



# Treatment of Bipolar affective Disorder

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## DESCRIPTION

Manic-Depressive Illness (MDI), sometimes known as bipolar disorder, is a prevalent, severe, and enduring mental illness. It is classified as such in the International Statistical Classification of Diseases and Related Health Problems ICD-10. This condition presents a significant lifetime challenge and struggle. Deep, protracted, and intense depressive episodes that are interspersed with episodes of manic elation or irritability are the hallmarks of bipolar disorder. Manic episodes are marked by excitement, impatience, or expansiveness and last for at least a week (referred to as gateway criteria). At least three other symptoms must also be present, including:

Grandiosity; decreased need for sleep; excessive talking or pressured speech; racing thoughts or flight of ideas; overt signs of distractibility; an increase in goal-focused activity at home, at work, or during sexual encounters; and excessive pleasure-seeking behaviour, frequently accompanied by unpleasant consequences.

An elevated, expansive, or irritated mood lasting at least four days in a row is a sign of a hypomanic episode. Three or more of the aforementioned symptoms must be present for hypomania to be diagnosed. The difference is that these symptoms are not severe enough in hypomania to significantly impair social or occupational functioning, to require hospitalization, or to be linked to psychosis.

For at least two weeks, a person is said to be experiencing a major depressive episode if they have five or more of the symptoms listed below, at least one of which must be either a depressed mood or a lack of interest or pleasure:

- Hypersomnia or insomnia
- Psychomotor retardation or agitation
- Loss of energy or fatigue
- Feelings of worthlessness or excessive guilt
- Decreased concentration ability or marked indecision
- Preoccupation with death or suicide; patient has a plan or has attempted suicide

The Mental Status Examination and the accompanying assessments are part of the examination of patients with suspected bipolar disorder.

- Appearance
- Affect/mood
- Thought content
- Perception
- Suicide/self-destruction
- Homicide/violence/aggression
- Judgment/insight
- Cognition
- Physical health

Always check patients for suicidality, acute or chronic psychosis, or other unstable or dangerous disorders when they are experiencing mania, hypomania, or mixed episodes, as well as bipolar depression.

Mania or depression, depending on the severity of the episode, is how bipolar disorder, also known as manic-depressive illness (MDI), is treated. For instance, a person who exhibits suicide thoughts and is profoundly depressed needs inpatient care. A person with moderate depression who is still able to work, however, might receive outpatient care. Fortunately, most patients bounce back after the initial manic episode, but what happens next is unpredictable.

It's critical to ascertain whether the patient's manic, hypomanic, or mixed manic episode may be brought on by the medications they are taking at the time. Stop using antidepressants or other mania-inducing medications in these patients. Antidepressants, however, should be reduced over a number of weeks if concomitant discontinuation problems are known to occur.

As soon as pharmacotherapy for a depressive episode is started, individuals with bipolar depression should be evaluated and continuously monitored for the possibility of mood instability or a flip to mania as well as the existence of emergent symptoms. Patients with bipolar depression and psychotic symptoms should start taking an antipsychotic medication, and psychosocial therapies should also be considered (eg, psychoeducation; psychotherapy strategies such as Cognitive Behavioral Therapy (CBT).

Bipolar disorder is treated with a combination of psychotherapy and medication, depending on the severity of the episode's various phases (such as mania or depression). Always check for

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suicidality, homicidality, acute or chronic psychosis, as well as any other unstable or dangerous states in patients with mania,

hypomania, or mixed episodes, as well as those with bipolar depression.