

Depression: unipolar and bipolar disorders

Psychology



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Depression: Unipolar and bipolar disorders November 18, Depression: Unipolar and bipolar disorders According to the criteria set forth by The Diagnostic and Statistical Manual, unipolar depression and bipolar disorder are similar to one another in every aspect. However, research has shown that, though they are related, they are two distinct mood disorders. Though both deal with depression, the primary characteristic that sets unipolar depression and bipolar disorder apart from each other is mania. “ Mania is a state of high agitation or pleasurable excitement that does not occur with unipolar depression (Healy, 2008).” When a person suffers from unipolar depression, they experience only depression, but when a person suffers from bipolar disorder, they are subjected to alternating states of manic highs and depressed lows. Unipolar depression and bipolar disorder share many underlying causes. Biologically, people with unipolar or bipolar disorder have have been known to have physical changes in their brains compared to people that do not have either disorder. It is not fully known how these changes prompt the development of these disorders, but scientists have noticed their prominence in cases of unipolar and bipolar disorders. Both disorders also bring about an imbalance of naturally present brain chemicals known as neurotransmitters, which are common in the progression of most mood disorders. Similarly, an imbalance of hormones can trigger unipolar depression or bipolar disorder. Finally, people are more likely to develop unipolar depression or bipolar depression if a blood relative has also been diagnosed with the disorder. It is common that family members inherit traits such as these, though the specific genes that cause either disorder are still undetermined. Despite these similarities in causes, unipolar depression and bipolar disorder also have their own unique sources. Unipolar depression can <https://assignbuster.com/depression-unipolar-and-bipolar-disorders/>

be caused by events that an individual is subjected to during their lifetime, such as the death of a loved one, high levels of stress, or financial or educational difficulties. Moreover, early childhood trauma can play a role in the development of unipolar depression. “ Traumatic events during childhood, such as abuse or loss of a parent, may cause permanent changes in the brain that make an individual more susceptible to depression (Goodyer, 2003).” Bipolar disorder, on the other hand, can be caused by environmental factors, such as stress or a traumatic experience, though this differs from the factors of unipolar depression in regard to the age that one is subjected to traumatic events. As previously mentioned, the diagnostic criteria for unipolar depression and bipolar disorder are similar. Though both mood disorders can effect sleep, appetite, activity level, mood, and overall behavior, each aspect is effected differently based on the disorder. In regard to sleep, a unipolar depression sufferer faces insomnia, trouble with falling asleep, and waking up throughout the night. A bipolar disorder sufferer experiences hypersomnia, excessive tiredness, and trouble with waking up the morning. Unipolar depression brings with it a loss of appetite, but bipolar disorder comes with binge-eating, which may alternate with episodes of loss of appetite. A person with unipolar depression is restless and prone to pacing, while a person with bipolar disorder is more inactive and listless. While both disorders are characterized by sadness, hopelessness, and worthlessness, guilt is more prominent in bipolar disorder. Furthermore, drug abuse and suicide attempts are higher in bipolar disorder than unipolar depression. Due to the similarities between these disorders, it can be difficult to successfully diagnose an individual who displays any of the mentioned symptoms, despite their dissimilarities. To make the diagnostic process more

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complicated, bipolar depression can resemble unipolar depression as the symptoms they have in common can last for approximately two weeks, if not longer. Bipolar disorder can last for many years as depression without displaying any signs of mania. Until episodes of mania arise, there is almost no distinguishing between the two disorders. To indicate that a person has one disorder over another, psychiatrists look to sleeping and eating patterns as these symptoms are the most distinguished based on the disorder. The treatment options that are available are dependent on whether the disorder is unipolar depression or bipolar disorder. It is important to secure a definite diagnosis before proceeding with treatment because treatment methods that may work with unipolar depression can cause complications for bipolar disorder (Stahl, 2008). People that suffer from unipolar depression are treated until their symptoms desist and they feel better; unipolar depression is able to be overcome. Bipolar depression, even when a person is feeling better, needs to be treated for the duration of the individual's life. For both disorders, most symptoms are treated individually since there are no definite cures for unipolar depression or bipolar depression. Anxiety, depression, and issues related to sleeping and eating are tended to separately. Treatment options for unipolar depression are typically in the form of medications. Therapy is available but is seldom sought. The main treatments for bipolar disorder include medications, individual or group psychotherapy, and support groups. Unipolar depression and bipolar disorder have their similarities, but they are two completely different mood disorders. The main distinction between the two is the mania that accompanies bipolar disorder. Each disorder has their own symptoms, which also means that there are specific treatments that are dependent on the specific disorder. Once the <https://assignbuster.com/depression-unipolar-and-bipolar-disorders/>

disorder has been properly diagnosed, the individual can obtain the proper treatment that they need and start on their road to recovery. References

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