

Bipolar Disorder

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Abstract

Objective: This paper defines a medical issue of interest as noted by bipolar disorder. Included are the major risk factors and determinants of the disease, as well as a case-study of a made up individual and the things that they may have to encounter. The prognosis in this case-study contains information and medical treatment about a completely made up individual. *Disclaimer:* “the purpose of the writing is to fulfill course requirements for BBH 411W and to stand as a personal writing sample, but the findings should not be treated as generalizable research.”

Key Words: bipolar disorder, *Diagnostic and Statistical Manual of Mental Disorders*, f-box binding protein

Content

Bipolar disorder is a manic-depressive illness in which patients undergo extreme mood swings from mania to depression. Mania is characterized as having a high sex drive, higher than normal impulsivity, increased energy, happiness, and restlessness, and substance abuse.¹ Depression is classified as a loss of energy, hopelessness, feeling suicidal, loss of pleasure, insomnia, and irritability. Patients may experience these mood swings many times during a week, or just a few times during the year.² Bipolar disorder is severe, but treatable under the proper treatment.³

There is no single distinct cause to the development of this brain disorder. Scientists have discovered that patients diagnosed with bipolar disorder may have different brain patterns, such as smaller, less mature prefrontal cortexes; which is responsible for the frequent and sudden mood changes due to impaired executive functioning.³ Other causes include an imbalance of neurotransmitters and even heredity. Since bipolar disorder tends to run in families, especially in twins, one study shows that bipolar disorder is associated with a risk locus for bipolar disorder on 19q13. In connection with this finding, scientists discovered other markers in the copy number variations to suggest that this linkage expresses an F-box binding protein, thus increasing bipolar disorder susceptibility.⁴ Other research has shown that childhood trauma can play a role in developing bipolar disorder via change in behavior, excessive stress, and the interaction between genes between the trauma and biological factors such as immunity, calcium signaling, the HPA axis, and neuroplasticity.⁵

Those at most at risk for bipolar disorder are people in their late teens and early adult years, although even children can develop bipolar disorder.³ Bipolar disorder is often seen with other health conditions. Some common risk factors among those treated as bipolar disorder

patients include: periods of high stress, alcohol and/or drug abuse, traumatic experience, or a first-degree relative with bipolar disorder.² People left with untreated bipolar disorder are also more at risk of unfavorable outcomes when it comes to treating their symptoms.⁶

Patients are diagnosed according to the *Diagnostic and Statistical Manual of Mental Disorders*. The DSM recognizes four basic types of bipolar disorder: Bipolar I Disorder, Bipolar II Disorder, Bipolar Disorder Not Otherwise Specified, and Cyclothymic Disorder, or Cyclothymia. Each type of the disorder is classified based upon the amount and the severity of episodes. When bipolar disorder is in the question, patients undergo a series of exams. Such exams include physical exams, mood charting, a psychological evaluation, and a signs and symptoms check.²

The hypothetical patient in this case study is Patricia Ennis. P. Ennis is a 21-year-old female, with a twin, from a small family in a small town with almost no interaction with anything or anyone from outside of its borders. This patient's mother and twin sister are both clinically diagnosed as having bipolar disorder. As a child, P. Ennis began to develop bipolar disorder. Patricia's mother died of a horrific accident when she was just a teen. Upon evaluation, P. Ennis has poor impulse control, poor sleep patterns, and decreased cognitive function. This patient's Brain-imaging Scans also showed a smaller, less mature prefrontal cortex.

In 2010, Patricia was diagnosed with Bipolar I Disorder. Bipolar I Disorder is characterized by long, severe manic episodes. To meet this criteria, Patricia's symptoms often last more than seven days at a time, and she frequently requires hospital attention due to the severity of her attacks. Patricia normally faces depressive episodes too, although these attacks are not as severe, but can last two weeks or more. Patricia is currently living with her bipolar

disorder as she takes a mood stabilizer, a sleep depressant along with a proper sleeping schedule to enhance her circadian rhythm, and cognitive behavior therapy.

Bipolar disorder is not curable, but it is treatable in a number of ways. Bipolar disorder is a life altering illness, and can be treated with medication, although medication often does not work. Medications include mood stabilizers and antidepressants, which can often lead to other very serious side effects. Other treatments include atypical antipsychotics, electroconvulsive therapy, sleep medications, herbal supplements and psychotherapy.³ Since medicine only stabilizes a person's mood, psychotherapy is designed to help patients with incorporating their illness into a more normal lifestyle. Patients can undergo psychotherapies such as cognitive behavioral therapy, psychoeducation, and interpersonal and social rhythm therapy.²

Bipolar disorder is often associated with other disorders such as anxiety, post-traumatic stress disorder, attention-deficit/hyperactivity disorder, substance abuse, and other miscellaneous physical conditions such as obesity, cardiac health problems, and thyroid problems.

Word count: 873 of 999

¹ MayoClinic.org. Bipolar disorder - Mayo Clinic. 2016. Available at: <http://www.mayoclinic.org/diseases-conditions/bipolar-disorder/basics/definition/con-20027544>. Accessed January 27, 2016.

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³ Nih.gov. NIMH » Bipolar Disorder. 2014. Available at: https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml#part_145402. Accessed January 27, 2016.

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⁶ Medeiros G, Senço S, Lafer B, Almeida K. Association between duration of untreated bipolar disorder and clinical outcome: data from a Brazilian sample. *Rev Bras Psiquiatr*. 2016;(ahead):0-0. doi:10.1590/1516-4446-2015-1680.