

## Bipolar disorder: Signs and symptoms, Medication

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### Abstract

Bipolar disorder, previously referred to as bipolar disorder, may be a mental disturbance characterized by periods of depression and periods of abnormally elevated mood that last from days to weeks each. If the elevated mood is severe or related to psychosis, it's called mania; if it's less severe, it's called hypomania. During mania, a private behaves or feels abnormally energetic, happy, or irritable, and that they often make impulsive decisions with little regard for the results. There's usually also a reduced need for sleep during manic phases. During times of depression, the individual may experience crying and have a negative outlook on life and poor eye contact with others. The danger of suicide is high; over a period of 20 years, 6% of these with manic depression died by suicide, while 30–40% engaged in self-harm. Other psychological state issues, like anxiety disorders and substance use disorders, are commonly related to manic depression.

### Introduction

While the causes of manic depression aren't clearly understood, both genetic and environmental factors are thought to play a task. Many genes, each with small effects, may contribute to the event of disorder. Genetic factors account for about 70–90% of the danger of developing manic depression. Environmental risk factors include a history of childhood abuse and long-term stress. The condition is assessed as bipolar I disorder if there has been a minimum of one manic episode, with or without depressive episodes, and as bipolar II disorder if there has been a minimum of one hypomanic episode (but no full manic episodes) and one major depressive episode. If the symptoms are thanks to drugs or medical problems, they're not diagnosed as manic depression. Other conditions having overlapping symptoms with manic depression include attention deficit hyperactivity disorder, personality disorders, schizophrenia, and substance use disorder also as many other medical conditions.<sup>[4]</sup> Medical testing isn't required for a diagnosis, though blood tests or medical imaging can rule out other problems.

Mood stabilizers—lithium and certain anticonvulsants like valproate and carbamazepine—are the mainstay of long-term relapse prevention. Antipsychotics are given during acute manic episodes also as in cases where mood stabilizers are poorly tolerated or ineffective or where compliance is poor. There's some evidence that psychotherapy improves the course of this disorder. The utilization of antidepressants in depressive episodes is controversial—they are often effective but are implicated in triggering manic episodes. The treatment of depressive episodes is usually difficult. Electroshock (ECT) is effective in acute manic and depressed episodes, especially with psychosis or catatonia. Admission to a mental hospital could also be required if an individual may be a risk to themselves or others; involuntary treatment is usually necessary if the affected person refuses treatment.

Bipolar disorder occurs in approximately 1% of the worldwide population. Within the US, about 3% are estimated to be affected at some point in their life; rates appear to be similar in females and males. The foremost common age at which symptoms begin is 20; an earlier onset in life is related to a worse prognosis. Around 1/4 to a 3rd of individuals with manic depression have financial, social, or work-related

problems thanks to the illness. Manic depression is among the highest 20 causes of disability worldwide and results in substantial costs for society. Thanks to lifestyle choices and therefore the side effects of medicines, the danger of death from natural causes like coronary heart condition in people with manic depression is twice that of the overall population.

### Signs and symptoms

Late adolescence and early adulthood are peak years for the onset of manic depression. The condition is characterized by intermittent episodes of mania or depression, with an absence of symptoms in between. During these episodes, people with manic depression exhibit disruptions in normal mood, psychomotor activity—the level of physical activity that's influenced by mood (e.g., constant twiddling with mania or slowed movements with depression), biological time, and cognition. Mania can present with varying levels of mood disturbance, starting from euphoria that's related to "classic mania" to dysphoria and irritability. Psychotic symptoms like delusions or hallucinations may occur in both manic and depressive episodes, their content and nature is according to the person's prevailing mood.

According to the DSM-5 criteria, mania is distinguished from hypomania by length, as hypomania is present if elevated mood symptoms are present for a minimum of four consecutive days, and mania is present if such symptoms are present for quite every week. Unlike mania, hypomania isn't always related to impaired functioning. The biological mechanisms liable for switching from a manic or hypomanic episode to a depressive episode, or the other way around, remain poorly understood.

### Medication

Medications may differ counting on what episode is being treated. The medication with the simplest overall evidence is lithium, which is an efficient treatment for acute manic episodes, preventing relapses, and bipolar depression. Lithium reduces the danger of suicide, self-harm, and death in people with manic depression. Antipsychotics and mood stabilizers used together are quicker and simpler at treating mania than either class of drug used alone. Some analyses indicate antipsychotics alone also are simpler at treating acute mania. Mood stabilizers are used for long-term maintenance but haven't demonstrated the power to quickly.

### References

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