma revisão dos aspectos conceituais e clínicos. *Medicina (Ribeirão Preto)*. 2017;50(Suppl 1):72-84. <https://doi.org/10.11606/issn.2176-7262.v50isupl1p72-84>
6. Borba LO, Schwartz E, Kantorski LP. A família e o portador de transtorno mental: dinâmica e sua relação familiar. *Rev Esc Enferm USP*. 2011;45(2):442-9.
7. Navarini V, Hirdes A. A família do portador de transtorno mental: identificando recursos adaptativos. *Texto Contexto Enferm*. 2018;17(4):e4300017.
8. Vasconcelos RO, Terra MG, Botega MSX, Soccol KLS, Girardon-Perlin NMO, Arnemann CT. A relação familiar com pessoas que possuem transtorno afetivo bipolar. *Rev Enferm UFSM*. 2020;10:e30. <https://doi.org/10.5902/2179769237694>
9. Salles MM, Barros S, Santos JC. Relacionamentos familiares de pessoas com transtornos mentais: processos de exclusão e inclusão social. *Rev Enferm UERJ*. 2019;27:e26923. <https://doi.org/10.12957/reuerj.2019.26923>
10. Silva AP, Soares PFC, Costa ES, Silva LGS, Silva RG, Braga LS. O cuidado à pessoa em sofrimento mental: sob a ótica dos familiares. *Nursing*. 2021;24(281):6280-9. <https://doi.org/10.36489/nursing.2021v24i281p6280-6289>
11. Menegalli V, Silva FM, Oliveira A. Importância da psicoeducação para familiares de pacientes com esquizofrenia e transtorno afetivo bipolar. *Nursing*. 2022;25(284):7001-11. <https://doi.org/10.36489/nursing.2022v25i284p7001-7011>
12. Pacheco AE, Enes CL, Clementino MTR, Belo VS, Duarte SJH, Machado RM. Transtorno afetivo bipolar: avaliação da satisfação dos pacientes, familiares e profissionais com o tratamento. *Enferm Foco*. 2020;11(3):106-13. <https://doi.org/10.21675/2357-707X.2020.v11.n3.3716>
13. Azorin JM, Lefrere A, Belzeaux R. The impact of bipolar disorder on couple functioning: implications for care and clinical treatment. *Medicina (Kaunas)*. 2021;57(8):771. <https://doi.org/10.3390/medicina57080771>
14. Stapp EK, Mendelson T, Merikangas KR, Wilcox HC. Parental bipolar disorder, family environment, and offspring psychiatric disorders: a systematic review. *J Affect Disord*. 2020;268:69-81. <https://doi.org/10.1016/j.jad.2020.03.005>
15. Ribeiro BVD. Saúde mental, cidadania e televisão: representações da loucura no programa "A Liga" [dissertation]. Goiânia: Universidade Federal de Goiás; 2015 [cited 2025 May 2]. Available from: <https://repositorio.bc.ufg.br/tede/handle/tede/5502>

