



UNIVERSITY OF WALES

Trinity Saint David
London

ASSESSMENT
COMPONENT I
PRESENTATION

MENTAL DISORDERS AND
PSYCHOPATHOLOGY
(BMHP6006_LON)

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INTRODUCTION – BIPOLAR AFFECTIVE DISORDER

- Bipolar affective disorder is one of the most common mental health illness that is found in the UK.
- It is amongst the long-term mental health condition that affects individuals of any age and race (Humpston et al., 2021).
- Bipolar disorder is characterised by extreme mood swings that include emotional lows (depression) and highs (hypomania or mania).
- It causes intense shifts in mood, thinking patterns, behavior and energy levels. These shifts can last for hours, days, weeks, even months and may interrupt your ability to carry out day-to-day tasks.
- It affects relationships, incurs extra burden to family care givers, and leads to loss of employment amongst others.



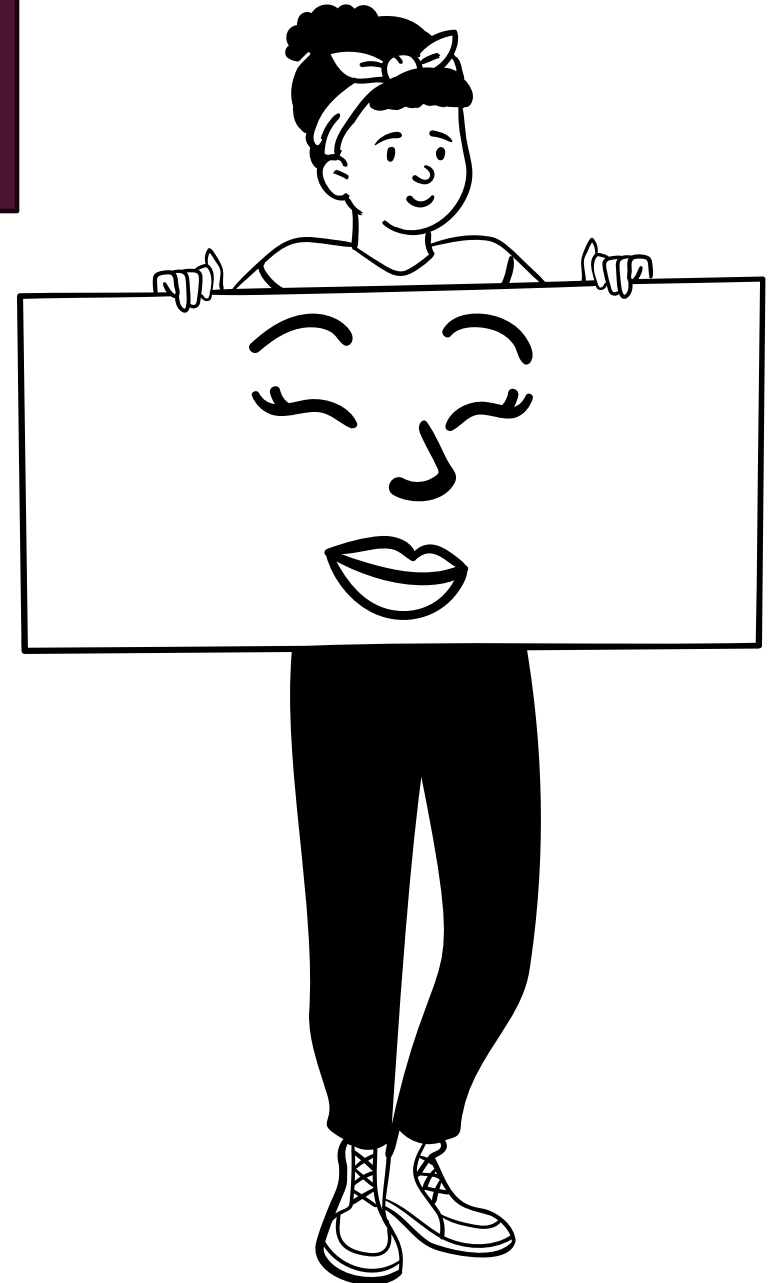
BIPOLAR AFFECTIVE DISORDER - DEFINITION



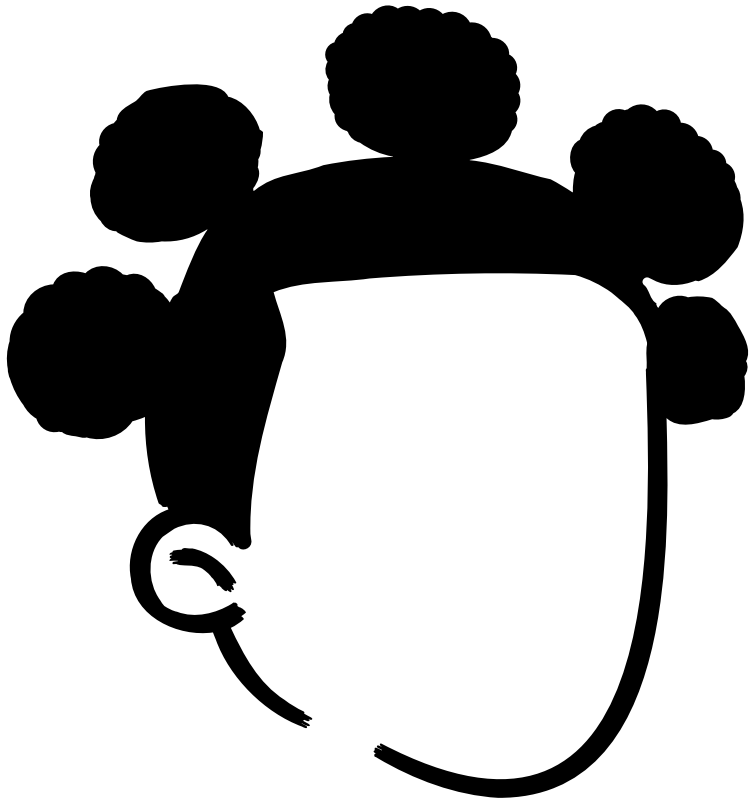
- Bipolar affective disorder is defined based on the symptoms and signs that it exhibits on the individual suffering it.
- The term bipolar disorder refers to a mental illness in which one's mood swings from one extreme to the other.
- Previously, it was termed 'manic depression', but currently it is referred to as bipolar affective disorder.
- Bipolar disorder is a chronic mood disorder that causes intense shifts in mood, behavior, and energy levels.
- People with bipolar disorder aren't always in a manic/hypomanic or depressive state. They also experience periods of normal mood.

BIPOLAR AFFECTIVE DISORDER - CLASSIFICATIONS AND STATISTICS

- Within the ICD-10 manual, mood affective disorders are classified as F30-F39.
- Bipolar affective disorder is specifically classified as F31.
- Recent report indicates that one in every fifty individual is affected by bipolar disorder, implying that 1.3 million people in the UK are suffering from bipolar disorder (Bipolar Facts-UK, 2023).
- Bipolar affective disorder contributes to increased rate of suicide by twenty percent, with at least 800 bipolar disorder patient taking their lives yearly in the UK (Ride et al., 2020).



CAUSES OF BIPOLAR AFFECTIVE DISORDER



The exact cause of bipolar disorder has not been clearly and definitely established.

However, the major risk factor points to hereditary.

Genetic factors are mostly responsible for the disorder including: abnormalities in the brain structure and function, seasonal depression and anxiety disorders amongst others.

Other risk factors are environmental factors such as drug abuse, alcohol abuse, trauma, stressful events, and family history of the disorder (Humpston et al., 2021).

SYMPTOMS/SIGNS BIPOLAR AFFECTIVE DISORDER



The most common symptom of bipolar affective disorder is alternating episodes of depression, hypomania, and mania.



Hypomania episodes is more manageable though it still exhibits significant negative impact on the day-to-day activities of the individual. Hypomania occurs for shorter durations.



Manic episodes are characterised by not less than seven days of deep mood disturbance which features being highly elated, or irritable.



The same symptoms that characterize major depression also accompany depressive episodes in bipolar disorder. (Bipolar -UK, 2023).



BIPOLAR AFFECTIVE DISORDER - DIAGNOSIS

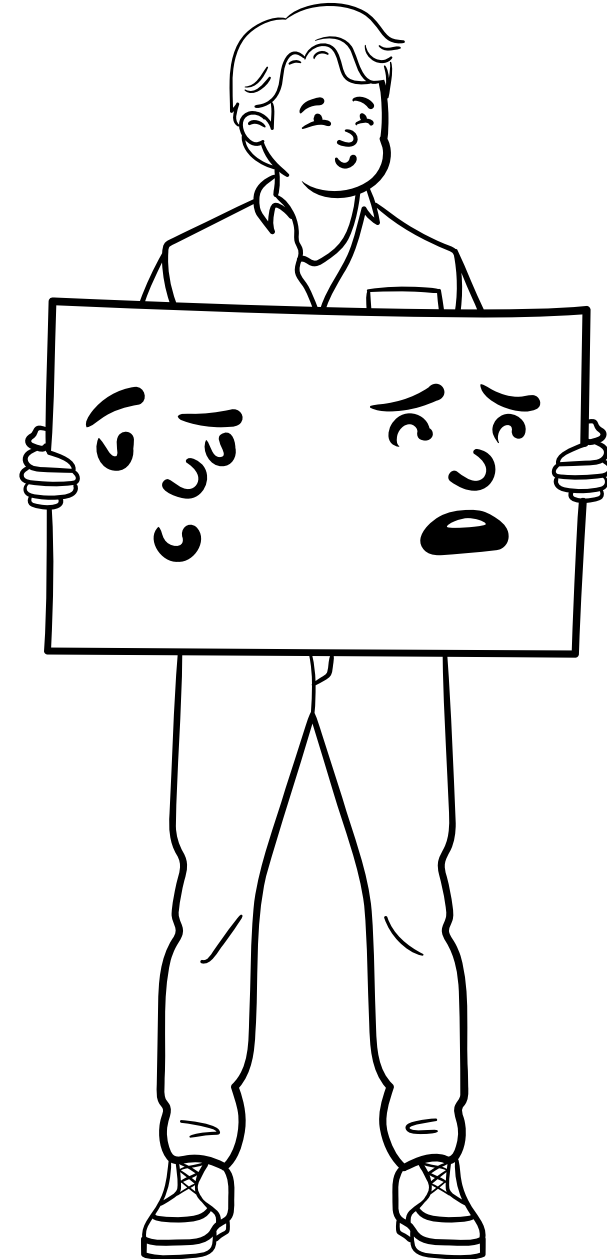
The healthcare professional does a diagnosis through:

Conducting a medical assessment, consult with clients, or by prescribing laboratory tests for bipolar disorder.

A comprehensive medical check of your symptoms, past experiences, and family history will all be brought into question.

Blood tests and body scans cannot identify bipolar illness, but they can be used to screen out other disorders that appear similar to bipolar disorder (Hunter et al., 2004).

Performing a mental health evaluation.





Between 1950 to 1960, different types of medications were used to treat patients with bipolar disorder, including barbiturates.



The earliest records indicate that these people were regarded as crazy or possessed.



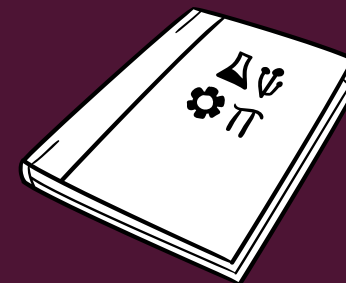
The old treatment was by restraint or chaining; blood was let out; potions were given; or electric eels were applied to their skulls (Hayes et al., 2017).



Currently, mood stabilisers such as lithium prevent depression and manic episodes – they are taken on a daily or long-term basis (Stroup and Gray, 2018).



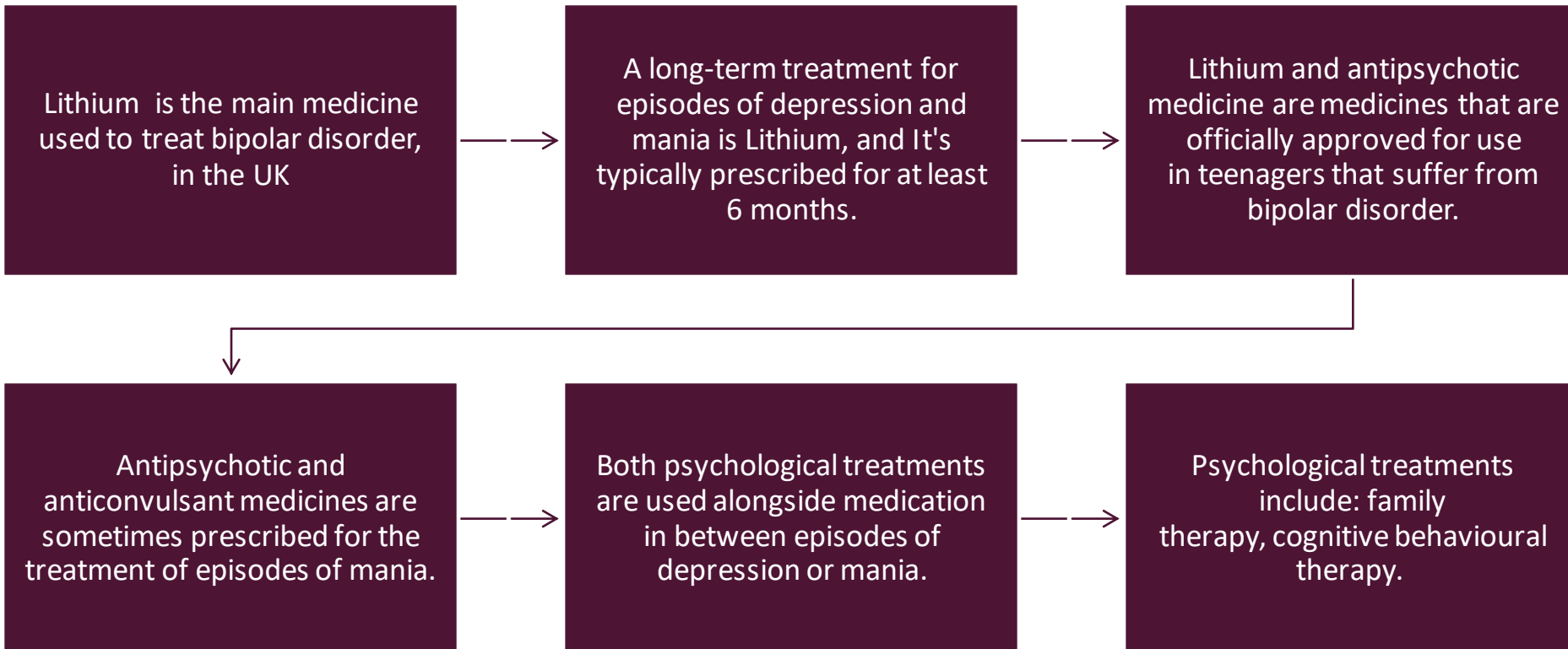
Medication is always supported by therapies, self-management, and good lifestyle habits (Fineberg et al., 2013).



HISTORICAL VIEW AND TREATMENTS FOR BIPOLAR AFFECTIVE DISORDER



CURRENT TREATMENTS (NHS)



PRINCIPLES WHEN WORKING WITH PEOPLE WITH BIPOLAR AFFECTIVE DISORDER

Develop a person-centred care by creating a collaborative approach that supports both the person with bipolar disorder and the carer, while respecting their individual needs (NHS Treatment - Bipolar disorder; Mental Health Act, 2007).

Consult a specialist and follow the crisis plans developed in secondary care if necessary (Yadav et al., 2013).

Identify children, young people, and adults who depend on, live with, or care for individual with bipolar disorder may be at risk of being abused or neglected.

Discuss challenging behaviours, identify their warning signs and triggers, and avoid making assumptions about these behaviours to prepare for manic episodes.

RECOMMENDATIONS AND CONCLUSION

Bipolar affective disorder is amongst the commonest mental health illness in the UK.

The major symptoms are fluctuating episodes of mania, hypomania and depression.

The major risk factors are heredity and environmental sources.

Treatment and management of people affected by bipolar affective disorder is by medication, therapy, self-management and changing lifestyles amongst others.

Creation of extensive awareness of bipolar affective is a step in the right direction.

Developing more support packages for family carer of people with bipolar disorder, and other support and vocational programs will help to reduce the negative impacts.

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