

Good research paper about bipolar and heredity

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In most instances, people undergo mood swings or changes. In some occasion, one may feel frustrated and irritable; other occasions, one feels excited or happy. Nevertheless, people suffering from bipolar disorder undergo severe mood changes, which impair or affect their daily life as well as adversely influence their relationship with others. Because bipolar disorder, more often than not, is a chronic health complication, most persons suffering from bipolar need life-long therapy or treatment to maintain it in check. It is recommendable someone with bipolar disorder to see a psychiatrist frequently, because they can assess the symptoms, answer some troubling questions, as well as assist in deciding the best treatment option (Kremeyer et al., 2010). Bipolar disorder may be properly managed with psychotherapy and medication. With effective treatment, people suffering from bipolar may lead productive, fulfilling lives. That is the rationale it is significant to acknowledge the symptoms as well as consult a mental health professional (psychiatrist) for assessment. The rationale of this report is to explain the bipolar disorder and how it can be caused by hereditary.

About 2. 6% of U. S adults suffer from bipolar disorder as shown by reports of NIMH (National Institute of Mental Health) (Shives, 2008). The mood changes include mania (highs) when one feels high or depressed (low) when one feels sad as well as hopeless. Cases of suicide attempts are regular in bipolar disorder, particularly in depressive instances. Bipolar disorder can be classified into five classes or categories. Bipolar I denote a classic category of bipolar disorder. People undergo both depressive as well as manic episodes of differing lengths (In Bope & In Kellerman, 2014). Bipolar II entails

less severe manic events in comparison to bipolar I; nonetheless, their depressive events are similar (Kremeyer et al., 2010 Kremeyer et al., 2010). The third class of bipolar disorder is cyclothymia, which is life-long though the milder type of bipolar disorder, coupled with events of hypomania as well as depression that can occur for two years (Leader, 2010). The fourth type of bipolar disorder is mixed episodes, which involves depression and mania occurring concurrently. The fifth category of bipolar disorder is rapid-cycling, which involves people experiencing multiple occurrences of depression, mania, or both in one year (In Bope & In Kellerman, 2014).

The precise cause of the bipolar disease is not properly fathomed. There is certainly a hereditary component, since research indicate that 90 percent of persons suffering from bipolar disorder have a member of family diagnosed with a depressive disorder or bipolar disorder (Kremeyer et al., 2010). Bipolar disorder seems to run within families, for that reason, scientists trust that a genetic predisposition exists for the disease (Leader, 2010). Scientists are investigating the presence of the anomalies on definite genes (Shives, 2008). Nevertheless, it must be noted that suffering from bipolar disorder never necessarily imply that one of the members of the family has the disorder. The cause of the bipolar disease is hypothesized to be emerging due to the interaction between one's unique environmental factors versus genetic predisposition, for example, stress and one's coping strategies (Leader, 2010). In spite of the bipolar disorder cause, a serious health complication may result in impairment of one's capability to have mutually beneficial relationships, or be successful in the job.

Research of bipolar disorder patients, as well as their relatives, has revealed

that bipolar disorder may run within families (Shives, 2008). Maybe the convincing health data was from twin studies or investigations. In research of identical twins, researchers report that when an identical twin suffers from bipolar disease, the other twin sibling has an increased probability or risk of suffering from bipolar disorder in comparison to another sibling within the family (Shives, 2008). Researchers make a conclusion that the lifetime risk of an identical bipolar twin to also suffer from the bipolar disease is approximately 40-70 percent (Shives, 2008).

Other studies that interviewed first-degree relatives or siblings of patients suffering from bipolar I or bipolar II disorder made a conclusion that bipolar II disease was the most frequent affective disorder within both families sets (Leader, 2010). The researchers or investigators found that 40 percent of the forty-seven first-degree siblings of the patients with bipolar II disorder also suffer from bipolar II disorder; twenty-two percent of the two hundred and nineteen first-degree siblings of the patients of bipolar I suffered from bipolar II disorder (Leader, 2010). Nevertheless, among patients suffering from bipolar II, studies revealed that only a relative suffering from bipolar I disorder (Furnham & Anthony, 2010; Leader, 2010). The studies made a conclusion that bipolar II denotes the most common diagnosis of siblings in bipolar I or II families (Furnham & Anthony, 2010; Leader, 2010).

Additionally, research exploring the connection of bipolar and genetics discovered that children having a biological parent suffering from bipolar I or II disorder is at an increased risk of developing bipolar disorder (Furnham & Anthony, 2010). In this research, investigators revealed that 51 percent of the bipolar children developed a psychiatric disorder, more often than not

major depression, ADHD, dysthymia, or bipolar disorder (Furnham & Anthony, 2010). It is significant to note that the bipolar disorder parents within the research with a childhood ADHD history were more probably to have children suffering from bipolar disease instead of ADHD (Kremeyer et al., 2010).

Other research revealed that the first-degree family members of an individual diagnosed as suffering from bipolar I disorder or bipolar II are more commonly to suffer from major depression if correlated with a first-degree family members of those persons without bipolar disorder history (Leader, 2010). Scientific results also reveal that the risk or chance of affective disorder within relatives having members of the family suffering from bipolar disorder increases, based on the population of diagnosed relatives (Leader, 2010). In conclusion, it is scientifically proven that there is a genetic predisposition for the bipolar disorder.

References

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