

Student Name: HARRIET ANYANWU

Student ID: 1916050

Module Name: Mental Disorders and Psychopathology

Module Code: BMHP6006

Topic: Bipolar Disorder

Assessment: One

Lecturer Name: Bianca Sanfilippo

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Introduction

A medically significant impairment in an individual's intellect, emotional control, or behavior characterises a mental illness. It is frequently connected with anxiety or impairments in critical areas of competence (WHO, 2022). In 2019, it was discovered that one out of every eight persons worldwide suffered from a mental condition. In the United Kingdom, 25% of individuals will encounter a mental health problem of some type each year, while 1 in 6 people may experience a common mental health condition (such as anxiousness and sadness). Furthermore, the number of persons with common mental health disorders increased by 20% in both genders between 1993 and 2014 (McManus et al., 2016).

History of Mental Health and General Treatment

Ancient conceptions concerning mental illness were frequently based on beliefs that peculiar signs were caused by mystical factors such as satanic possessed, spells, witchcraft, or a wrath deity (goddess). As a result of these ideas, treatments were both metaphysical and violent. They thought that creating a crack in the psychologically sick person's skull will enable the evil force (or forces) that possessed the body to be freed. As a means of healing the mentally sick, certain priests performed prayers, atonement, and exorcism, among other things. However, it was the ancient Egyptian medical men who advised sufferers to participate in leisure activities such as music, dance, or painting in order to alleviate their pains and return to some sense of sanity. These many therapeutic trends, including moral therapies, persisted until the modern period.

Bipolar Disorder

Bipolar disorder (previously known as manic-depressive disease or manic depression) is a mental condition characterised by remarkable changes in moods, enthusiasm, activity, focus, and capacity to carry out daily duties. These pattern shifts can vary from highest highs (mania) to severe lows (depression), with each mood lasting several weeks or months (WHO, 2022). Bipolar illness affected 40 million people in 2019. (IHME, 2019).

Bipolar disorder is the world's fourth most frequent mental health concern. In the United Kingdom, about 4 million instances of mood disorders, including bipolar illness, were recorded in 2013 (Finsberg *et al.*, 2013). A follow-up report in 2014, 3.4 percent of 16–24-year-old tested positive, but only 0.4 percent of 65–74-year-old tested positive, indicating that younger individuals are more prone than the elderly to develop bipolar illness in the UK (Marwaha *et al.*, 2016). Following the commencement of the pandemic, the incidence of mild to severe depression signs amongst adults in the United Kingdom increased. Incidence was 10% in surveys conducted between July 2019 and March 2020, but this increased to 19% by June

2020 and 21% by January to March 2021. By July to August 2021, the number of individuals experiencing moderate or severe depression symptoms had dropped to 17%. (ONS, 2021).

Aetiology of Bipolar Disorder

The exact cause of bipolar disorder is unknown. According to NHS (2019) there are a few factors that work together to make a person more likely to develop bipolar disorder and the factors include.

1. **Chemical imbalance in the brain:** Bipolar illness is largely thought to be caused by chemical disparities in the brain. There is some indication that if the amounts of one or more neurons are out of proportion, an individual may develop signs of bipolar disorder. There is also evidence that periods of mania can occur when noradrenaline levels are excessively high, while episodes of depression can occur when noradrenaline levels are extremely low.
2. **Genetics:** It is also believed that bipolar illness is connected to heredity, as it appears to run in families. Family members of those who have bipolar disorder are more likely to get it themselves.
3. **Triggers:** A stressful condition or setting, such as a marital breakup, bodily, sexual, or psychological abuse, or the loss of a loved one, frequently causes the signs of bipolar illness.

Types of Bipolar Disorder:

What happens when you feel extreme levels of excitement, only to feel waves of crippling depression afterward? Or if you feel numb or dissociated from the world regularly? Perhaps you've convinced yourself that feeling sad all the time is just a base-level state at this point. Or maybe you have sudden bursts of energy that lead you to do something random and out of character. While some see it as spontaneity, these symptoms may be signs of bipolar disorder.

Bipolar 1 Disorder

Bipolar 1 is categorized as having a manic episode that lasts more than seven days. Patients with Bipolar 1 can experience highly elevated emotions and uneasiness. They may have an excess of energy and may not sleep for several days at a time. Bipolar 1 is the most dangerous of the manic states since it is the most severe and long-lasting.

Bipolar 2 Disorder

Bipolar 2 manic episodes but less severity than Bipolar one. Typically, manic episodes last four days and are followed by depressive episodes. Patients who have Bipolar 2 may feel deep remorse from their manic episodes that trigger depressive episodes.

Cyclothymic Disorder

Cyclothymic Disorder is categorised with brief moments of manic and depressive states. These highs and lows are not as extreme as the other Bipolar types and can often go undiagnosed due to their mild symptoms.

Final Thoughts

Bipolar Disorder can be crippling for an individual and heartbreaking for families who do not understand the implications. If you feel you have bipolar disorder, seek for help. Reach out to a licensed therapist specialising in CBT, Family Therapy, or working with patients with bipolar disorder.

Signs and Symptoms

The signs and symptoms of bipolar disorder depend on the episode.

During a period of depression, the symptoms may include Despair, hopelessness, difficulty concentrating and remembering things, loss of interest in normal activities, feelings of emptiness or worthlessness, feelings of guilt and despair, feeling pessimistic about everything, self-doubt, delusional thinking, hallucinations, and disturbed or illogical thinking are some of the symptoms.

While During the Mania Episode they include feeling super joyful, ecstatic, or delighted, ego, full of fantastic fresh ideas and having significant action plan, easily dazzled, easily irritated or anxious, doing things that frequently have negative repercussions, and making statements that are out of personality and that others perceive as dangerous or detrimental.

Diagnosis of Bipolar Disorder

A practitioner may do a medical evaluation, a consultation, and request lab testing to confirm bipolar disorder. While blood tests and body scans cannot detect bipolar disorder, they can effectively rule out other conditions that may resemble the disorder (Hunter *et al.*, 2004). If no underlying conditions (or medications like steroids) are causing the signs, the practitioner may suggest mental health treatment.

An individual must have had at least one episode of mania or hypomania to be assessed for bipolar disorder. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is used by mental health practitioners to determine the type of bipolar illness a person is encountering.

Mental health specialists evaluate a person's sequence of signs and how handicapped they are in their highest acute episodes to identify what form of bipolar disorder they have (Gill et al., 2012).

Historical Idea, Treatments and Past Services

Bipolar illness was first mentioned in scientific material by Hippocrates (460-370 B.C.), an early Greek. He was the first to record two severe mood states: being excessively down and being highly energetic or thrilled (Nelson, 2020). Sedatives were the major focus of drug treatments of mania symptoms until the therapeutic emergence of lithium salts (López-Munoz et al., 2011). During the second half of the nineteenth century, such substances were the most often used sedatives. The first generic calming drugs developed in the 19th and early 20th centuries, such as solanaceous alkaloids, bromides, and barbiturates, may be linked back to John Cade's research with lithium in the 1950s (Shorter, 1997).

Current Treatments for Bipolar Disorder

Bipolar illness therapy aims to lessen the amount and length of manic and depression episodes, allowing the person to live a more normal life. According to the NHS (2019), some of the possible treatment options include:

1. **Medicine:** Psychiatrist or GP would offer medication after diagnosis drugs, such as lithium, anticonvulsants, and antipsychotics, are used to stop bipolar episodes, while others are used to treat the major symptoms of bipolar when they happen (MIND, 2022).
2. **Psychological:** The inclusion of talking therapy for depression as well as counseling on how to maintain and enhance relationships (MIND, 2022).
3. **Lifestyles:** Another therapy method is lifestyle modifications such as improving nutrition and obtaining more sleep, arranging activities that provide a sense of satisfaction, and exercising on a regular basis. Furthermore, gardening and running in the park are also beneficial for people suffering from bipolar disorder (MIND, 2022).

These treatment alternatives are quite effective and will help lessen the duration of episodes when compared to persons who do not receive therapy. The benefit of these treatment alternatives is that, unless in extreme situations, the patient is not required to stay in the hospital for therapy.

Advantages and Disadvantages of Treatments with Case Study

Medicine: The use of medication has helped to lessen bipolar illness episodes, however some of these treatments have side effects that might damage individuals. Some of the medications indicated are not safe for pregnant women or women of reproductive age. Lithium, like the best suggested medicine, has been shown to reduce manic symptoms in roughly 60-70 percent of those with Bipolar illness. However, it comes with a cost, such as drowsiness, Excessive weight, renal issues, and stomach discomfort (Goldberg, 2000).

Psychological: This has aided in the identification and modification of troublesome feelings, ideas, and habits. However, for some people, psychological therapy is only beneficial when used in conjunction with other medications in between episodes of mania or depression. According to one study, a nine-month, 21-session individual psychoeducation therapy was not as helpful as an equal-length family psychoeducational therapy in reducing recurrences. Nonetheless, it proved beneficial when combined with medication and may be a cost-efficient method of treating manic episodes (Rea et al., 2003).

Lifestyle: Changes in lifestyles, such as eating and exercise, are quite useful. discovered that bipolar inpatients who engaged in a walking program five days a week and 40 minutes each session had lower levels of sadness and anxiousness than those who did not. However, it is always difficult to maintain some lifestyle adjustments, thus this technique of treatment is still used in conjunction with others (Ng et al. 2007).

Issues on Provision, Professional Support on Bipolar Disorder

Bipolar disorder therapy is still mostly focused on relieving acute symptoms and preventing future recurrences. Furthermore, current recommendations support treatment algorithms that are more or less comparable for all patients, neglecting the clinical, neurobiological, and lifelong heterogeneity of bipolar illness, which renders certain people more or less likely to react to specific treatment. Even when a diagnosis is made, managing bipolar illness remains a big difficulty since individuals are only provided poor therapies. As a result, there is a need to establish tailored health care and guarantee that therapy extends beyond severe symptoms and mood cycle mitigation to cognitive deficiencies, emotional instability, sleep and circadian issues, and the elimination of medical risk factors (Scott et al., 2006).

Principles When Working with People with Bipolar Disorder from NICE

To support someone with bipolar disorder, one has to.

1. We need to maintain their privacy and maintain their dignity.
2. Take an open-minded approach and listen.
3. Inquire about how you can assist and make provides opportunities.

4. Combat discrimination in the place of work.
5. Establish a therapy connection with all bipolar illness clients and counsel them cautious and frequent self-monitoring of indicators.

It's okay not to be okay.



Conclusion

Bipolar disorder is a type of mental illness. It may happen at any age, although it is most frequent in people under the age of 40. Bipolar illness affects both men and women similarly. Triggers, chemical imbalances in the brain, and hereditary factors are among the causes. Although there is no complete cure for bipolar disease, there are therapies to control the episodes and lessen their frequency, allowing the person to live a happier life.

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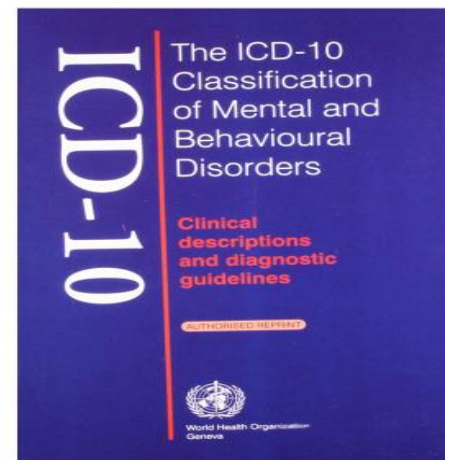
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Appendix:



Student Name: HARRIET ANYANWU
Student ID: 1916050
Module Name: Mental Disorders and Psychopathology
Module Code: BMHP6006
Lecturer Name: Bianca Sanfilippo
Word Count: 2000

Bipolar Affective Disorder



Classification in the ICD-10

- Mood [affective] disorders (F30-F39)
- F31: Bipolar affective disorder

Introduction

- A medically significant impairment in an individual's intellect, emotional control, or behaviour characterises a mental illness. It is frequently connected with anxiety or impairments in critical areas of competence **(WHO, 2022)**.
- In 2019, it was discovered that one out of every eight persons worldwide suffered from a mental condition.
- In the United Kingdom, 25% of individuals will encounter a mental health problem of some type each year, while 1 in 6 people may experience a common mental health condition (such as anxiousness and sadness).
- Furthermore, the number of persons with common mental health disorders increased by 20% in both gender between 1993 and 2014 **(McManus et al., 2016)**.

Who is affected by bipolar disorder

Bipolar disorder is the world's fourth most frequent mental health concern.

In the United Kingdom, about 4 million instances of mood disorders, including bipolar illness, were recorded in 2013 (Finsberg et al., 2013).

- **A 2014, follow-up report , states that 3.4 percent of 16–24-year-old tested positive.**
- **Whilst only 0.4 percent of 65–74-year-old tested positive.**
- **Indicating that younger individuals are more prone than the elderly to develop bipolar illness in the UK.**

(Marwaha et al., 2016).

What types of bipolar disorder are there

According to the fifth edition of the APA's Diagnostic and Statistical Manual of Mental Disorders (DSM-5), there are five different types of bipolar disorder a doctor may diagnose you with:

- Bipolar I disorder
- Bipolar II disorder
- Cyclothymic disorder
- Other specified bipolar and related disorder
- Unspecified bipolar and related disorder
- (ref)



<https://www.msn.com/en-gb/health/condition/bipolar-disorder?ocid=entnewsntp>

Aetiology/Causes of bipolar

- According to NHS (2019) there are a few factors that work together to make a person more likely to develop bipolar disorder and the factors include:

Chemical imbalance in the brain:

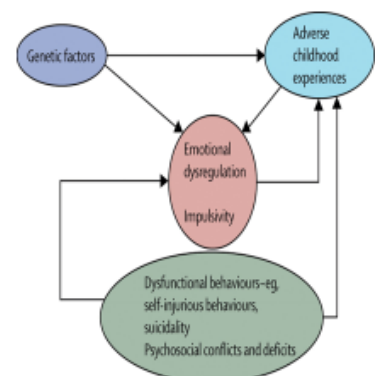
- Bipolar illnesses are largely thought to be caused by chemical disparities in the brain. There are some indication that if the amounts of one or more neurons are out of proportion, an individual may develop signs of bipolar disorder.

Genetic:

- It is also believed that bipolar illness are connected to heredity, as it appears to run in families. Family members of those who have bipolar disorder are more likely to get it themselves.

Triggers:

- A stressful condition or setting, such as a marital breakup, bodily, sexual, or psychological abuse, or the loss of a loved one, frequently causes the signs of bipolar illness.



Symptom/signs

The signs and symptoms of bipolar disorder depend on the episode:

- During a period of depression, the symptoms may include Despair, hopelessness, difficulty concentrating and remembering things, loss of interest in normal activities, feelings of emptiness or worthlessness, feelings of guilt and despair, feeling pessimistic about everything, self-doubt, delusional thinking, hallucinations, and disturbed or illogical thinking are some of the symptoms (Gill et al., 2012).

Utkaltoday, 2020



Diagnosis: Diagnosing bipolar

A practitioner may do a medical evaluation, a consultation, and request lab testing to confirm bipolar disorder. While blood tests and body scans cannot detect bipolar disorder, they can effectively rule out other conditions that may resemble the disorder. If no underlying conditions (or medications like steroids) are causing the signs, the practitioner may suggest mental health treatment (Hunter et al., 2004).

An individual must have had at least one episode of mania or hypomania to be assessed of bipolar disorder. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is used by mental health practitioners to determine the type of bipolar illness a person is encountering. Mental health specialists evaluate a person's sequence of signs and how handicapped they are in their highest acute episodes to identify what form of bipolar disorder they have (Gill et al., 2012).

Historical view and treatment for bipolar effective disorder

- Bipolar illness was first mentioned in scientific material by Hippocrates (460-370 B.C.), an early Greek.
- He was the first to record two severe mood states: being excessively down and being highly energetic or thrilled (Nelson, 2020).
- Sedatives were the major focus of drug treatments of mania symptoms until the therapeutic emergence of lithium salts (López-Munoz et al., 2011).
- During the second half of the nineteenth century, such substances were the most often used sedatives (Shorter, 1997).
- The first generic calming drugs developed in the 19th and early 20th centuries, such as solanaceous alkaloids, bromides, and barbiturates, may be linked back to John Cade's research with lithium in the 1950s.



(Media Drum World, 2022)

Current Treatments

Bipolar illness therapy aims to lessen the amount and length of manic and depression episodes, allowing the person to live a more normal life. According to the NHS (2019), some of the possible treatment options include:

1. **Medicine:** Some drugs, such as lithium, anticonvulsants, and antipsychotics, are used to prevent bipolar episodes, while others are used to treat the major symptoms of bipolar when they occur.
2. **Psychological:** This includes talking therapy for depression as well as counselling on how to maintain and enhance relationships.
3. **Lifestyles:** Another therapy method is lifestyle modifications such as improving nutrition and obtaining more sleep, arranging activities that provide a sense of satisfaction, and exercising on a regular basis.



<https://bipolar.newlifeoutlook.com/medications-for-bipolar-disorder/>

Recommendations for improvement

- Bipolar disorder therapies are still mostly focused, and relieving acute symptoms and preventing future recurrences.
- Furthermore, current recommendations support treatment algorithms that are more or less comparable for all patients, neglecting the clinical, neurobiological, and lifelong heterogeneity of bipolar illness, which renders certain people more or less likely to react to specific treatment.
- Even when a diagnosis is made, managing bipolar illness remains very difficult since individuals are only provided with poor therapies (Scott et al., 2006).

Professional principal when working people with bipolar affective disorder

Principles When Working with People with Bipolar Disorder from NICE

1. Maintain Privacy.
2. Take an open-minded approach and listen.
3. Inquire about how you can assist and provides opportunities.
4. Combat discrimination in the place of work.
5. Establish a therapy connection with all bipolar illness clients and counsel them on cautious and frequent self-monitoring of indicators (NICE, 2022).

Conclusion

Conclusion:



Bipolar disorder is a type of mental illness, It may happen at any age, although it is most frequent in persons under the age of 40. Bipolar illness affects both men and women similarly. Triggers, chemical imbalances in the brain, and hereditary factors are among the causes. Although there is no complete cure for bipolar disease, there are therapies to control the episodes and lessen their frequency, allowing the person to live a happier life.

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