Bipolar Disorder

[Author Name(s), First M. Last, Omit Titles and Degrees]

[Institutional Affiliation(s)]

Bipolar Disorder

Bipolar disorder is a mental health condition characterized by alternating periods of depression and manic (elevated mood) episodes. This mental illness was also formerly known as Manic Depressive Illness. It varies widely from one individual to another but usually consists of uncontrollable mood swings from dangerous highs called mania, to dangerous lows of severe depression. Both can last for months or even longer and can require hospitalization. It is probably genetically determined although it can manifest itself at any point in life. It cannot be avoided but can be treated through regular psychiatric supervision and medication. It can occur at any time in life but usually initiates in the mid-teenage years. Unfortunately, the depressive periods of bipolar disorder are very severe and in some cases it is chronic compared to usual depression, and often results in suicidal thoughts. Sadly, most of the people suffering from bipolar disorder mostly face depressive times.

The only reason bipolar disorder is considered as one is because the current progressive culture insists that all people think in exactly the same way. Since it's obvious that bipolar people don't think the same way as other people, they have to work around it by telling others that they are suffering. Bipolar people have a high bar for how meaningful and exciting they feel their lives should be. When their lives don't meet that standard, they get depressed and desperately ruminate trying to think of ways their life could have more meaning. When they finally find such a potential source of meaning, they get highly motivated towards some actions, that produces either favorable of unfavorable results.

Bipolar disorder is strongly hereditary, more so than simple depression. There is a somewhat elusive idea that it's romantically not such a bad affliction to have as it tends to affect high achieving creative people like poets, musicians, artists etc., nevertheless, this is far from the truth. Sometimes it can be as disabling as schizophrenia, can also diminish the normal life-expectancy by some 20 years, dejecting for the loved ones of victims and for the patient himself. Some of the causes that contribute to bipolar disorder are emotional or physical trauma, drug abuse, and the negative effects of some medicines, particularly broad spectrum modern antidepressants.

There are generally four types of bipolar disorder according to the National Institute of Mental Health (“NIMH » Bipolar Disorder,” n.d.). The first one is, Bipolar I disorder; this disorder is characterized by mania periods of at least 7 days or any other time duration. In case of depressive episodes, the patient needs to be treated in a hospital to prevent self-harm resulting from reckless behavior. The second is Bipolar II disorder; a person suffering from BP2 undergoes experiences of depression and hypomania. Generally people with BP 2 undergo less extreme Hypomania full manic episode. People suffering from bipolar II disorder generally do not undergo full mania. BP 2 is characterized by mood swings without mania. Depression usually is the predominant mood but there could be long periods of euthymic (normal) emotions. Forays into hypomania may cause some chaos but it isn't irreparable. Apologies will likely be necessary for some offensive behavior. In contrast to hypomania, manic symptoms negatively affect every aspect of someone's life. There is nothing good that is attributable to mania, it often leads to hospitalization and/or intensive psychotherapy and a change in medications.

The difference between both the types is in the levels of symptom severity. It's the same tree, just different branches. Bipolar 1 is the most extreme and worst case scenario of those afflicted. Bipolar 2 has the potential to be as symptomatic as Bipolar 1, but it usually does not escalate to the same degree as Bipolar 1 and does not happen as often or for as long as it does to a Bipolar 1 afflicted person. There is less uncontrolled mania with Bipolar 2. Therein lies the difference.

Cyclothymia is a mild form of the disorder, in which the patient has less severe mood swings than you see in Bipolar 1 or 2 while non specified means this version of the disorder doesn’t fit into any one of the aforementioned categories; it basically means that the illness looks like bipolar but doesn’t meet the criteria for a definitive diagnosis. The fourth category is other specified and unspecified bipolar disorders. If a person does not fit into any of the above mentioned types, such a bipolar disorder can be declared as "unspecified bipolar disorder," or "other specified bipolar disorder", based on the symptoms they show.

Although there are arbitrary distinctions made between type one and type two, it's generally recognized as a spectrum disorder. The thing with bipolar is that it tends to manifest in unique ways; in other words, its characteristics seem to depend on the individual. Depression tends to look the same no matter who's wearing it. Mania in bipolar can be extreme megalomania, or just spending more at the mall. Mood swings and cycling in type one bipolar is more extreme than in type two. They are at more risk of suicide. Any guide that says bipolar fits neatly into categories is arbitrary and of limited use, except for people who need things to fit neatly away.

# Disorder among kids and teens and Disorder Symptoms

There is a likelihood of prevalence of bipolar disorder among kids and young adults, though it is very rare. Amid kids, bipolar disorder can occur when a trigger or stimulus results in clear signs of depression or mania, but in some cases no clear trigger can be observed. Children often display uncontrolled behavior so it is almost impossible to identify this disorder among kids. This often leads to controversy in the diagnosis of bipolar disorder among young children. Kids having such a disorder may exhibit severe temper tantrums for consistent few hours and they also fail to learn alternate behavior. In this age, the symptoms of bipolar disorder also resemble the symptoms of attention deficit hyperactivity disorder (ADHD). However, signs of disorder can be observed among teens.

Teens and adults having bipolar disorder show risky behaviors such as drug or alcohol use, thinking more about death or suicide, poor academic performance, reckless sexual activity, and fighting, etc. A young person showing these symptoms may need to see a mental health professional and may be diagnosed with bipolar disorder.

## Symptoms

One cannot call the symptoms of bipolar disorder ‘hidden’ but one can say they are generally ‘not talked about’. For example: headaches, sensitivity to light, sound, touch, changes in appetite, tingling in the extremities when Manic, rage, and inappropriate emotional responses to ‘normal’ stimuli that occur frequently no matter what you do (RN, n.d.). One with disorder if hear a certain song playing start to cry out, they know it's going to happen but there's not a thing they can do about it. Headaches get worse and victims of mania show aggression towards those who disagree to their ideas and views. If the social stigma of bi-polar weren't so prevalent it can be assumed that more patients would talk about those certain symptoms that don't ‘fit.’

Impacts of bipolar disorder are also severe on the victim. It becomes a long and rough ride for them. Basically bipolar disorder is displayed as a person whose mood swings are so extreme it interfere with everyday life. Initially doctors tried to classify the victim as a manic depressant that is when the patient suffers from extreme highs. Symptoms include but not limited to poor health and sleep hygiene, delusions of grandiosity, racing thoughts, lack of appetite, weight loss, severe loss of impulse control leading to loss of jobs, lost paychecks, engaging in risk taking, drug abuse (Chatterton, Ke, Lewis, Rajagopalan, & Lazarus, 2008). This is followed by depression along with the previous list of symptoms we can add anti-social, cannot get out of bed, eating too much, self-medication, detachment from reality, suicide attempts and hospitalizations (Hawton, Sutton, Haw, Sinclair, & Harriss, 2005). These two states are a bipolar person’s world. It is very destabilizing. Once can be mistaken for an addict, misdiagnosed and the pills. Family and friends get sick of victim’s antics and it is very hard to be sick and not even know it or be aware. Only with medication and therapy from licensed medical professionals along with intense support group, can a person achieve relief. It is a chronic disorder, one will not die, and one will never be better, just stable. Though one can live a productive happy life. Once stability is reached it gets easier to maintain. Although relapse back to symptomatic is always imminent.

In short, the effects of bipolar are a repetitious series of emotional ups and downs. These fluctuations of mood are far more extreme than ordinary personal feelings. They include (for most people) psychotic episodes in which the mood becomes so extreme that irrational patterns of action are adopted. All in all, not a fun disease.

# Treatments of Bipolar Disorder

The actual diagnosis of bipolar disorder is rather complex and is diagnosed based on medical history and indications of alternating periods of depression. For instance, loss of appetite, loss of interest in pleasurable activities, or excessive weight gain or loss. Other symptoms used in diagnosis are decreased sleeping habits, suicidal attempts of tendencies and a feeling of utter hopelessness) and mania including a reduced need for sleep, an elevated mood, delusions of grandeur. Spending beyond ones means, marked weight loss and the abuse of mood altering drugs are also traced. The mainstay of treatment for bipolar disorder is medication based and the gold standard of treatment is the use of lithium, a mood stabilizer. Other medications used include Valproate, Seroquel and a handful of other drugs. Cognitive behavioural therapy works well, but only in conjunction with medication.

The incidence of bipolar disorder has grown dramatically in Western populations, particularly in the past decade and it now affects some 5-7% of Western populations.  
In terms of lost productivity, morbidity and mortality, it is arguably the greatest medical burden on our society, and treatment can be quite a challenge. The good news is that it is often the drive behind most incredible, talented and creative people, and that with sound treatment and patience on behalf the therapist, the patient and their loved ones can lead a very normal, fulfilling, and productive life. It is important to involve a multidisciplinary approach to treatment involving the primary physician, a psychiatrist, a psychologist, a social worker and the family. With such an approach, the prognosis can very bright indeed.

Medication can help manage bipolar disorder but it’s not a cure. There is no “cure” for BPD, just like there’s no “cure” for diabetes. Like diabetes, it has to be managed and monitored carefully. However, because BPD is partly caused by an imbalance of hormones in the body, the medication can help a person to keep from being driven to madness by their own hormones going bonkers. A BPD patient still needs psychotherapy and sometimes behavioral therapy to help them maintain a baseline, but the hardest part of the medication side of it is that it takes time to find out what combination of medication is needed to help the person’s chemistry balance out. Some medications have a negative effect, others positive, and many require two or more to balance. The medications take time to show some positive change and it even takes a month to show some positive outcomes. Too many people want to have a pill for every little problem and don’t realize the human body doesn’t precisely work that way.

A BPD patient still needs patience, support, and help to deal with their illness (Hilty, Leamon, Lim, Kelly, & Hales, 2006). If a person with diabetes wasn’t able to take their insulin or was having problems because of it and nobody else was there, they would have problems, same goes for a BPD patient. One should be kinder than one need to be and remember that meds are needed in many cases, but they’re not the end-all and be-all of BPD management. There is medication that helps when diagnosed with Bipolar Disorder but the question is how to find that pill and that combination that helps one.

Every patients Bipolar is different, the incentives are different, the psychology of the patient is different, and the diet is different and so on. So it highly depends on the patient and the psychiatrist to find the right combination. It sometimes takes a while to see through all of its side effects as well.

# References

Chatterton, M. L., Ke, X., Lewis, B. E., Rajagopalan, K., & Lazarus, A. (2008). Impact of bipolar disorder on the family: Utilization and cost of health care resources. *Pharmacy and Therapeutics*, *33*(1), 15.

Hawton, K., Sutton, L., Haw, C., Sinclair, J., & Harriss, L. (2005). Suicide and attempted suicide in bipolar disorder: A systematic review of risk factors. *The Journal of Clinical Psychiatry*.

Hilty, D. M., Leamon, M. H., Lim, R. F., Kelly, R. H., & Hales, R. E. (2006). A review of bipolar disorder in adults. *Psychiatry (Edgmont)*, *3*(9), 43.

NIMH » Bipolar Disorder. (n.d.). Retrieved October 13, 2019, from https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml

RN, N. G. (n.d.). Bipolar disorder: How to spot the signs and when to see a doctor. Retrieved October 13, 2019, from https://www.medicalnewstoday.com/articles/312143.php