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Review Article

REVIEW ON "BIPOLAR PERSONALITY DISORDER"

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Abstract:

Persistent mental illness, bipolar disorder affects more than 1% of people worldwide. It causes a person's mood and energy to shift abruptly, and it also impairs their capacity to think rationally. Neurotransmitter imbalance, along with genetic and environmental factors, are the main causes of bipolar disorder. Diabetes, cardiovascular disease, and metabolic syndrome are more likely in people with bipolar disorder. In the medical world, early diagnosis is uncommon since bipolar disorder lacks biomarkers and is characterized by nonspecific symptoms or a rapid shift in mood. Suicide risk is heightened by depression, which is the major factor.

Approximately 20 times more people commit suicide owing to bipolar disorder than the overall population, according to an SMR survey. Both nonpsychiatric and psychiatric medical specialists should be present at the same time. Lithium is reportedly frequently prescribed to lower the risk of suicide. A patient with bipolar disorder may have a wide range of symptoms, including stress, hypomania, and mania. Additionally, it has been observed that patients and their families are reluctant and unable to comprehend the significance of symptoms, particularly those of hypomania or mania. The main issue is that no study or research on bipolar disorder has been able to live. The severe to find the exact or correct treatment for bipolar disorder, leading to a treatment that is lifelong and involves a combination of medications and psychotherapy. There is also an urgent need for the right and perfect medication to treat this problem. Early diagnosis and treatment.

KEYWORDS: *Stress, Suicide, Mania, Depression, Disability, and Hypomania are all symptoms of bipolar illness.*

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INTRODUCTION:

Bipolar disorder is a chronic, relapsing condition characterized by periodic bouts of manic or depressive symptoms and intervening periods that are mainly (but not fully) symptom-free.¹ It might start in adolescence or at the outset of maturity. Bipolar disease causes quite strange mood swings. A fall can happen later and an incapacitating condition known as bipolar disorder (BD) is characterized by recurring periods of depression, mania, and mixed states that are frequently worsened by persistent symptoms after the primary episode has resolved.²

There are two main categories for bipolar disorder. They are referred to as bipolar disorders I and II.

During bipolar disorder type I, depressive episodes, and manic episodes continue. Conversely, hypomania and depressive episodes predominate in bipolar disorder type II. Since full mania causes severe functional impairment, can include psychotic symptoms, and frequently requires hospitalization, the main difference between the 2 types of mania is the severity of the manic symptoms.³ In contrast, hypomania is not severe enough to cause a noticeable impairment in social or occupational functioning or to require hospitalization. According to estimates, 1% of adults have BD-I in their lifetime. and 0.4% of adults appear to be affected by BD-II. Adults in the US are said to have a 3.9% lifetime prevalence of bipolar disorder I.³

Table 1: Difference between Normal and Psychic Person

NORMAL PATIENTS	PSYCHOTIC PATIENTS
No Hallucination	Hallucination
Normal behaviour	Disorganized behaviour
Symptoms of a normal human being	Negative symptoms
No delusions	Delusions
No catatonic behavior	Catatonic behaviour



Figure 1: RANGES OF MOOD DURING BIPOLAR DISORDER

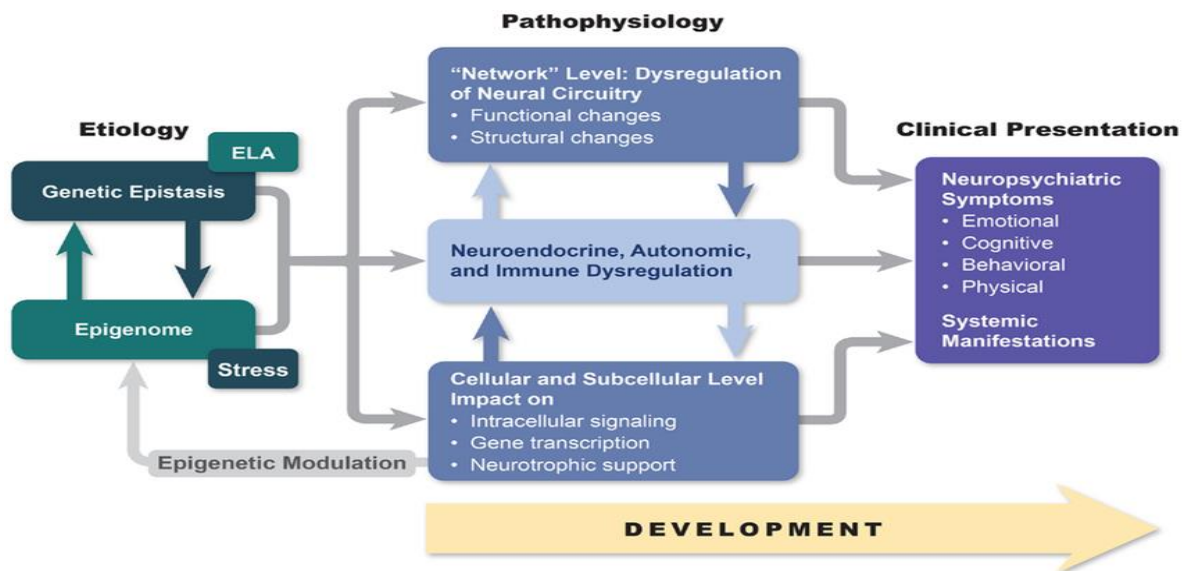


Figure 3: Etiology and Pathophysiology of Bipolar Disorder

SYMPTOMS OF BIPOLAR DISORDER

Depressive and manic periods coexist in people with bipolar illness.

First, increased energy levels, activity, and restlessness are signs of mania.

2. A great deal of agitation
3. Talking extremely quickly. Distractibility, inability to concentrate
5. Irrational beliefs
5. Bad judgment
7. Enhanced sexual arousal⁴⁻⁵

Symptoms of depressive episodes

1. Persistent sadness, anxiety, or emptiness
2. Pessimism and hopelessness
3. Feelings of guilt, unworthiness, or helplessness
4. Decline in interest or pleasure in once-enjoyed activities
5. Changes in energy, including tiredness, focus, and irritability^{6, 7, 8}

Comorbidities & Complications

A person's life may become complicated as a result of bipolar disorder. Additionally, it may manifest differently in some communities. Bipolar disease cannot be cured, although the signs and symptoms can be effectively treated with the right treatment. If the problem is not treated, the following issues could arise:

1. monetary and legal issues
2. more severe signs
3. Psychosis
4. relationship difficulties
5. suicide or a suicide attempt⁵⁻⁶

DIFFERENCES IN MEN AND WOMEN

Men often face earlier diagnoses and severe episodes, with higher rates of substance use disorders. Women tend to cycle faster through mood phases and experience more depressive episodes, influenced by cultural expectations.¹⁰⁻¹²

AMONG CHILDREN

Childhood-onset bipolar disorder often progresses more rapidly. Symptoms in children differ and may include aggressiveness, reduced sleep needs, depression, mood swings, hyperactivity, irritability, restlessness, and altered risk-taking tendencies.¹³⁻¹⁴

Co-Occurring Disorders

Coexisting conditions like ADHD, substance abuse, borderline personality disorder, depression, panic disorder, schizophrenia, and schizoaffective disorder share symptoms or frequently occur alongside bipolar disorder, complicating accurate diagnosis due to overlapping features and shared symptoms like mood swings, impulsivity, and altered perceptions.¹⁵⁻²⁰

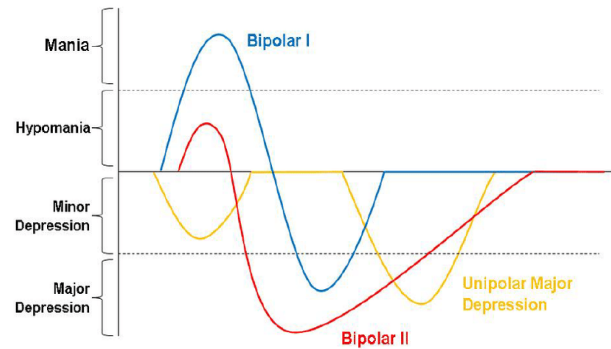


Figure 4: Graphic representation of patient effective illness

EVALUATION AND DIAGNOSIS

Patients with suspected bipolar disorders are evaluated with a psychiatric and general medical history, as well as mental status and physical testing. As clinically appropriate, focused laboratory and imaging examinations may be acquired²⁴⁻²⁷.

Detailed questioning about current psychiatric symptoms, including suicidal ideation, intent, or plan; the degree of functional impairment attributable to the current psychiatric symptoms; current psychotic features and rapid cycling; past manic, mixed, hypomanic, and depressive episodes; substance use history; and past treatment responses (including treatment-limiting adverse effects) is part of a psychiatric assessment.²¹⁻²³

It is especially crucial to assess substance usage, antidepressant use, and corticosteroid treatment before hypomanic or manic episodes. The level of understanding (acceptance of the diagnosis and need for therapy) as well as the quality of the patient's social support network should be assessed. Interviewing family members and other collateral informants is necessary because patients may not perceive hypomanic episodes as worrisome.²⁸⁻³⁰

TREATMENT OR MANAGEMENT OF BIPOLAR DISORDER

Drugs for Bipolar Disorder

Bipolar disorder treatment includes both psychosocial therapies and medicines. Psychosocial treatment is currently offered. Bipolar disorder treatment includes both psychosocial therapies and medicines. The anticipated mechanism of action of currently available psychosocial treatments differs, as does whether they are initiated after an episode or after a period of remission and whether they are provided in individual versus group modalities.³⁶⁻³⁷

Mood Stabilizer Lithium, the first bipolar medication, still holds importance despite drawbacks like delayed action in acute mania. Sodium valproate, more commonly used, has a quicker onset for acute mania but mixed evidence for maintenance treatment.³¹⁻³⁵

Atypical Antipsychotic Only a select few atypical antipsychotics, like quetiapine in immediate-release or extended-release forms, prove effective as monotherapy for acute depressive episodes in bipolar I or II. In maintenance treatment, aripiprazole, olanzapine, quetiapine (IR/XR), and risperidone LAI show statistical superiority over placebo for manic or mixed episodes, with quetiapine notably effective against depressive episode recurrence.⁴²⁻⁴⁶

Table 2: Drugs for the treatment of bipolar disorder

MEDICATION	WHY YOU MIGHT CHOOSE IT
Lamotrigine/Lamictal	<ol style="list-style-type: none"> 1. Depression is the dominant symptom 2. Rapid cycling 3. Need all the antidepressants you can get 4. Afraid of weight gain
Low-dose lithium	<ol style="list-style-type: none"> 1. Lamotrigine alone is not sufficient 2. Need all the antidepressants you can get 3. Suicide risk is a concern
Quetiapine/seroquel	<ol style="list-style-type: none"> 1. Depression and agitation are both severe 2. Severe sleep problems 3. Anxiety is a significant symptom also 4. No family history of diabetes
Divalproex/Depakote	<ol style="list-style-type: none"> 1. Need something strong and fast 2. Male (so no risk of PCOS) and not afraid of weight gain 3. Rapid cycling 4. Significant manic or mixed-state symptoms
Carbamazepine/Tegretol	<ol style="list-style-type: none"> 1. Rapid cycling 2. Severe sleep problems 3. Can't take Divalproex (e.g. female or afraid of weight gain risk) 4. Depression is not the main problem: cycling or agitation
Oxcarbazepine/Trileptal	<ol style="list-style-type: none"> 1. Symptoms; can risk using a probably-weaker agent 2. Significant manic symptoms 3. Alternative to Divalproex as a starting place 4. Slightly lower long-term risk appealing
Olanzapine/Zyprexa	<ol style="list-style-type: none"> 1. Emergency-level symptoms 2. Need help fast 3. Can be used on an "as needed" basis 3. (If you continue to use it regularly) Not afraid of weight gain risk
Omega-3 fatty acid/Fish oil	<ol style="list-style-type: none"> 1. The "natural" most common problem is "seal burp" 2. Milder symptoms can risk a weaker agent 3. You want to add possible mood stabilizer without adding more medication 4. Depression is a major symptom 5. Willing to multiple pills, or swallow flavored fish oil
Lurasidone	<ol style="list-style-type: none"> 1. Most expensive of all, for a few years yet 2. helps in mixed states; yet not always, and occasionally induces manic symptoms
Clozapine	<ol style="list-style-type: none"> 1. Tried everything else 2. Severe symptoms 3. Ready for major weight gain, weekly blood test 4. Ready for one of the most effective medications we have

Atypical antipsychotic	<p>Low-dose boosters for specific problems</p> <ol style="list-style-type: none"> 1. Quetiapine: For sleep and agitation; has weight gain risk 2. Risperidone: For the elderly, at very low doses; or BPI perhaps –tricky antidepressant effect in some 3. Aripiprazole: Strong antimanic .At low doses; it is more like an antidepressant; seems like it can induce subtle mixed states, and can be hard to stop 4. Ziprasidone: No clear role; but hey, it causes less weight gain than olanzapine, and helps an occasional patient
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Above table: MOOD STABILIZERS

Table 3: According to the FDA, the drugs listed in the table below are appropriate for a certain ailment

GENERIC NAME	TRADE NAME	MANIC	MIXED	MAINTENANCE	DEPRESSION
Valproate	Depakote	×			
Carbamazepine extended release	Equestro	×	×		
Lamotrigine	Lamictal			×	
Aripiprazole	Abilify	×	×	×	
Lithium		×		×	
Ziprasidone	Geodon	×	×		
Risperidone	Risperdel	×	×		
Quetiapine	Seroquel	×			×
Clorpromazine	Thorazine	×			
Olanzapine	Zyprexa	×	×	×	
Olanzapine/fluoxetine combination	Symbyax				×

Conventional Antidepressants

The use of antidepressants in bipolar depression is controversial due to the danger of producing mania/hypomania (occurrence 3% to 15%). If prescribed, they should be used in conjunction with a mood stabilizer or an atypical antipsychotic, with slow tapering following remission. According to guidelines, SSRIs or bupropion are more likely to cause manic episodes than SNRIs or tricyclics.³⁸⁻⁴¹

Phytochemical treatment

Herbal treatments have long been valued for their medicinal characteristics, which assist both health

and the economy. Despite their widespread use, incorporating them into mainstream healthcare is difficult because of a lack of scientific evidence. Aromatherapy, which uses oils such as lavender and eucalyptus to reduce anxiety, shows potential but lacks sufficient evidence, particularly in medical treatment contexts.⁴⁶⁻⁵⁰

Table 4: HERBAL DRUGS FOR THE TREATMENT OF BIPOLAR DISORDER

REMEDY	INDICATIONS	DOSE	ADVERSE EFFECTS
Ginkgo biloba	Alzheimer's and vascular dementia, as well as sexual dysfunction brought on by antidepressants	120-240 mg/day TID	Mild gastrointestinal upset, headache, irritation, dizziness, and potential bleeding in people who have bleeding disorders or use anticoagulants
Melatonin	Insomnia (especially if caused by a circadian disruption); safe in children and the elderly	0.1-10.0mg/day	Sedation, fuzziness, diminished sex drive, impaired fertility, hypothermia, retinal damage, and immunosuppression
Omega-3-fatty acids [EPA and DHA]	Bipolar disorder, psychotic disorders, borderline personality disorder, attention deficit disorders, sadness (including prenatal depression), and safe use in children and the elderly	1000-2000 mg/day (some studies administered up to 10g/day)	GI distress; cycling to mania in bipolar disorder patients; no adverse interactions
S-adenosyl methionine[SAMe]	Depression (includes depression associated with concomitant medical diseases such as Parkinson's disease, osteoarthritis, and fibromyalgia, as well as sexual dysfunction, neurocognitive problems, psychotic disorders, and liver disease)	200-3,200 mg/day [sometimes higher]	GI discomfort, sleeplessness, anorexia, dry mouth, perspiration, dizziness, and anxiousness in bipolar patients; no adverse interactions
Valerian (<i>Valeriana officinalis</i>)	Safe in youngsters, the elderly, and menopausal women; insomnia; maybe OCD	450-600 mg before bedtime	headaches, hepatotoxicity, blurred vision, dystonias, and some worry about abnormalities if used during pregnancy
St.Johns wort(<i>Hypericum perforatum</i>)	Menopausal symptoms Depression	300-1800 mg/day	Dry mouth, lightheadedness, constipation, phototoxicity, theophylline side effects, warfarin, cyclosporin, oral contraceptives, phenprocoumon, digoxin, Camptosar, indinavir, zolpidem, irinotecan, and olanzapine interactions, as well as mania in bipolar disorder patients

Recently introduced drug for the treatment of bipolar disorder:

Caplyta Now Approved for Bipolar Depression in Adults.

Caplyta (lumateperone) was approved by the FDA in December 2021 to treat depressive episodes in persons with bipolar 1 or 2 illness. It can be taken alone or in combination with lithium or valproate (Depakote)⁴⁹⁻⁵⁰

Caplyta is a capsule that is taken orally. It is a member of the atypical antipsychotic medication class. These drugs are also known as second-generation antipsychotics.⁵⁰

Caplyta was first licensed by the FDA in 2019 to treat schizophrenia in adults. However, the FDA has broadened its use to include bipolar depression. Caplyta is the first medicine to be licensed by the FDA for depression caused by either bipolar 1 or bipolar 2. It can be used alone or in combination with lithium or valproate (Depakote), two drugs routinely used to treat bipolar disorder.³³⁻³⁷

MECHANISM OF ACTION OF CAPLYTA

Caplyta's mechanism of action in the treatment of bipolar depression is not entirely known. Experts believe the drug impacts serotonin and dopamine activities in the brain.⁴⁶⁻⁴⁷

These two chemical messengers bind to a large number of binding sites (receptors) in the brain.⁴⁴

DOSE

A 42 mg pill of Caplyta is available. One capsule is swallowed once daily, with or without food.⁵⁰

SIDE EFFECTS:

Common side effects

- Headache
- Drowsiness
- Dizziness
- Nausea and vomiting
- Diarrhea
- Dry mouth⁴⁴⁻⁴⁵

RARE BUT SERIOUS SIDE EFFECTS OF CAPLYTA

- ✓ Strokes and an increased risk of death in dementia-affected older persons
- ✓ Suicidal ideation, particularly among persons under the age of 25
- ✓ Low white blood cell count (immune cells that defend us from illnesses)
- ✓ Seizures

- ✓ Increased risk of fainting or falling
- ✓ Extreme sleepiness, dizziness, or difficulty concentrating
- ✓ High body temperature can cause dehydration, especially if you are in a warm or hot area.
- ✓ Having difficulty swallowing^{48,49, 50.}

CONCLUSION AND FUTURE PERSPECTIVE:

Bipolar symptoms may be similar to those of sadness and hypomania. Mood swings and changes in a person's state should be regularly monitored. It is not suggested to ignore such identifications because they can have major consequences later in life. A healthy and energetic environment is the best defense against such a condition. The strength and positivity required of oneself should be regarded as acceptable and relevant.

As the many approaches to diagnosing bipolar symptoms are covered in this article, the unipolar and bipolar symptoms of this disease shouldn't be confused with one another. The treatments and medications licensed for the treatment of bipolar disorder are primarily intended to restore the balance of the neurotransmitters that are in charge of maintaining our mental health. However, the ability and desire to assist others is truly the environment of the subject. The treatment of a person with this illness requires both art and science. It takes empathy and sympathy to cope with such a person.

Research needs to be done further to determine the actual source of this sickness. Until recently, based on theory and clinical research. The syndrome currently doesn't have a well-defined, effective treatment. However, in the setting of this illness, mood stabilizers have demonstrated some impressive success. Given that they have produced positive results, research on traditional antidepressants should continue in this subject. They might prove to be a more effective treatment for the same. For Bipolar disorder, dosage limits and drug interactions must be researched and studied with the most importance.

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