

Bipolar disorder signs and symptoms

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A 25-year-old outpatient stated of being unable to express herself and lacks the capability of socialising with others during a psychiatric interview. Despite her 5-year psychiatric treatment and 3 years of medication for Depression and Anorexia, she persists on going symptoms of depression, lack of will, thoughts of worthlessness and anorexia. Despite the patient had been given different medications for the last 3 years: lamotrigine 100 mg/day and moclobemide 600 mg/day for the last 1.5 years. She felt irritated, tension for no reasons, couldn't focus, restlessness, didn't want to return to her home. She left her home around midnight. During that time, she was more self-confident, further social skills with strangers, extremely talkative, irritability, aggressiveness, laughing constantly which is very unlike her. The patient stated the first time her symptoms appeared was in 6th grade after her being embarrassed to wear glasses. She felt sad, couldn't feel joy despite something good happening, however; her sleep and appetite was considered normal. Her symptoms worsened when she went off to college. She had anxiety in crowded areas such as classrooms, dining hall, etc... She lacked motivation, felt worthless, low energy, felt staying in bed all day.

Moreover, she was restless and had the urge to overeat. During that period, psychiatrist diagnosed her with depression and administered medication fluoxetine 20 mg/day and trifluoperazine 1 mg/day. A year later, because her symptoms continued; she was administered as an outpatient in the university clinic and was diagnosed with bipolar II and was given valproic acid 1000 mg/d and sertraline 50 mg/day. She received medicated help for a year. However, she discontinued consuming her medication due to

depression fading away and felt she didn't need them anymore. During that period; another psychiatrist claimed that she did not suffer from bipolar disorder and diagnosing bipolar disorder was not an easy matter. If she was bipolar it would not be in her greater benefit to stop her treatment. After some time, she was taken to a psychiatrist because she wouldn't stop crying. Since she was previously diagnosed with bipolar disorder the psychiatrist prescribed her lithium. However, she stopped taking lithium due to nausea. The depression symptoms returned after 5 months and she was prescribed with lamotrigine and moclobemide. She didn't follow up with her treatment therefore her symptoms did not render. The psychiatric evaluation of her showed:

- Restrained, shy, alert, oriented, and didn't face and memory problems or perception.
- Depression and thought of worthlessness.
- No psychotic symptoms, not suicidal.
- Thyroid function within normality

According to DSM 5, she was diagnosed with bipolar mood disorder “unspecific type” due to her ongoing symptoms during adolescence because of her ongoing series of depressive episodes and psychomotor agitation and hypomanic symptoms. Furthermore; she had social anxiety disorder due to her anxiety symptoms around social situations. She was evaluated for dysthymia due to anti-depressant induced hypomanic episodes. Therefore, she was diagnosed with bipolar spectrum seemed clinically appropriate. She was advised to take lamotrigine and moclobemide regularly. During follow-up; they increased valproic acid up to 1000mg/ day and her lamotrigine

dosage was cut in half. She started seeing a psychotherapist. Her depressive symptoms were partly solved. She began tutoring high school students which gave her a boost in level of functioning.