LET'S TALK ABOUT BIPOLAR DISORDER

Bipolar Disorder, formerly known as manic-depression, is a mood disorder described by a course of depression and periods of atypical temperament i.e., mania or hypomania that last from days to weeks each.



DEFINING BIPOLAR DISORDER SPECTRUM

Definition of Manic-Depression Categories

- Mania i.e., A manic episode is a period of abnormally elevated or irritable mood w/ high energy, accompanied by abnormal behaviour that could disrupt life.

- Hypomania is a condition in which you display a revved-up energy or activity level, mood or behaviour. Hypomania is a less severe form of mania, particularly in type II. depressive episode- Here the depression is unipolar, meaning that there is no 'up' period. However, Bipolar depression is more episodic than unipolar depression i.e., BP disorder is always on the edge of mania. Hence, it's a persistent feeling of sadness or a lack of interest in

outside stimuli. Therefore, Due to the mania risk, bipolar depression treatment is different from unipolar depression treatment.

THE THREE DIFFERENT CATEGORIES OF BIPOLAR DISORDER SPECTRUM (DSM-V)

- Bipolar spectrum disorders are clearly defined within the Diagnostic and Statistical Manual of Mental Disorders, and consist of:
- A) Bipolar Type I
- B) Bipolar Type II and,
- (C) Cyclothymic disorder



DURING THE 1970S, DUNNER AND FIEVE WERE RESPONSIBLE FOR DIFFERENTIATING BETWEEN BIPOLAR I AND BIPOLAR II DISORDER. IN THE EARLY 80S, GERALD KLERMAN WENT EVEN FURTHER BY CHARACTERIZING THE FOLLOWING SUBTYPES:

- Bipolar I: Full mania
- Bipolar I(a): Depression w/ Hypomania
- Bipolar II: Depression w/ Episodes of Hypomania
- Bipolar II(a): Cyclothymia





SYMPTOMOLOGIES OF BIPOLAR DISORDER SPECTRUM:

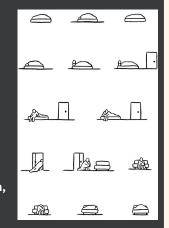
MANIA

- Inflated self-esteem or grandiosity
- Decreased need for sleep
- Increased talkativeness
- Racing thoughts
- Distracted easily
- Increase in goal-directed activity or psychomotor agitation
- Engaging in activities that hold the potential for painful consequences, e.g., unrestrained buying sprees

SYMPTOMOLOGIES OF BIPOLAR DISORDER SPECTRUM (CONTD.)

BIPOLAR DEPRESSION

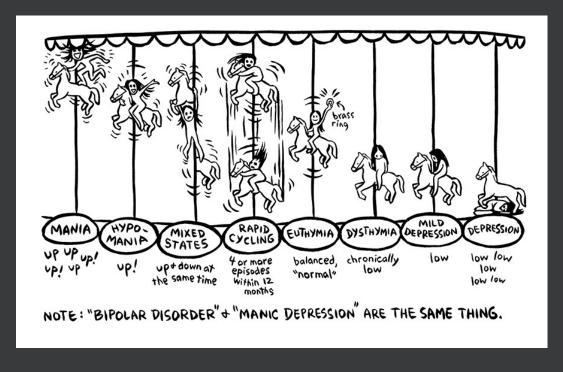
- Depressed mood most of the day, nearly every day
- Loss of interest or pleasure in all, or almost all, activities
- Significant weight loss or decrease or increase in appetite
- Engaging in purposeless movements, such as pacing the room
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt



YOU ARE NOT YOUR DIAGNOSIS. IT IS A PART OF YOU, BUT IT DOESN'T DEFINE YOU.

BIPOLAR STATES

(Forney., 2012)



CAUSES OF BIPOLAR DISORDER

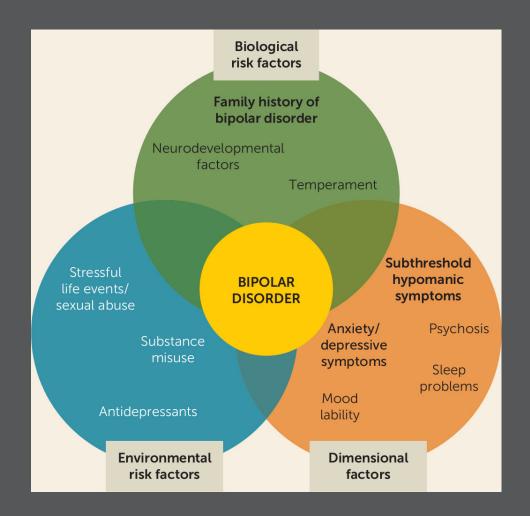
Bipolar disorder appears to result to result from a combination of factors:-

Genetic factors: Bipolar disorder is more common in those who have a family member with the condition. A number of genetic features may be involved.

Biological traits: Research suggests that imbalances in neurotransmitters or hormones that affect the brain may play a role.

Environmental factors: Life events, such as abuse, mental stress, a "significant loss," or another traumatic event, may trigger an initial episode in a susceptible person.

> Putative Risk Factors and Prodromal Symptoms of Bipolar Disorder (Vieta et al., 2018)



UNDERSTANDING BIPOLAR DISORDER TREATMENT

TREATMENT CONSISTS OF MEDICATIONS & Therapy

Treatment is usually lifelong and often involves a combination of medications and psychotherapy.

Bipolar disorder is treated with three main classes of medication: mood stabilizers, antipsychotics, and, while their safety and effectiveness for the condition are sometimes controversial, antidepressants.

(FORNEY, 2012) BIPOLAN DISOADER IS DIFFICULT TO TREAT, FINDING THE ANANT MEDICATIONS CAN TAKE A LONG TIME, SO BIPOLARS MAY LIST OWN MED HISTWINES PROVIDES, LIKE MERIT BROOES



DIAGNOSTICAL STATISTICS (RATES APPLICABLE IN MOST COUNTRIES & CONTINENTS



BIPOLAR DISORDER & CREATIVITY

Terence Ketter, MD, professor of psychiatry and behavioral science and published a research study co-author in 2002 showed healthy artists were more similar in personality to individuals with bipolar disorder (the majority of whom were on medication) than to healthy people in the general population.

Many scientists believe that a relationship exists between creativity and bipolar disorder, while some Ketter said he believes that bipolar patients' creativity stems from their mobilizing energy that results from negative emotion to initiate some sort of solution to their problems. He said,

"In this case, discontent is the mother of invention,"

