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# BIPOLAR DISORDER: A REVIEW

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**ABSTRACT**
Bipolar disorder (BD) is a severe psychiatric disorder that results in poor global functioning, reduced quality of life and high relapse rates. Research finds that many adults with bipolar disorder identify the onset of symptoms in childhood and adolescence, indicating the importance of early accurate diagnosis and treatment. Accurate diagnosis of mood disorders is critical for treatment to be effective. Distinguishing between major depression and bipolar disorders, especially the depressed phase of a bipolar disorder, is essential, because they differ substantially in their genetics, clinical course, outcomes, prognosis, and treatment. In current practice, bipolar disorders, especially bipolar II disorder, are under diagnosed. Misdiagnosing bipolar disorders deprives patients of timely and potentially lifesaving treatment, particularly considering the development of newer and possibly more effective medications for both depressive features and the maintenance treatment (prevention of recurrence/relapse). Without treatment, patients with bipolar disorder face substantial distress and impairment and have a significant risk of morbidity and mortality. Traditionally, lithium has been considered the treatment of choice for bipolar disorder. However, more recently, valproic acid has become an increasingly popular alternative to lithium as a first-line treatment. Treatment adherence is a frequent problem in bipolar disorder, with research showing that more than 60% of bipolar patients are at least partially nonadherent to medications. Several types of adjunctive treatment (family, psychoeducational, cognitive-behavioral) have been investigated for improving symptoms and functioning in bipolar patients with some success.

**KEYWORDS:** Bipolar disorder, depression, mood disorder, psychotherapy.

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## INTRODUCTION

Bipolar disorder, a type of mood disorder was called manic depression in the past, and that term is still used by some people. It is a psychiatric illness that causes major disruptions in lifestyle and health. Everyone has occasional highs and lows in their moods. But people with bipolar disorder have extreme mood swings[1].This disease is called bipolar disorder because the mood of a person with bipolar disorder can alternate between two completely opposite poles, euphoric happiness and extreme sadness. Severe depression can be life-threatening. It may be associated with thoughts of suicide, actual acts of suicide, and even acts of homicide in some cases.

Most people start showing signs of bipolar disorder in their late teens (the average age of onset is 21 years). These signs may be dismissed as "growing pains" or normal teenage behavior. On occasion, some people have their first symptoms during childhood, but the condition can often be misdiagnosed at this age and improperly labeled as a behavioral problem. Bipolar disorder may not be properly diagnosed until the sufferer is 25-40 years old, at which time the pattern of symptoms may become clearer.

Bipolar disorder occurs in both men and women. Because of the extreme and risky behavior that goes with bipolar disorder, it is very important that the disorder be identified. With proper and early diagnosis, this mental condition can be treated. Bipolar disorder is a long-term illness that will require proper management for the duration of a person's life. There is significant evidence to suggest that many people with creative talents have also suffered from some form of bipolar disorder. People with bipolar disorder exhibiting psychotic symptoms can sometimes be misdiagnosed as having schizophrenia, another serious mental illness[2].

## CAUSES

Despite the high morbidity associated with bipolar disorder (BP), few studies have prospectively studied the course of this illness in youth[3].The exact cause of bipolar disorder has not been discovered, but many experts believe that multiple factors are involved which act together to cause the disease. Bipolar disorder may result from a chemical imbalance within the brain. The brain's functions are controlled by chemicals called neurotransmitters. An imbalance in the levels of one of these neurotransmitters, such as norepinephrine, may cause bipolar disorder. When levels of this chemical are too high, mania occurs. When levels of norepinephrine drop below normal levels, a person may experience depression. Levels of other neurotransmitters, such as serotonin and dopamine, are also believed to play a role.

There is a significant genetic component to bipolar disorder[4]. If a family member has bipolar disorder, other family members may be at risk[5]. The identical twin of a person with bipolar disorder is at the highest risk for developing the condition. However, stress of some kind often is needed to trigger the onset of the disease. The disease does not occur just because of one gene, and the cause of the disease is likely a combination of multiple genetic and environmental factors.

Sometimes a period of emotional stress, drug use, an illness, or another event seems to trigger the onset of the disease. Stresses can also trigger a manic or depressive episode in people who are known to have the condition.

## SIGNS AND SYMPTOMS

People with bipolar disorder experience unusually intense emotional states that occur in distinct periods called "mood episodes." An overly joyful or overexcited state is called a manic episode, and an extremely sad or hopeless state is called a depressive episode. Sometimes, a mood episode includes symptoms of both mania and depression. This is called a mixed state. People with bipolar disorder also may be explosive and irritable during a mood episode.

Extreme changes in energy, activity, sleep, and behavior go along with these changes in mood. It is possible for someone with bipolar disorder to experience a long-lasting period of unstable moods rather than discrete episodes of depression or mania.

A person may be having an episode of bipolar disorder if he or she has a number of manic or depressive symptoms for most of the day, nearly every day, for at least one or two weeks. Sometimes symptoms are so severe that the person cannot function normally at work, school, or home. Bipolar

disorder usually lasts a lifetime. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of symptoms, but some people may have lingering symptoms[6].

## DIAGNOSIS

Accurate diagnosis of mood disorders is critical for treatment to be effective. Distinguishing between major depression and bipolar disorders, especially the depressed phase of a bipolar disorder, is essential, because they differ substantially in their genetics, clinical course, outcomes, prognosis, and treatment. In current practice, bipolar disorders, especially bipolar II disorder, are under diagnosed. Misdiagnosing bipolar disorders deprives patients of timely and potentially lifesaving treatment, particularly considering the development of newer and possibly more effective medications for both depressive features and the maintenance treatment (prevention of recurrence/relapse). Distinguishing between major depressive (unipolar) disorder and bipolar disorders, especially the depressive phase of bipolar disorders, is extremely important before instituting treatment for depression. "Unipolar" depression is characterized by a single mood pole, that of major depression, and fulfills specific defined criteria. Bipolar disorders can be seen as having 3 distinct phases: the *depressed phase*, which mimics the clinical picture of major depression (lower pole), the *manic* or *hypomanic phase* (upper pole), and *euthymia*, or the asymptomatic phase. Manic and hypomanic episodes are characterized by grandiosity, inflated self-esteem, diminished need for sleep, increased goal-directed activity, and talkativeness. Mania and hypomania are distinguished by the fact that mania is of longer duration, causes more functional impairment, and may be associated with psychotic features. Sometimes patients present with mixed episodes, in which patients experience both manic and depressive symptoms, with associated severe functional impairment.

Doctors usually diagnose mental disorders using guidelines from the *Diagnostic and Statistical Manual of Mental Disorders*, or DSM[7]. According to the DSM, there are four basic types of bipolar disorder:

1. **Bipolar I Disorder** is mainly defined by manic or mixed episodes that last at least seven days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, the person also has depressive episodes, typically lasting at least two weeks. The symptoms of mania or depression must be a major change from the person's normal behavior.
2. **Bipolar II Disorder** is defined by a pattern of depressive episodes shifting back and forth with hypomanic episodes, but no full-blown manic or mixed episodes.
3. **Bipolar Disorder Not Otherwise Specified (BP-NOS)** is diagnosed when a person has symptoms of the illness that do not meet diagnostic criteria for either bipolar I or II. The symptoms may not last long enough, or the person may have too few symptoms, to be diagnosed with bipolar I or II. However, the symptoms are clearly out of the person's normal range of behavior.
4. **Cyclothymic Disorder, or Cyclothymia**, is a mild form of bipolar disorder. People who have cyclothymia have episodes of hypomania that shift back and forth with mild depression for at least two years. However, the symptoms do not meet the diagnostic requirements for any other type of bipolar disorder.

## MEDICAL TREATMENT

Treatment of bipolar disorder centers on (1) medications to stabilize mood swings and (2) counseling with a therapist. However, therapy is more successful with strong support from family and loved ones. Medications don't always work the first time and may need to be changed many times until the right medication or combination of medicines is found.

A variety of medications are available by prescription. These medications are usually referred to as mood stabilizers[8]. Many people start by taking lithium[9], which has been used for many years to treat bipolar disorder.Yet as many as half of all people with bipolar disorder do not respond to this medication.Other possibilities are carbamazepine (Tegretol), valproic acid[10] (Depakote) ,

lamotrigine[11] (Lamictal) , and Quetiapine (Seroquel). Some of these are medicines that were originally developed to treat seizures, and so other antiseizure medicines are sometimes used to treat bipolar disorder as well. Certain medications, such as olanzapine[12] (Zyprexa) and risperidone (Risperdal), used to treat psychosis are sometimes used to treat bipolar disorder; both of these medications have been shown to be effective for such symptoms.

Antidepressant medication should be taken with a mood stabilizer during depressive episodes. The use of antidepressants in bipolar disorder has been debated, with some studies reporting a worse outcome with their use triggering manic, hypomanic or mixed episodes, especially if no mood stabiliser is used. However, most mood stabilizers are of limited effectiveness in depressive episodes. Rapid cycling can be induced or made worse by antidepressants, unless there is adjunctive treatment with a mood stabilizer[13]. Taking the antidepressant medication alone can trigger mania. There is now a ready-made combination medicine approved for use in bipolar depression, Symbyax, which has the antipsychotic, olanzapine, along with the antidepressant, fluoxetine (Prozac), both in one capsule.

## COUNSELING

For most people with bipolar disorder, medications do not relieve symptoms completely. Psychological counseling (psychotherapy) complements drug therapy. Psychotherapy is aimed at alleviating core symptoms, recognizing episode triggers, reducing negative expressed emotion in relationships, recognizing prodromal symptoms before full-blown recurrence, and, practicing the factors that lead to maintenance of remission Cognitive behavioral therapy, family-focused therapy, and psychoeducation[14] have the most evidence for efficacy in regard to relapse prevention, while interpersonal and social rhythm therapy and cognitive-behavioral therapy appear the most effective in regard to residual depressive symptoms. Most studies have been based only on bipolar I, however, and treatment during the acute phase can be a particular challenge. Some clinicians emphasize the need to talk with individuals experiencing mania, to develop a therapeutic alliance in support of recovery.

## CONCLUSION

Despite the high morbidity associated with bipolar disorder (BP), few studies have prospectively studied the course of this illness in youth. Numerous studies have pointed to the failure of prophylaxis with pharmacotherapy alone in the treatment of bipolar I disorder. Recent investigations have demonstrated benefits from the addition of psychoeducation or psychotherapy to pharmacotherapy. Group psychoeducation significantly reduced the number of relapsed patients and the number of recurrences per patient, and increased the time to depressive, manic, hypomanic, and mixed recurrences. The number and length of hospitalizations per patient were also lower in patients who received psychoeducation. Group psychoeducation is an efficacious intervention to prevent recurrence in pharmacologically treated patients with bipolar I and II disorder.

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