Summer 8-7-2020

Bipolar Disorder

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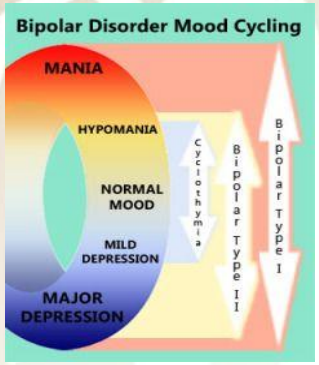
Introduction

Bipolar affective disorder (BAD) is a mood disorder that causes severe shifts in mood, energy, concentration, and activities of daily living. Bipolar used to called manic-depressive disorder or manic depression (NIMH, 2020). BAD mood swings range from deep, low depression to severe euphoric-like mania with normal periods in between. Some patients with BAD experience delusions and hallucinations that lead to an impairment of the cognitive, behavioral and affective bodily functions (de Sousa Moura et al., 2019).

Bipolar disorder is divided into type I (BDI), type II (BDII), and cyclothymic disorder (cyclothymia) ("NIMH bipolar disorder", 2020). Type I is characterized by mood elevation in a severe and persistent manner (mania), and deep depression episodes in between with normalcy. Type II is characterized by mild elevation of mood (hypomania) that the patient might even know something is different, and a major depressive episode (Moura et al., 2019). Cyclothymic disorder is described as periods of hypomania with depressive symptoms lasting longer than 2 years, but meeting the standards of BDII ("NIMH bipolar disorder", 2020). BDII was finally recognized as a "real disorder" in 1994 by the Diagnostic and Statistical Manual of Mental Disorders because mood disorders have a variety of symptoms that are not classified within certain categories. Within BDI, every system is affected and strained to the limits. While BDII some symptoms are more susceptible than others to the extreme (Gitlin and Malhi, 2020).



Mood Disorder Questionnaire (MDQ)

The Mood Disorder Questionnaire (MDQ) is an established tool utilized throughout the medical field. MDQ was developed by a team of psychiatrist and researchers to address a critical need for timely and accurate diagnosis of bipolar disorders ("NIMH bipolar disorder", 2020). This tool is a self-reporting questionnaire that focuses on recognitions and occurrence of bipolar disorder signs. MDQ is used as an clinical and nonclinical psychiatric evaluation tool that utilizes all bipolar spectrum disorders. The questionnaire utilizes 13 questions regarding mood, activity level, and behaviors, whether symptoms occur together, and if symptoms cause trouble with everyday life. Scoring include 7 positive answers in question , positive answer to question 2, and a moderate to severe answer to question 3 (Dumont et al., 2020).

The Mood Disorder Questionnaire (MDQ)

Instructions:

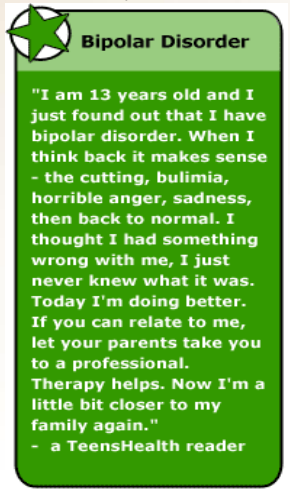
Please answer each question as best you can.

1. *Has there ever been a period of time when you were not your usual self and...*
   - ...you were so irritated that you shouted at people or started fights or arguments? Yes No
   - ...you felt much more self-confident than usual? Yes No
   - ...you got much less sleep than usual and found you didn't really miss it? Yes No
   - ...you were much more talkative or spoke much faster than usual? Yes No
   - ...thoughts raced through your head or you couldn't slow your mind down? Yes No
   - ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? Yes No
   - ...you had much more energy than usual? Yes No
   - ...you were much more active and did many more things than usual? Yes No
   - ...you were much more social or outgoing than usual for example, you telephoned friends in the middle of the night? Yes No
   - ...you were much more interested in sex than usual? Yes No
   - ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? Yes No
   - ...spending money got you or your family into trouble? Yes No
2. *If you checked Yes to more than one of the above, have several of these ever happened during the same period of time?*
3. *How much of a problem did any of these cause you — like being unable to work; having family, money, or legal troubles; or getting into arguments or fights? Please circle one response only.*
4. *Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?*
5. *Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?*

Pathophysiology

The pathophysiology of bipolar disorder is widely unknown due to no genetic or biologic markers being identified specifically for bipolar. However, studies have shown a familial tendency suggests that the correlation between a parent with BAD will have a higher percentage a child that could have BAD. Also, twins have an estimated 85% of inheritability of BAD. Even among adoptees with a biologic family history correlates to a strong incidence of developing BAD. Genetic studies suggest that chromosomal and genes are related to BAD with a mild or moderated effect. However, clinical symptoms have a direct link to developmental and environmental factors are just as important as genetic factors (Sigitova et al., 2017).

Proper diagnosis is key to help the patients succeed to have a safe, healthy life. Usually, diagnosis of BAD is by the patient's symptoms, history, and experiences. Accurate diagnosis is vital especially in young patients ("NIMH bipolar disorder", 2020).



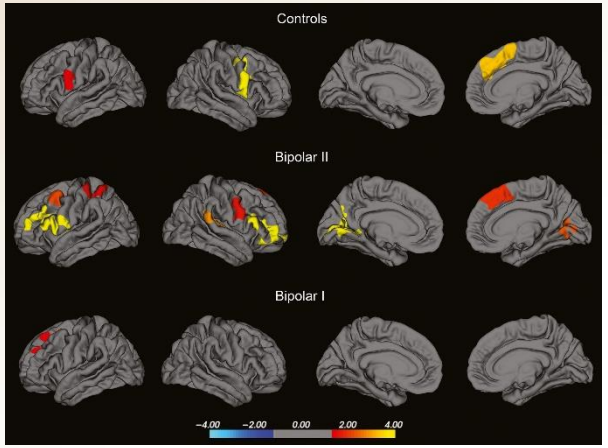
Bipolar Disorder

"I am 13 years old and I just found out that I have bipolar disorder. When I think back it makes sense - the cutting, bulimia, horrible anger, sadness, then back to normal. I thought I had something wrong with me, I just never knew what it was. Today I'm doing better. If you can relate to me, let your parents take you to a professional. Therapy helps. Now I'm a little bit closer to my family again."
- a TeensHealth reader

Underlying Pathophysiology Connected to the Brain

Neurodevelopment is a vital component regarding the inception of bipolar disorder. Studies suggest that neurocognitive deficits or dysfunction occur during and after the first mood episode (Kloiber et al., 2020). Chronic neuroinflammation,, caused by aging, traumatic brain injuries, viruses, and autoimmunity, are associated with BAD (Stgitova et al., 2017). Dopamine, which is referred as the "reward neurotransmitter", regulates behavioral activation by increasing or decreasing behavioral energy within the body (Mansur et al., 2020).

The brain changes slightly during episodes of mania and depression. Thus, brain structure/function differs between BDI and BDII. Cognitive impairment has been shown during the euthymic periods during bipolar. Frontal lobe thickness has a direct correlation with executive function (Abe et al., 2018).



Signs and Symptoms

Depression

- Feeling very sad or hopeless
- Talking slowly, forgetfulness, or having nothing to say
- No sex drive or inability to experience pleasure
- Trouble doing simple tasks
- Not having any energy or restless
- Feeling like you cannot enjoy anything
- Trouble concentrating or making decisions
- Thinking about death or suicide

("NIMH bipolar disorder", 2020)

Mania

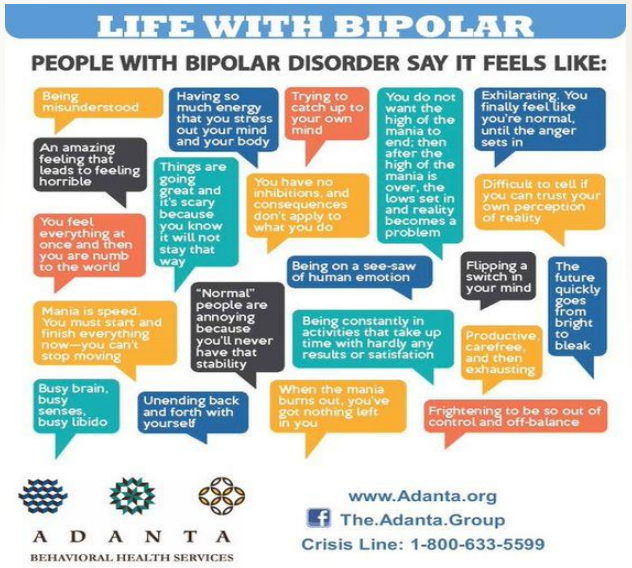
- Feeling very high, elated, or irritable or touchy
- Elevated or irritated mood
- Loss of appetite
- Increase activity or restlessness
- Feelings of jumpiness or wired
- Racing thoughts or talking fast
- Think like they can do many tasks at once
- A decreased need for sleep
- Poor judgement or risky behavior
- Feeling of importance, talented, or powerful

("facts on bipolar disorder and FDA-approved treatment", 2017)

Implication of Nursing Care

Education is the key to living with bipolar disorder. The suicide rate with bipolar patients are the higher than other psychiatric diagnosis. Substance abuse and other comorbid also impact people living with bipolar disorder (Katz et al., 2020). Prejudice and discrimination still occur negatively about mental health issues. Education is the key for the patients, families, care givers, and society to help understand and explain to eliminate stigma, fear, and prejudice. Support networks will help minimize caregiver burnout, and promote healthy, safe, and affective treatment (Maura et al., 2019).

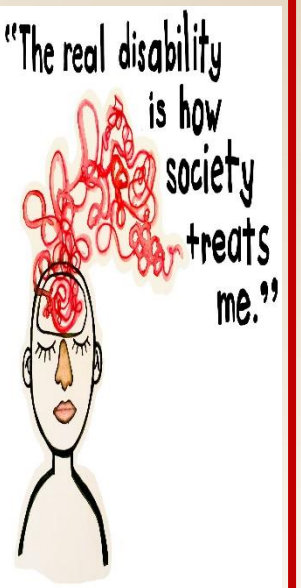
There are a vast amount of treatment options for patient's living with bipolar disorders. Some of these options are: lithium (medication most commonly used), psychotherapy ("talk therapy"), electroconvulsive therapy (ECT), and transcranial magnetic stimulation (TMS). Since BAD is a life-long illness, managing symptoms with continuous treatment is the best option for all patients ("NIMH bipolar disorder", 2020).



Source: Mental Health America

Conclusion

Bipolar disorder is a life altering diagnosis that not only affect the patient but everyone in that person's life. Many struggles arise with trying to control symptoms so the patient has a quality of life beside a BAD diagnosis. Treatment options are patient specific and many trials might need acquired to find the right treatment. Poor judgement, self-harm, and erratic behavior can increase the risk for suicide, substance abuse, and death. Education is vital to reduce the stigma living with a mental health disorder. Acceptance from the community and society has a enormous capacity to encourage honesty with bipolar diagnoses.



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