

Bipolar disorder: a combination of medication and psychotherapy

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Bipolar disorder or manic-depression as it is sometimes called is one of the most complex of the mood disorders. In terms of both, symptoms presented and treatment, bipolar disorder is found in about 1% of the population; but the incidence of the disorder may be considered slightly higher when a wider spectrum of symptoms is considered (Barker, 284). A typical case of bipolar disorder is characterized by the presence of both manic and depressive episodes, and each of these may be exhibited differently by different persons. Some people experience more manic symptoms while others experience more depressive symptoms, and yet others experience both types of episodes roughly equally (Yatham, 53). Bipolar disorder manifests itself as either Bipolar I which is a typical combination of episodes of mania and sometimes depression, as Bipolar II which includes episodes of hypomania and depression or as Cyclothymia in which the individual experiences swings between mild symptoms of mania and depression (Barker, 284).

Mild symptoms of bipolar disorder can be mistaken for normal fluctuations in mood, and can often remain undetected till they worsen and become more severe. Persons with depressive symptoms are often more likely to be diagnosed as mild to moderate symptoms of mania can make the individual feel good and thus, they are less likely to seek help for these symptoms. Although these symptoms seem to be part of a positive state, they can contribute to worsening of the illness if untreated (Barker, 284). An episode of mania or depression (regardless of its intensity) may persist for a variable period of time and often lasts for a few weeks to a few months unless

treated. Many individuals exhibit normal mood in between episodes of mania and / depression; and may seem to be recovering at such times.

Symptoms

Bipolar disorder presents a very heterogeneous set of symptoms, each of which can vary along a continuum ranging from mild to extreme. The symptoms need to be understood in context of the type of episode experienced by the person. Manic episodes are typically characterized by impulsive behavior, reduced sleep, racing thoughts and rapid speech, extremely positive emotional states or agitation and irritability, reduced span of attention which results in an inability to concentrate on even important things (Barker, 284). An individual may experience any or all of these symptoms with differing intensity. In extreme episodes of mania, the individual may experience feelings of grandiose as well as delusions and hallucinations (Yatham, 53).

Some persons do not experience full blown mania, but experience milder symptoms termed as hypomania. Hypomania is far more difficult to detect and diagnose as it can often seem like the individual is experiencing normal positive emotions and happiness (Goodwin & Jamison, 1728). Persons experiencing hypomania typically feel energetic and creative and are able to cope (possibly better) with day to day activities. Hypomania does result in impulsive decisions and can feed or create circumstances that may then affect the experiences during depressive or manic episodes. The common assumption is that persons with bipolar disorder are unable to cope with the challenges that characterize normal lives. Lam, Wright & Smith (193) have found that persons with hypomania not only manage to function adequately,

but may exhibit periods of high creativity and may be more successful than others. Studies like these reduce the stigma associated with conditions like the Bipolar disorder.

Depressive symptoms in Bipolar disorder seem similar to those exhibited by persons with uni-polar depression; but do differ in some significant ways. The list of symptoms for Bipolar depression includes low mood, feelings of hopelessness and sadness, changes in memory and sleep and eating habits, feeling of worthlessness and thoughts about suicide happiness (Goodwin & Jamison, 49). Irritability, guilt and restlessness are more frequently observed in bipolar depression, and suicidal attempts are also more frequent. Mixed symptoms are often observed in individuals suffering from Bipolar II and Cyclomania (Barker, 285). This would include a co-existence of symptoms from the depressive and manic episodes like experiencing creative ideas but feeling too worthless to execute them, or being tearful during heightened activity.

Causes of Bipolar disorder

No one cause seems to be particularly responsible for Bipolar disorder and it has been found to have roots in genetic, hereditary and biological causes as well as psycho-social causes. Research in twin studies has shown that between 40% to 67 % of monozygotic twins show symptoms of Bipolar episodes and other mood disorders, while the influence of family seems to be lesser for these twins. Different genes have been found to predict Bipolar disorder in different groups, and the possibility of an interaction between different genetic factors cannot be ruled out.

Physiological factors associated with brain functioning have also been

implicated, and changes in lateral ventricles, white matter and some other parts of the brain have been found in those suffering from bipolar disorder. It is also believed that changes similar to those seen in persons suffering from depression occur in the Hypothalamic-Pituitary-Adrenal axis along with changes in the mitochondria, which leads to period of reduced and excessive neural firing with are associated with periods of depression and mania respectively (Barker, 285).

The influence of environment cannot be discounted. stressful experiences and psychosocial factors that include interpersonal relationships, work environment and uncontrollable life events seem to play an important role in triggering episodes (Barker, 285). Childhood stress and abuse are often cited experiences. Other factors that could influence the intensity and occurrence of episodes after the onset of the illness are substance abuse, seasonal changes, medication for other issues and changes in sleep patterns (Goodwin & Jamison, 49).

Treatment

Given the variety and complexity of the symptoms of Bipolar disorder, treatment can prove to be challenging. Antidepressants do not typically reduce depressive symptoms, and carry the risk of triggering manic episodes. Medication often used includes mood stabilizers, anticonvulsants, and antipsychotic medication in the case of extreme episodes (Goodwin & Jamison, 143). Depending of the symptoms, these medications are either given in isolation or in conjunction with each other. Medication used to treat bipolar disorder may be given for a long term to reduce chances of relapse. A combination of medication and psychotherapy are believed to be more

effective as compared to either alone when treating mood disorders, including Bipolar disorder (Barker, 285). Cognitive – Behavioral therapy has shown evidence for success in maintaining periods of remission as well as reducing the occurrence of triggering factors for further episodes. Psycho-education, family focused therapy and interpersonal therapy have also been found helpful in coping with symptoms and developing the life-skills required (Goodwin & Jamison, 1967).

Thus, while bipolar disorder has multiple and complex symptoms and causes, it is possible to treat it and help the individual lead a creative and productive life.

Works cited

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