

Bipolar Disorder

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Abstract: Bipolar disorder, a significant condition, primarily affects adults, showing a higher prevalence among them compared to children. The Diagnostic and Statistical Manual of Mental Disorders characterizes bipolar disorder by manic or mixed episodes. Regrettably, this disorder has not received ample research attention, leading to a scarcity of resources for special education educators regarding its definition, origins, and assessment, particularly in the context of assisting students with bipolar disorder. Notably, young students grappling with bipolar disorder often miss out on timely intervention, as diagnosis typically occurs when their condition reaches a critical and potentially hazardous stage. The absence of a precise definition for bipolar disorder compounds the issue, complicating the identification of students who qualify for specialized educational services. Furthermore, limited research exists on bipolar disorder's origins and evaluation methods. The multifaceted origins of bipolar disorder predominantly intertwine genetic and environmental factors. This paper's objective is to compile comprehensive information on bipolar disorder, aiding special education teachers in the early identification and intervention for students dealing with bipolar disorder.

Keywords: bipolar disorder, causes, assessment, students.

1. INTRODUCTION

Bipolar disorder is a serious disorder that affects adults more than children. The Diagnostic and Statistical Manual of Mental Disorders defines bipolar disorder as having manic or mixed episodes. Unfortunately, bipolar disorder is not a well studied disorder. Special education educators do not find enough resources about bipolar disorder definition, etiology, and assessment to help bipolar disorder students. Young students with bipolar disorder are not receiving the appropriate early intervention because they do not diagnose bipolar disorder until their condition becomes severe and dangerous. Bipolar disorder definition is not clearly defined; therefore, it is hard to identify students who are eligible for special education services. Additionally, There are only a few studies done over bipolar disorder etiology and assessment. The etiology of bipolar disorder is mostly genetic and environmental factors. The thesis of this paper is to gather all possible information about bipolar disorder to help special education teachers to identify and treat bipolar students at an early age.

The Diagnostic and Statistical Manual of Mental Disorders defines bipolar disorder as having manic or mixed episodes. Individuals with bipolar disorder are more likely to have depression than extreme pleasure or manic episodes. Statistical studies show that about 7% of the day, bipolar disorder individuals have depressed moods and have pleasurable moods for only 3% of their day (Bipolar Disorder, 2009). Individuals with bipolar disorder share one or more of these characteristics: emptiness, sadness, un-appropriate guiltiness, extreme fear, significant weight loss or weight gain, dysfunction such as restlessness or significant slowness, committing suicide, low self-esteem, or feeling of worthlessness. Bipolar characteristics are seen more in adolescence than they are in children (Geller, 2010).

2. UNDERSTANDING BIPOLAR DISORDER CAUSES

The etiology of bipolar disorder is unknown; however, new research constantly being conducted to determine the causes of bipolar disorder. After a long time of studying bipolar disorder patients, researchers state that genetic, neurochemical and environmental factors play key roles in bipolar disorder. First, 80% of bipolar disorder patients have increase level of vasopressin (AVP). Vasopressin is a hormone controlled by the Hypothalamic-Pituitary-adrenal (HPA)-axis. If

Hypothalamic- Pituitary-adrenal releases more AVP plasma, the individual is likely to have bipolar disorder. Vasopressin is released into the bloodstream and controls body blood pressure, body water, blood glucose, and blood salt. Additionally, vasopressin released directly to brain and abnormal release of AVP causes individuals to have bipolar disorder and play significant roles in the individual's social behavior.

Moreover, Hypothalamic-pituitary-adrenal consists of two organisms: hypothalamus and pituitary gland. Both hypothalamus and pituitary gland are located in the brain. HPA-axis controls sleeping and eating habits, nervous system and plasma level of AVP. Indeed, increasing the level of AVP hormones cause individual to have bipolar disorder and abnormal social behavior (Berk, 2009).

The second set of causes can be seen in genetic factors. Several studies have been conducted on children where either one or both of their parents have had bipolar disorder regardless of bipolar disorder severity. The studies are focusing on bipolar disorder inheritance from parents to children. The studies' results show that at least 52% of children, whose parents have bipolar disorder, diagnosed with the same disorder. Compared with only 29% of children diagnosed with bipolar disorder and their parents are not having bipolar disorder (Leahy, 2004). Bipolar disorder parents are having difficulty to maintain safe relationship with their children. They also lose their ability to remain calm, patient, and positive with their children. Therefore, both children and parents experience a withdrawal social reaction and limitation of family pleasure time (Gawlik, 2011).

The third causes of bipolar disorder are environmental factors. Substance abuse or drug abuse and a stressful life are among the leading causes of bipolar disorder; although, environmental factors do not act alone to cause individuals to have bipolar disorder. Genetic and neurochemical are associated with environmental factors which occurred during the childhood of bipolar disorder person. Bipolar disorder is the highest prevalence disorder that is caused by substance abuse. 61% of bipolar disorder experienced substance abuse. One of the bipolar disorder characteristics is antisocialism which leads bipolar disorder individuals to have alcohol or drug abuse. Often, bipolar disorder patients use medication not as needed but also for themselves desire. For example, if an individual only needs to get two pills a day, bipolar patients may take more than that or substitute it with cocaine or other drugs. Bipolar disorder patients abuse the treatment of self-medication which leads them to psychiatric hospitalization. Clean bipolar disorder patient response to the treatment better than bipolar disorder who is drug abuser. Drug abusers are twice the number of nondrug abusers in hospitalization. Alcohol or drug abuse increases the chance of attempting or committing suicide and increase the mood problems (Chen, 2008).

3. BIPOLAR DISORDER ASSESSMENT METHODS

Bipolar disorder assessment is based on three ways: direct verbal questioning, self-reports measures, and reports from third parties such as teacher, parents, etc.

Special education teachers should be aware of what type of questions that can be asked. Through the direct interview, teachers keep in mind to have answer of the patients' attitude toward life and death. Teachers educate bipolar disorder individuals about that bipolar disorder is a serious problem. Therefore, questions about hopelessness, depression, and suicide are accepted to help them to maintain a healthy life. Additionally, there are several factors should be covered through the direct interview with bipolar disorder patients: "level of desire to die (weak, moderate,

strong); level of desire to live (weak, moderate, strong); frequency and duration of suicidal ideation; subjective sense of control over suicidal behaviors; deterrents to suicide; reasons for wanting to commit suicide; specific plans for committing suicide, methods available for killing oneself; arrangements made in anticipation of death, if any; and degree to which they have been forthcoming about revealing their feeling and intentions" (Noreen, 2002).

Additionally, therapists use Beck Scale for Suicide Ideation(BSSI). BSSI is a long and detailed list of questions about bipolar disorder conditions. It also used for other disorders such as schizophrenia, schizoaffective, or another type of emotional disorders. BSSI assess patients in different types, conditions, reasons, levels, attempts, and tense (past or present) of suicide. Patients who attempt to suicide more than one, the levels and the reasons of suicide are not same. Multiple attempts to suicide increase the bipolar disorder to reject the treatment and direct them to risky factors.

So, clinicians should pay attention to bipolar disorder individual who is under treatment. According to General Hospital Psychiatry Study of BSSI, the study was based 735 five patients. 665 which is 90% of the patients had attempted to suicide. 487 which is 66% of patients completed the BSSI forms. 248 which is 33% of them did not complete the BSSI evaluation (Milner, 2006).

Self-report evaluation is more convenient for bipolar disorder individuals to complete. Beck Depression Inventory and Beck Hopelessness Scale are most widely used self-assessments. Those assessments focus on individual feelings of worthlessness, hopelessness, social interaction, suicide, and other subjects. However, BSSI gives more details questions about suicide. The advantages of Beck Depression

Inventory and Beck Hopelessness Scale tests are that patients are taking their time to answer each section and question fully, they can more honest to reveal about their conditions and without clinicians influences, they can write in paper things that they do not like to talk about, the questions are more clear and direct, they help clinicians to collect accurate data and easy to follow-up the patients' treatments. Item two and nine of Beck Depression Inventory are about suicide. If patient answer is positive in either item, therapist has a red flag about the patient's suicide. If patient responses are positive in both items, suicide is the target behavior for therapist to treat. Even though sometimes patients do not report their feelings, therapists can have some clues regarding a patients feeling through the patients' response to other questions such as the failure, punishment, worthlessness, and guilt questions. Moreover, there are twenty true and false questions. They give therapist a general picture of the patient's level of bipolar disorder. If patients' response positively to nine questions, patients are at bipolar disorder risk. Importantly, patients' should take self-report assessments at different times because they will response to the questions depend on their mood states (Noreen, 2002).

Family or third parties reports are important to measure the level of bipolar disorder individuals. Third parties reports are important for many reasons. Patients do not answer the questions honestly or lie on some of them specially suicide questions. Patients have negative reaction about hospitalization. Some patients fear social stigmas that are placed on them as well as negative stereotypes. They also fear of therapist's judgment and evaluation and they have feelings that they might be treated in a way that they are not eligible for and may receive an inappropriate evaluation.

Therapists try some strategies that help their patients to reveal of their level of bipolar disorder such as "they can communicate respect for the patients. They can express empathy for their hopelessness and suicidal feelings. They can explain that hospitalization is used only after all reasonable outpatient interventions have failed, and the patient is at imminent risk" (Noreen 2002). even though, all previous strategies did not convince patients with bipolar disorder to talk about their feeling, family report is helpful way to have a general picture about bipolar disorder conditions. Therapists have other resources or ways to identify individual with bipolar disorder's condition in case the patient refuse or reject to response to an important agenda. Family reports can also confirm the patients' responses (Noreen 2002).

Bipolar disorder interventions and treatments are varies among treatments for behavior management, cognitive therapy, and medication treatments. Graded Task Assignment (GTA) is used to treat bipolar disorder patients and particularly those individuals whose target behavior is overwhelmed. Educators have large task for students or patients to accomplish. They break down the large task into small projects. Then, students go from one small task to another smoothly. For example, in school setting, a student with bipolar disorder unable to read a story and he/she feels overwhelmed of reading. Special education teachers teach how to understand the title of the story, the cover's picture, the context clue for difficult words, and the connection between the title and the reading. In home setting, the large task for example is cleaning the kitchen. Adult with bipolar disorder can have this large task break down into small task such as washing the dishes, putting the dishes away, emptying the garbage, and then sweeping the floor. In addition, one of the most common characteristics of bipolar disorder is feelings of guilt. The treatment for this is open conversation and explanation. Therapist can explain that to bipolar disorder individual; each person has amount of energy every if the person does not use it the person will feel lazy and guilty of not releasing that energy. Breaking down a large task into small chores let a person to use the body stored energy (Basco, 2005).

Since bipolar disorder individuals have thoughts of suicide and feelings of loneliness, "A" and "B" list method is one way to get them away from that bizarre feeling. "A" list and "B" list consists of three columns. The first columns is the days list, the second columns is "A" list which is the primary task individual has to accomplish such as go to work, third columns is "B" list which is secondary tasks such as calling mother, having trip, or listing any pleasure activities. Some person fills this table at evening before bed or at morning. "A" list and "B" list is important because bipolar disorder patients expect themselves to do as well as a person without an illness (Basco, 2005).

Bipolar disorder individuals have incorrect thoughts that go back and forth in their minds. So, Automatic Thought Records is one way for bipolar disorder individual to manage their cognitive behavior. Automatic Thought Records is a table tells about the mood shifts. The first column is about when the mood shift and under what condition; it is only few words can be

written in the table. The second column is about the patients' thoughts and what make the mood change. The third column is about the patients' emotion and what they feel such as sad, anger, or anxiety. The fourth column is about the patients' action and reaction to the occurred event. This treatment shows the patients what their incorrect thoughts are and how they affect the patients' cognitive behavior. Therefore, patients' substitute undesired thoughts with desired thoughts (Basco, 2005).

4. PRINCIPLES AND CONSIDERATIONS IN BIPOLAR DISORDER MEDICATION

Bipolar disorder is a serious disease and not easy to be controlled with managing behavior treatment or cognitive therapy; therefore, many of bipolar disorder need a medication treatment. Bipolar disorder should be aware of several principles about bipolar disorder medication. First, patients should follow instructions of using bipolar medicine because abusing the use of the medicine worst the bipolar disorder condition instead of treats it. Second, patients report any negative side-effect at each medication visit and avoid using the medication for long time (Basco, 2005). Lithium is a widely used medicine for bipolar disorder. It is effective treatment for moderate and severe conditions of bipolar disorder because it prevents person to have mixed or manic episodes and it reduces the suicide. But it does not prevent recurrence. It is less expensive than other medications but patients need to check the lithium in their body at every medication visit (Grandjean, 2009).

Medication side effects are important for bipolar disorder to be aware of or any other persons who are taking medications. Any antidepressant medication takes several weeks to work fully. The most common side effects includes dry mouth, blurred vision, constipation, sedation, and difficulty urinating. Therefore, patients should know: 1) which side effects are more and less likely, 2) which side effects are dangerous, 3) which side effects will gradually disappear over time, and 4) what methods can be used to counter side effects should they occur (Basco, 2005).

Finally, bipolar disorder is characterized by a combination of manic and depression episodes. There are only a few studies done over bipolar disorder etiology and assessment. The etiology of bipolar disorder is mostly genetic and environmental factors. The Beck Depression Inventory (BDI) and Beck Hopelessness Scale (BHS) are most common assessment tools used by educators. Bipolar disorder resources are limited on its etiology and assessment; however, there are many resources about bipolar disorder treatments and most clinicians use medication as one of the bipolar disorder therapies.

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