



Short Note on Bipolar Psychosis

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DESCRIPTION

Bipolar disease, also known as bipolar disorder or manic-depressive illness (MDI) in the ICD-10, is a prevalent, severe, and long-term mental illness. This is a dangerous condition that will affect you for the rest of your life.

SYMPTOMS AND SIGNS

Times of deep, continuous, and profound depression alternate with periods of mania, which is characterised by an overly high or agitated mood.

Manic episodes last at least one week and are marked by elation, anger, or expansiveness (referred to as gateway criteria).

At least three of the symptoms listed below must also be present:

- Grandiosity
- Sleeping requirements are reduced.
- Talking too much or speaking under duress
- Thoughts in frenzy or a flurry of ideas
- Distractibility is clearly demonstrated.
- Increased goal-oriented activity at home, at business, or in sexual situations
- Excessive pleasure-seeking behaviour, frequently with negative repercussions

Hypomanic episodes last at least four days and are marked by an elevated, expansive, or irritated mood. At least three of the symptoms listed above are required to diagnose hypomania. The difference is that these symptoms in hypomania are not severe enough to hinder social or vocational functioning or warrant hospitalisation, and they are not linked to psychosis.

Major depressive episodes are defined as when a person has 5 or more of the following symptoms for at least 2 weeks, with at least one of the symptoms being a depressed mood or marked by a lack of pleasure or interest:

- Almost all activities have a significant reduction in pleasure or interest.

- Considerable appetite loss or gain, or significant appetite loss or increase
- Insomnia or hypersomnia
- Agitation or psychomotor retardation
- Fatigue or a loss of energy
- Feelings of insignificance or overwhelming guilt
- Inability to concentrate or extreme indecisiveness
- Patient has a plan or has attempted suicide; patient is preoccupied with death or suicide.
- For further information, see Clinical Presentation.

DIAGNOSIS

The mental status examination is used to evaluate patients with suspected bipolar disorder, as well as assessments of the following:

- Appearance
- Affect/mood
- Content with a purpose
- Perception
- Suicide/self-destruction
- Homicide/violence/aggression
- Judgment/insight
- Cognition
- Physical Examinations
- Testing

Although bipolar disorder is diagnosed mainly on the patient's history and clinical course, laboratory tests may be required to rule out other possible causes of the patient's signs and symptoms and to establish a baseline before providing certain drugs.

The following are some laboratory tests that may be useful:

- CBC tally
- Levels of ESR

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- Glucose levels after a fast
- Electrolyte concentrations
- Protein concentrations
- Thyroid hormone concentrations
- Creatinine and urea nitrogen levels in the blood
- Panels of the liver and lipids
- Screening for drugs and alcohol

Other laboratory tests, which may include the following, may be recommended depending on the patient's presentation:

- Copper levels in the urine
- Antinuclear antibody testing is a test that looks for antibodies that attack the nucleus
- Tests for HIV are available.
- Testing for VDRL

In older individuals and before starting antidepressant therapy, electrocardiography is critical. Electroencephalography and/or magnetic resonance imaging (MRI) may be appropriate for some patients.