Bipolar Disorders

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***Pacchiarotti, I., Bond, D. J., Baldessarini, R. J., Nolen, W. A., Grunze, H., Licht, R. W., ... & Tondo, L. (2013). The International Society for Bipolar Disorders (ISBD) task force report on antidepressant use in bipolar disorders. American Journal of Psychiatry, 170(11), 1249-1262.***

Isabella Pacchiarotti along with her fellow researchers demonstrate the risk-benefit profile of bipolar disorder by using antidepressant medications. She investigates the controversies regarding the use of medications in patients having bipolar disorder. Her team successfully conducted long-term trials of prophylactic benefits. The safety and efficacy of antidepressant drug management in bipolar disorder are incomplete and unpredictable; therefore, it is a subject of long-standing debate. They found that the use of such medication for bipolar disorders have major risks from mood switch to mania and hypomania. Isabella et al. explained the idea of why it crucial to understand the perspective of bipolar disorders and the effects of medications to combat this disorder. The authors emphasize the efficiency of anti-depressant drugs for both bipolar I and bipolar II disorder. They have found that the severity and frequency of antidepressant drugs in bipolar I is greater than bipolar II disorder. Therefore, they concluded that the use of antidepressants for bipolar I should only be prescribed as an assistant to mood-stabilizing medications.

***Angst, J., Azorin, J. M., Bowden, C. L., Perugi, G., Vieta, E., Gamma, A., ... & BRIDGE Study Group. (2011). Prevalence and characteristics of undiagnosed bipolar disorders in patients with a major depressive episode: the BRIDGE study. Archives of General Psychiatry, 68(8), 791-799.***

Jules Angst along with his team made an effective effort to determine the frequency of bipolar disorder symptoms in a person having major depressive order. They design a transcultural, cross-sectional, diagnostic study that ascended from the bipolar inventiveness disorders. All basic types of bipolar disorders involve clear changes in mood, activity levels, and energy levels. Researchers have found that more than one-third of patients having Major Depressive Disorder are also suffering from bipolar disorders. This means that 33% of patients suffering from MDD show symptoms of major depressive disorders. Researchers found that feeling worried, tired, and decreased energy levels are major symptoms of bipolarity in patients. They demonstrate the usefulness of family history, clinical status, and illness course for assessing the evidence of bipolarity in patients.

***Price, A. L., & Marzani-Nissen, G. R. (2012). Bipolar disorders: a review. Am Fam Physician, 85(5), 483-493.***

Price and Marzani-Nissen emphasize on the symptoms and diagnosis of bipolar disorders. Bipolar disorder is disabling, the chronic mental condition of variable severity. Patients suffering from bipolar disorders have higher rates of other mental disorders. That is why people having bipolarity may also have major depressive disorders. Authors found that the early diagnosis of bipolarity is effective in improving outcomes. Due to the risk of relapse, mood stabilizers such as lithium, antipsychotics, and anticonvulsants should be continued indefinitely. Price and Marzani-Nissen recognize various symptoms such as the more talkative than usual, decreased need for sleep, inflated self-esteem, distractibility, and excessive involvement in pleasurable activities (sexual indiscretions or foolish business investments). Children of parents with bipolar disorders are more vulnerable to being affected in comparison to children of parents without bipolar disorders. They have also found that bipolar disorders and major depressive disorders share inheritance patterns and biologic susceptibility. Antipsychotics, atypical, Ziprasidone, Carbamazepine, Benzodiazepines, and Antipsychotics are beneficial to combat bipolar disorders. They have concluded that the use of monotherapy with antidepressants is efficient for manic episodes and bipolar I disorder. The complications are minimized with the active management of body weight as it improves lipid control. It is concluded that a patient must be educated about suicidal ideation and mood relapse to reduce complications.

***Perroud, N., Baud, P., Mouthon, D., Courtet, P., & Malafosse, A. (2011). Impulsivity, aggression and suicidal behavior in unipolar and bipolar disorders. Journal of affective disorders, 134(1-3), 112-118.***

“Impulsivity, aggression and suicidal behavior in unipolar and bipolar disorders” by Perroud et al. demonstrate that bipolar ailments are often linked with a high rate of suicide efforts. The study based on the comparison of impetuous and violent behaviors in controls and in patients suffering from bipolar disorders. They have found that impulsivity is associated with aggressive and anxious traits. There is a strong correlation between aggressive traits and bipolarity. They have suggested that impulsive aggression in mood disorder patients must be evaluated thoroughly in order to address suicidal risk properly.

**Depp, C. A., & Jeste, D. V. (2004). Bipolar disorder in older adults: a critical review. Bipolar disorders, 6(5), 343-367.**

“Bipolar disorder in older adults” by Depp and Jeste provide an inclusive overview of studies showing neuropsychology, course, feature, the age of onset, features, and prevalence of bipolar disorder in older age. They tried to find out the relevance of bipolar disorder with older age as some studies suggest that a gradually abating sequence is followed by bipolarity. They have found that bipolar disorder often Detroit in older age. They have suggested that bipolar disorders can be present even when mood swings are less extreme. They present strong evidence that bipolar disorder is less likely to occur in older age.

Bipolar Disorder Outline

**Introduction**

Bipolar disorder is also known as manic-depressive illness. It involves unusual shifts in energy levels, mood, activity levels, and the willingness to perform any task. Sometimes patient feel very sad and less active than usual, which is called depressive episode. However, sometimes they feel energetic and very happy than usual, which is known as the manic episode. It often starts in a person’s late teen and usually lasts a lifetime. It is notable to mention that bipolar disorders and major depressive disorders share inheritance patterns and biologic susceptibility. Moreover, the safety and efficiency of antidepressant drug treatment in bipolar disorder is limited and inconsistent. Bipolar disorder is less likely to develop in older age. According to the National Institute of Mental Health (NIMH), certain other health problems are associated with bipolarity such as substance abuse, anxiety disorders, and heart disease.

**Discussion**

Bipolar disorder is a major brain disorder that causes a shift in mood and activity levels. It is further categorized into two types; manic episode and depressive episode. Symptoms for the manic episode include trouble sleeping, feeling weird, increased activity level, being energetic than usual, being irritable, and talkative. On the other hand, symptoms for the depressive episode include short-term memory loss, feeling sad, lonely, having decreased energy levels, eating too much and suicidal thoughts. According to Depp and Jeste (2004), bipolar disorders are less likely to occur in older age. Perroud et al. found a strong correlation between aggressive traits and bipolarity. There is a strong need for systematically assessing the impulsive aggression in a patient suffering from bipolarity to address suicidal risk.

**Conclusion**

In a nutshell, bipolar disorder is a serious mental disorder which involves unusual mood swings and change in energy level. Certain medications for bipolar disorders may cause major risks from mood switch to mania and hypomania. It is noteworthy to mention that bipolar disorder is linked with aggressive traits. Moreover, bipolar disorders and major depressive disorder share biological susceptibility and inheritance pattern. The effectiveness of antidepressant drug treatment is inconsistent and limited. Bipolar disorders are more likely to last a lifetime.

**References**

Angst, J., Azorin, J. M., Bowden, C. L., Perugi, G., Vieta, E., Gamma, A., & BRIDGE Study Group. (2011). Prevalence and characteristics of undiagnosed bipolar disorders in patients with a major depressive episode: the BRIDGE study. Archives of General Psychiatry, 68(8), 791-799.

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