

MISOPHONIA, OBSESSIVE–COMPULSIVE PERSONALITY TRAITS, AND EMOTION REGULATION IN INDIVIDUALS WITH BIPOLAR DISORDER IN REMISSION: A CASE–CONTROL STUDY

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BACKGROUND AND AIM: Misophonia is increasingly understood as a condition characterized by heightened emotional reactivity rather than a purely auditory sensitivity. Difficulties in emotion regulation are a core feature of bipolar disorder and may persist even during remission. The role of misophonia and obsessive–compulsive personality traits in emotion regulation among individuals with bipolar disorder remains insufficiently explored. This study aimed to compare misophonia symptoms, obsessive–compulsive personality traits, and mood dysregulation between individuals with bipolar disorder in remission and healthy controls, and to examine their associations within the bipolar group.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). The sample consisted of 42 individuals diagnosed with bipolar affective disorder in remission and 46 healthy control participants. Gender data were complete for both groups; overall, 51 participants (58.0%) were male. Participants completed the Misophonia Symptom List, an Obsessive–Compulsive Personality Disorder screening scale, the Mood Dysregulation Scale, and the Beck Depression Inventory. Group comparisons were conducted using independent samples t-tests. Pearson correlation and multiple linear regression analyses were performed within the bipolar group. The study was approved by the Tokat Gaziosmanpaşa University Faculty of Medicine Ethics Committee (Approval Number: 25MOBAEK163).

RESULTS: The bipolar group was significantly older than the control group (48.52 ± 12.27 vs. 25.20 ± 6.12 years, $p < .001$). Misophonia scores were higher in the bipolar group compared to controls (0.74 ± 0.66 vs. 0.57 ± 0.31), although this difference did not reach statistical significance ($p = .132$). No significant group differences were observed in obsessive–compulsive personality traits ($p = .358$). Mood dysregulation scores were significantly higher in the control group (2.62 ± 0.87 vs. 2.05 ± 1.00 , $p = .006$). Despite being in remission, individuals with bipolar disorder showed higher depressive symptom levels than controls ($p = .004$). Within the bipolar group, misophonia was not significantly associated with mood dysregulation ($r = -.12$, $p = .44$), and regression analysis indicated that misophonia, obsessive–compulsive traits, and depressive symptoms did not significantly predict mood dysregulation ($R^2 = .12$, $p = .196$).

CONCLUSIONS: These findings suggest that misophonia may not represent a stable or disorder-specific characteristic in bipolar disorder during remission. Its relationship with emotion regulation appears to be indirect and influenced by multiple clinical factors. Further studies with age-matched samples and longitudinal designs are needed to clarify the transdiagnostic relevance of misophonia in affective disorders.

Keywords: Bipolar disorder, emotion regulation, misophonia