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BMHP6006

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Assessment Component 1

Mental Disorder and Psychopathology –
Bipolar Disorder Presentation

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Introduction

This presentation will focus on the mental health disorder Bipolar from the ICD 10 classification. I will discuss and examine the aetiology, signs and symptoms and the treatments for this disorder. I will also discuss recommendations and support available.

Definition of Bipolar

- Bipolar disorder is a mental health condition that has an emotional impact on moods, which can fluctuate from extreme manic highs to severe depression (NHS 2019).
- It can be triggered by every day life among family, work, studies and other emotional stresses which can become extremely overwhelming.

In 1957, Leonhard first used the term 'bipolar' to describe mental health disorder that includes both depressive and manic symptoms (Mary L. Phillips, 2013). The World Health Organisation (WHO) classifies bipolar disorder as one of the main causes for high mortality and morbidity among 15- to 44-year-olds.

Mania, also known as manic episodes, is a common symptom of bipolar disorder. It is a psychological condition that causes a person to experience extreme intense moods such as delusions, hallucinations, and hyperactivity. They may also risk causing harm to themselves if they have dangerous behaviours (Rachel N, 2019).

Major depression disorder is a symptom that is common in bipolar disorder. An episode can last up to 2 weeks. Depressive symptoms can cause major distress and, in most cases, functional impairments (Katie H, 2021).

ICD 10 Classification of Bipolar

- ICD-10 is also known as the International Statistical Classification of Diseases and Related Health Problems, tenth revision which contains guidelines for coding disorders.
- F31 is an ICD-10 code for Bipolar disorder, listed as a medical classification under the World Health Organisation.
- The ICD-10 conveys a structure of related disorders and separates them into numerous categories. Bipolar disorder is within the group of mood disorders

(World Health Organisation, 2004).

Practitioners, clinicians, and researchers have faced many challenges in order to categorise diagnosis of bipolar disorders. Classification systems and subsets were then developed as a way to regulate the process (Marcia P. 2020).

Causes Of Bipolar/Aetheology

There are three main causes of Bipolar.

Genetic factors

- If a parent or any siblings have the disorder, there is a higher chance of their children having it if both parents have the condition.

Biological factors

- Due to chemical imbalance in the brain, more or less neurotransmitters or hormones can lead to developing mania or depression.

Environment factors

- Life stresses or other traumatic events can trigger symptoms of bipolar e.g. separation or divorce, abuse during childhood, loss of loved ones can increase chances of depressive episodes (Mental Health UK, u.d).

Signs And Symptoms

During a depressive episode, symptoms include:

- Having difficulties sleeping
- Waking up early and sleeping difficulties
- Having lack of energy and appetite
- Feelings of sadness, worthlessness and emptiness
- Suicidal thoughts, disturbed thinking and self-doubt

During a manic episode, symptoms include:

- Being full of energy
- Feelings of joy and happiness
- Feeling self-important
- Feeling easily agitated
- Making irrational decisions

(NHS Conditions, 2019).

Diagnosis

- In order to be diagnosed, you will first need to be seen by your GP to be assessed then referred to psychiatrist if the diagnosis is confirmed.

Specialist assessment

- At the appointment, an assessment will be made by the psychiatrist. You will be asked questions about your symptoms and experience to establish if you have bipolar, and they will decide which treatments are most appropriate (NHS Conditions, 2019).

When it comes to the assessment, the psychiatrist or doctor will ask about how many symptoms are experienced, family history, how the symptoms affect daily life, how long the depressive or manic episodes last and how frequently they happen. To help with the assessment, they may also ask the patient to keep a diary. The professional will check for any signs and physical health problems. an example would be thyroid problems which can be rooted in mania-type symptoms. Although patients can be referred to see if they have the disorder, the

GP cannot diagnose the patient, only a mental health practitioner would be able to make a diagnosis. Before making a diagnosis, the doctor or psychologist may observe the patient for a while, due to the nature of moods changing over time. To make sure the correct diagnosis is made, the health professional should understand that bipolar disorder has common symptoms with borderline personality disorder, schizophrenia, and depression. (Mind UK, 2021).

Treatment

- Medications to prevent episodes of depression and mania and treat the main symptoms such as mood stabilisers
- Learning to recognise the signs and triggers of each episode
- Psychological treatment such as cognitive behavioural therapy (CBT)
- Changing lifestyle habits such as getting regular sleep, improving diet and regular exercise (NHS Conditions, 2019).

Bipolar disorder has three main different classes of treatment. This includes antipsychotics, mood stabilisers and antidepressants and with these medications' psychotherapy. The most common medication drug to use for bipolar disorder are lithium carbonate and divalproex, which is a type of valproic acid. Although lithium carbonate can prevent recurrence of depressive episodes, it works better against mania, and therefore antidepressants are better suited for depression symptoms (Smitha B. 2020).

Cognitive Behavioural Therapy (CBT) focuses on identifying what triggers bipolar episodes and learning effective strategies to cope with situations, that are stressful which can be done by replacing negative and unhealthy thoughts and behaviour with positive and healthy ones. Interpersonal and social rhythm therapy (IPSRT) and focuses on a consistent routine of being able to stabilise waking, mealtimes and sleeping as a daily routine.

Family-focused therapy can help loved ones to recognise, understand and support people with bipolar with their treatment plan and mood swings.

People with bipolar should not ignore therapy sessions or stop taking prescribed medications, as there is no replacement for regular medicinal care (Mayo Clinic, 2021).

Prognosis

- On average, a person with bipolar disorder during their lifetime will experience roughly 10 episodes, even though there is a large amount of genetic and/or environmental factors that contributes to the individual's stability.
- After an episode, the probability of a recurrence within the same year is 50%, which is very high in comparison to other psychiatric disorders.
- Within 4 years of an episode, there is a 75% chance of reoccurrence (Grande et.al, 2016).

The bipolar disorder happens to be linked with progressive differences in functioning and cognition functioning, even for the duration of remissive phases. The levels of recovery are uncertain, as in some cases recovery can be incomplete. This can lead to a high risk of function impairment, relapses, and limited quality of life. Evidence suggests that over some time, episodes could become more frequent with smaller intervals in between. Some individuals might experience depressive symptoms. There are high mortality rates among people with the disorder. Research states that for people with bipolar that have died from cardiovascular disease, the ratio range is 1.2 to 3.0. people with bipolar that have died by suicide has a ratio range from 14.0 to 23.4 (Grande et.al, 2016).

Epidemiology

- In 2014, UK data from the Adult Psychiatric Morbidity Survey discovered that on average, 2% of the population confirmed positive for bipolar and the disorder was more prevalent in younger age groups. Just over 3% of those were aged 16-24; and 4% were aged 65-74 (Dr Willacy, 2020).
- A rate of 2.4% across 11 countries outside the UK was identified by the World Mental Health Survey.
- In addition, data suggests that bipolar 2 is less common in the population than bipolar 1.
- People that have relatives with bipolar are 5-10 times likely to have it themselves (Dr Willacy, 2020).

Legislation

The Equality Act 2010

- The Equality Act 2010 has the duty to protect people from discrimination in work, education and services. This includes people with mental and/or physical impairments that affect their day to day life (Disability Rights UK, u.d).

Human Rights Act 1998

- The Human Rights Act means that everyone should be treated with dignity and respect by staff and service providers. This especially includes emergency, mental health and social services (Mental Health Foundation, 2021).

Bipolar UK is a national charity that supports people affected by bipolar with many policies. Within their Diversity policy, Bipolar UK believes that it is important to embrace diversity by promoting and sustaining a supportive and all-inclusive environment, which aims to help people achieve their skills and qualities to the fullest. The charity aims to treat everyone fairly regardless of age, race, gender, disability, mental health/health, ethnicity, sexual orientation, religious beliefs and so on.

Recommendations

People with bipolar should:

- Attend therapy and/or group therapy
- Speak to a supportive person, ideally a health professional
- Ask for extra help from people around them
- Exercise and eat healthy including reducing caffeine, sugar and alcohol
- Take medication as prescribed

The Government should help people with bipolar by:

- Increasing community support by offering social activities
- Ensure that the Department of Health regulates more psychological therapies within mental health services
- Working with the NHS to develop measures of staff awareness when dealing with mental health through Health Promotion initiatives

(Mental Health Taskforce, 2016).

Conclusion

- Overall, People with bipolar should understand their triggers so that they are able to monitor their moods and learn the warning signs. Sticking to a routine can help them look after their health
- More research should be done on people with bipolar and other mental correlating mental health conditions. There are still many gaps in literature around understanding people with mental health, especially in the UK.
- The WHO Mental Health Action Plan 2013-2020 states there should be strengthened evidence-based research and putting into practice strategies for prevention and promotion (WHO, 2019).

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