

Bipolar disorder thesis examples

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Bipolar disorder (manic-depressive disorder) is a severe and highly morbid recurrent mood disorder. The prevalence of the disorder is 1.3% to 1.6% while its mortality rate is 2 to 3 times higher compared to that of the general population. The suicidal rate among bipolar disorder patients is about 10-20%. The disorder has diverse clinical manifestations ranging from mild depression to severe depression and/or with psychosis. A severe variant of the disorder, which manifests in rapid cycles and is difficult to treat, is common in women. The disorder has high recurrence and suicidal risks.

Bipolar disorder is one of the two main mood disorders. There are two types of the disorder; bipolar disorder I, which is recurrent and features manic, mixed and a major episode of depression; and bipolar disorder II with more than one episode of depression and a hypomanic episode. During the manic episode, a patient experiences an abnormally raised, irritable mood. The changes in mood in hypomanic episodes are not as severe as in manic episodes. A major episode of depression is characterized by depression or loss of interest in almost every activity. This episode lasts for at least two weeks.

The disorder mostly begins in people of age between 15 and 24 years.

However, treatment is always sought after a time interval of 5-10 years.

Other medical conditions such as trauma, Cushing's disease and AIDS have been attributed to the manifestation of symptoms in people of age 60 years and above. Genetic factors also increase the risk of bipolar disorder in monozygotic twins and other 1st degree relatives.

Bipolar disorder is mainly treated to prevent acts of suicides and recurrence.

Prophylactic treatment is given to patients who have experienced at least

two manic or depressive episodes in 5 years. Lithium salt is used for long-term treatment. It is effective in the prevention of manic or depressive episodes. Anticonvulsants such as carbamazepine are also effective. Valproic acid is used to treat acute mania. Abrupt discontinuation of medication is associated with increased depression and suicides. However, gradual discontinuation of lithium reduces the risks of recurrences of mania. Psychotherapy is used to enhance the patient's compliance to medication, and accept the illness.

References

Muller-Oerlinghausen, B., Berghofer, A., & Bauer, M. (2002). Bipolar Disorder. *Lancet*, 241-7.