

Free current trends in psychology: bipolar disorder research paper sample

[Health & Medicine](#), [Mental Health](#)



Throughout history, humans have experienced a wide variety of mental health disorders, some tolerable with counseling, while others disorders requiring more intensive treatment through the use of inpatient hospitalization or medication. Mental health disorders have the ability to touch all aspects of an individual's life; from daily interactions with family and friends, to the extreme of such disorders leading to successful suicides in an attempt to be free of one's mental terror. However, through the course of astute studies and passionate researchers, we are closer to understanding how to effectively treat a menagerie of disorders.

Mental Health Disorders

Bipolar Disorder

One of the disorders listed in the DSM-5 among the mood disorders is known as Bipolar Disorders, formerly known as manic depression, which up until the recently updated publication of the DSM was combined with depressive disorders. While the two disorders do share some qualifying characteristics, it is important to know that they are two distinctly separate disorders.

According to recent research, bipolar disorder afflicts five percent of the global population, accounting for one of the top ten leading causes of disability (Jaya, Kumar, Lalit, Tanuja, & Deepa, 2012). There are three main types of bipolar disorder, each with their specific characteristics, symptoms, and treatments: bipolar I, bipolar II, and cyclothymia. A hallmark of the different bipolar disorders types is a depressive period and manic phase, with a return to a normal level of functioning between depressive and manic episodes, which may be quite extreme, depending on the individual (Mitchell, 2013).

Mood disorders, such as bipolar disorders often occur in a cyclical design, with a triggering event, which can be either negative or positive for the individual, which sets off the spiral of either mania or depression. Certain personal characteristics and environmental influences are thought to play a role in the development of bipolar disorder, with biology, behavior, emotional and cognitive, and social influences being identified as some of the more common sources of contributing factors (Durand & Barlow, 2010). During depressive phases of bipolar, an individual may exhibit extreme sadness, inactivity and loss of interest in usually enjoyable activities, crying, anxiety, a feeling of hopelessness, overwhelming guilt, and suicide ideations (Torpy, 2009).

During the manic phase of bipolar, one experiences an extremely elevated mood, fast speech and racing thoughts, engaging in risky behavior such as gambling, sexual promiscuity, and substance abuse, and a possible decreased need for sleep (Torpy, 2009). During hypomanic episodes, there may be a mild to moderate elevation in mood, in which one may experience optimism, a decreased need for sleep, and an increased attention span, with the effects not being as impactful on the daily functioning as compared to manic phases (Torpy, 2009). Bipolar I disorder consists of an alternation between major depressive episodes with full manic episodes, whereas bipolar II disorder is characterized by an alternation between major depressive episodes with hypomanic episodes which do not meet the full criteria for manic episodes.

Causes

Research into bipolar I and bipolar II within the United States suggest that the latter is more common, with lifetime prevalence incidence rates of one percent and eleven percent, respectively (Jaya, Kumar, Lalit, Tanuja, & Deepa, 2012). However, according to research, there may be a genetic component which can increase the likelihood of developing bipolar disorder. Studies suggest that if an individual has one parent that has been diagnosed with bipolar disorder, the child has up to a 25 percent chance of developing the disorder; in identical twin studies, if one twin has been diagnosed with bipolar disorder, there is an eightfold greater risk of the other twin developing the disorder when compared to non-identical twins, or up to 70 percent of a chance of developing bipolar disorder (Jaya, Kumar, Lalit, Tanuja, & Deepa, 2012).

Studies into how the environment influences the development of bipolar disorder and other mental health illnesses has revealed that both life events and the amount and type of social support present in the life of an individual plays a large role in whether or not someone develops a mental illness (Alloy et al., 2005). Even if someone is genetically predisposed to developing bipolar disorder, such as a parent or sibling having been diagnosed with either bipolar or other mood disorder, it is hypothesized that if there is positive social support of significant others, friends, and loved ones, an individual is less likely to develop the disorder even if a stressful event is present (Alloy et al., 2005). Conversely, if negative support is present, the likelihood of developing a more intense cycle of bipolar or other mood disorder is thought to increase after the experience of stressful events (Alloy

et al., 2005). Life events don't seem to be relegated to only precipitating the initial onset of the disorder, but also subsequent cycles of manic and depressive episodes in individuals diagnosed with bipolar disorder (Alloy et al., 2005). Additionally, the types of life events experienced tend to influence the onset of bipolar disorder more than others. For example, it is hypothesized that when daily schedules are disrupted, such as a change in meals (fasting) and the sleep-wake cycle (which disturbs the circadian rhythm), manic episodes are more likely to occur within individuals who have been diagnosed with bipolar disorder (Alloy et al., 2005). Likewise, university students who were on the bipolar disorder spectrum were more likely to develop episodes of hypomania but not depressive episodes during the final exam period, compared to other times during the term (Alloy et al., 2005). There also appears to be a link between the changes in season and the onset of bipolar disorder, with spring being associated with triggering an onset. Such an increase around that certain season is thought to be influenced by the increase in bright sunshine present, which affects the pineal gland (Jaya, Kumar, Lalit, Tanuja, & Deepa, 2013).

Treatment

Some researchers and mental health professionals suggest treating manic and depressive states differently, especially when pharmaceuticals are involved in the treatment. During manic episodes, some suggest that the most effective treatment is with antipsychotics, such as risperidone, olanzapine, and haloperidol, as compared to the more common medications within the “ mood stabilizer” family of pharmaceuticals (Mitchell, 2013).

However, individuals in manic episodes may benefit from lithium, which is a common drug to treat mood disorders. Research suggests that between 59 and 91 percent of individuals in a manic state benefit from lithium (Jaya, Kumar, Lalit, Tanuja, & Deepa, 2013). When treating individuals with bipolar disorder who are experiencing a depressed episode, there are some conflicts regarding the effectiveness and safety of using antidepressants, as some antidepressants may trigger a manic or hypomanic episode (Mitchell, 2013), thus spinning the individual into a fast cycle spiral.

Among the treatment options for bipolar disorder that do not include pharmaceuticals are some more traditional therapeutic options, as well as some less-common, but very effective methods. One option is psychotherapy, which can help to provide support and education to both the individual living with bipolar disorder, as well as his or her family. Some of the treatment options within the spectrum of psychotherapy include Cognitive Behavioral Therapy (CBT), Family-focused Therapy, Interpersonal Therapy, and Psycho-education (Jaya, Kumar, Lalit, Tanuja, & Deepa, 2013). Other treatment options include sleep medication, herbal supplements (Jaya, Kumar, Lalit, Tanuja, & Deepa, 2013), or for more severe depression symptoms, electroconvulsive therapy (ECT) has been shown to be effective when other methods have been ineffective (Durand & Barlow, 2010).

Conclusion

Mental health disorders are very serious, with the ability to influence every facet of an individual's life. Mood disorders such as bipolar are especially dangerous if left untreated due to the increased risk of suicide when

compared to individuals who do not have a mental health disorder.

Fortunately, there are a variety of treatment options, such as pharmaceutical interventions and psychotherapy, which have been shown to be beneficial, allowing individuals to regain their lives and live asymptotically.

References

Alloy, L. B., Abramson, L. Y., Urosevic, S., Walshaw, P. D., Nusslock, R., & Neeren, A. M. (2005). The psychosocial context of bipolar disorder: Environmental, cognitive, and developmental risk factors. *Clinical Psychology Review, 25*(8), 1043-1075. doi: 10. 1016/j. cpr. 2005. 06. 006

Durand, V. M., & Barlow, D. H. (2010). Mood disorders and suicide. In *Essentials of abnormal psychology* (5th ed., pp. 203-258). Belmont, CA: Thomson/Wadsworth.

Jaya, Y., Kumar, S. S., Lalit, S., Tanuja, S., & Deepa, C. (2012). Bipolar disorder in adults. *International Research Journal of Pharmacy, 4*(6), 34-38. doi: 10. 1155/2012/525837

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Torpy, J. M. (2009). Bipolar disorder. *The Journal of the American Medical Association, 301*(5), 564. doi: 10. 1001/jama. 301. 5. 564

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This article presents a review of empirical research that addresses the

variety of causes that have been hypothesized to contribute to the development of bipolar disorder. The evaluation of psychosocial influences and a comparison of the various life stressors are also presented, along with the role genetics may play in the development and onset of bipolar disorder in individuals. Information supporting and contrary information provided by additional research are presented for a fair evaluation of the various influences that may play a role in developing mood disorders such as bipolar disorder.

Durand, V. M., & Barlow, D. H. (2010). Mood disorders and suicide. In *Essentials of abnormal psychology* (5th ed., pp. 203-258). Belmont, CA: Thomson/Wadsworth.

This is a book that provides a good overview of abnormal psychology. The chapter used as a reference for the evaluation of bipolar disorder focuses on a variety of mood disorders and suicide. The authors address the symptoms of bipolar disorder (including mania, hypomania, and depression), the prevalence of mood disorders (including bipolar), causes, and treatment options. Additionally, the relationship between suicide and individuals with mood disorders (including bipolar) is addressed.

Jaya, Y., Kumar, S. S., Lalit, S., Tanuja, S., & Deepa, C. (2012). Bipolar disorder in adults. *International Research Journal of Pharmacy*, 4(6), 34-38. doi: 10.1155/2012/525837

This article, presented by the Sunder Deep Pharmacy College of India presents an overview of bipolar disorder, specifically as it relates to adults with the disorder. The authors also address the various factors that are hypothesized to contribute to the development of the disorder, including

genetics, neurochemical, and environmental factors. A symptom overview of both mania and depressive episodes are also included with a description of the three subtypes of bipolar disorder: Bipolar I, Bipolar II, and Cyclothymia. Treatment options, including medication and non-traditional options are also addressed.

Mitchell, P. B. (2013). Bipolar disorder. *Australian Family Physician*, 42(9), 616-619.

While this article is written for an Australian audience, the information contained within it is applicable to a global population. The author presents an overview of the epidemiology of bipolar disorder, which includes findings from the Global Burden of Disease Study. The diagnostic criteria and symptoms of both mania and depression are also included. Treatment options, such as the efficacy of certain drugs over the traditional antipsychotics and the ramifications of administering mood stabilizers in conjunction with psychotherapy are also presented.

Torpy, J. M. (2009). Bipolar disorder. *The Journal of the American Medical Association*, 301(5), 564. doi: 10. 1001/jama. 301. 5. 564

This article, edited by Richard Glass, is written in an easy to read format as it is intended for patients to obtain information about bipolar disorder. The author addresses the different phases of bipolar disorder, the signs and symptoms of each phase, the diagnostic criteria, and treatment options. The incidence of suicide among individuals who have been diagnosed with bipolar disorder is also addressed, thus stressing the importance obtaining both proper diagnosis and treatment to reduce the risk of a successful suicide from occurring.