Understanding the Effects of Living with Bipolar Disorder

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Abstract

Recurrent episodes of sadness and hypomania are hallmarks of bipolar disorder, which is also frequently accompanied by functional impairment even between mood episodes. Since a significant majority of patient's experience mood swings between episodes, bipolar illness is a challenging psychiatric condition to treat. The opinions of patients can improve clinical work and research. The goal of the current study was to examine the effects of having bipolar disorder from the perspective of the patient in order to improve therapeutic practice and future research.

Keywords: Bipolar disorder • Mood changes • Functioning

Introduction

Recurrent periods of depression and hypomania are characteristics of bipolar disorder. Manic episodes, frequently coupled with depressive episodes, and hypomanic episodes, frequently coupled with depressive episodes, are the two primary subgroups of BD-I and BD-II, respectively. A five-year prospective investigation on the dominant polarity in bipolar disorder was carried out by Pallaskorpi. In 16% of the patients, the predominant polarity was manic, in 48% it was moderate, and in 36% it was depressing. The rate of attempted suicide was higher in the depressive group. The number of episodes in bipolar disorder has been linked to a poorer prognosis, and individuals with a protracted disease duration and a highly recurrent course had worse overall functioning. Thirty to sixty percent of persons with bipolar disorder have been shown to have impaired psychosocial functioning.

In bipolar disorder, mood instability is linked to a higher chance of relapsing. Patients with type II bipolar disorder had higher levels of mood instability during depression than those with type I bipolar disorder, according to Faurholt-Jepsen research. Furthermore, a sizable portion of people with bipolar disorder have mood swings between episodes. Inter-episodic mood instability has been linked to decreased functioning and unfavorable prognostic indicators, such as an increased risk of recurrence and an increased risk of hospitalization. It is crucial that doctors and researchers recognize these between-episode symptoms. Research has made use of patient perspectives who experience bipolar disorder to close the gap between theory and clinical practice. The purpose of the current study was to examine the effects of bipolar disorder from a patient's perspective.

The three phases of bipolar disorder (mania, inter-episode period, and depression) were described as a continuum. There were two distinguishable tipping events (one from euthymia to depression and one from euthymia to mania), which were associated with these regions and experiences that were fundamentally different. These descriptions align with what is known currently about bipolar disorder. The only area on the chart that represented wellbeing was the "center-right area," which the subject described as the inter-episode phase. It might qualify as moderate hypomania. It did not account for a sizable chunk of time on the continuum. With time, the subject also exhibited a tendency to encounter fewer inter-episode phases.

The patient did not indicate cognitive deficits or impulsivity throughout the inter-episode phase or the mood episodes, in contrast to the findings in the literature. According to two meta-analyses, bipolar disorder sufferers typically experience cognitive impairment during the acute and euthymic phases of their condition. Cognitive deficits in bipolar disorder (attention/processing speed, episodic memory, and executive functioning) cannot entirely be attributed to the illness's maniacal and depressive symptoms. Generalized cognitive impairment in euthymic bipolar disease may be tempered by age, length of illness, education, and clinical history. Additionally, self-report impulsivity scores demonstrated that patients' self-perceived impulsivity persisted during euthymia. As a result, bipolar illness individuals may exhibit impulsivity.

The dominant axis of the continuum was "perception of reality," not mood, as might be predicted. For the majority of the time, it was said that reality "either did not matter or did not exist." This was seen particularly during mood swings, which led to a "extreme loneliness" that was nearly intolerable. These encounters might be connected to delusion. The ability to understand information about the potential intentions and dispositions of others, or "theory of mind," has also been shown to be impaired in people with bipolar disorder. This can lead to people with bipolar disorder misreading social cues, which in turn reduces their ability to comprehend social interactions accurately.

Measures have been used to examine mood swings in bipolar illnesses in clinical practice and research. To measure the severity of bipolar disorder, terms like "measurement-based care" and "mood instability factor" have been employed. A clinical technique known as measurement-based care involves routinely measuring symptom frequency and severity, side effects, and medication adherence and using the results to guide clinical decision-making. However, its use to bipolar disorders is restricted, in part because the effectiveness of the available treatments is unclear.