



# A Brief Description on Bipolar Disorder

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## DESCRIPTION

Hippocrates was the first to distinguish between different natures or humor - melancholic, choleric, phlegmatic, sanguine, but in 1854 Jules Furley first described the alternate cycle of follicular circular or euphoria and melancholia. In 1899, Emil Kreplin further elaborated on this developing nosological difference, distinguishing psychosis observed in manic-depressive disorders from dementia precox (i.e. schizophrenia).

"Mood" is defined as a universal and constant feeling or emotion that dominates a person's behavior and affects his perception. Mood Disorders, also known as Effective Disorders, include unipolar and bipolar disorders. Bipolar Effective Disorder is a chronic and complex disorder of the mind, characterized by a combination of episodes of manic (bipolar mania), hypomanic and depressive (bipolar depression), with significant subclinical symptoms usually found between the major mood episodes. It is one of the top causes of worldwide disability.

Bipolar type 1 disorder is generally associated with severe medical and psychiatric comorbidity, premature death, severe dysfunction, and poor quality of life. A necessary feature of bipolar I disorder is a depressive episode, but with the occurrence of at least one lifelong manic episode. Bipolar II disorder requires the development of at least one hypomanic episode and one major depressive episode. This activity reviews the etiology, pathophysiology, assessment, and treatment of bipolar affective disorder and highlights the role of a team of experts in managing and improving the care of patients with this condition. This activity also addresses the prognosis of bipolar affective disorder.

Bipolar affective disorder has a progressive course that affects the patient's cognitive and functional areas in addition to physical

health. Patients with bipolar disorder may have normal or even better cognition in many pre-diagnosis cognitive and imaging studies, but bipolar disorder is a significant nerve in all mood states, including remission. It is associated with cognitive impairment. In addition to cognition and function, physical health is severely impaired in patients with bipolar disorder incidence of obesity, cardiovascular disease, and diabetes is high and occurs earlier in the life course than the general population. With reports of increased mortality, the results of a 30-year follow-up study show that cardiovascular disease and suicide are the leading causes of death.

The gene for bipolar disorder is widespread in all cultures. The incidence of bipolar I am about 1%, and the incidence of bipolar II is much higher. This suggests that there is a selective advantage in preventing these genes from being excluded from the population. The "bipolar characteristics" of the extended interhemispheric switching time have results that are independent of possible episodes. This includes an extended attention span to help with creative problem solving and configuration. Time is a substitute for sensitivity, so if you can prolong receptor activation but not increase the number of receptors, increasing the switching speed will increase sensitivity. The main drug for bipolar disorder is the "mood stabilizer". These drugs have an ambiguous mechanism of action and have often been used to look for the etiology of bipolar disorder.

## CONCLUSION

Progress in neuroscience has begun to clarify the underlying cause of bipolar disorder. It is soon possible to identify the early stages of this highly inherited disorder and lead to its prevention by intervening before the first episode.

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