



# Bipolar Disorder

**Presented by:**  
**Sylvia Onyeiwu**

Helen Bader School of Social Welfare

SOC W 753-001  
Sue Cohen, MSW

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# Table of Content

- INTRODUCTION

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- BIPOLAR DISORDER

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- BIPOLAR IN MEN AND  
WOMEN

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- DIAGNOSIS

---

- ETIOLOGY

---

- PRESENTATION AND  
SYMPTOMS

---

- IMPACT AND  
SUSCEPTIBILITY

---

- TREATMENT

---

- CONCLUSION

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# INTRODUCTION

Bipolar disorder is a complex and debilitating psychiatric condition characterized by alternating episodes of manic, hypomanic uproar, and depressive states. Bipolar disorder dances with the mind, twirling between extreme mood swings which can be disruptive, affecting a person's ability to function in daily life. This presentation delves into the etiology, diagnosis, presentation, impact on individuals, and treatment options for bipolar disorder. It explores the multifaceted factors contributing to its development and highlights the importance of early intervention and comprehensive treatment strategies. Additionally, this presentation highlights service organizations dedicated to supporting individuals with bipolar disorder and offers insights into susceptibility factors.



Anxiety



Chronic Pain



Discrimination



Stress



Anxiety



Chronic Pain



Discrimination



Stress

P R E S E N T A T I O N

# ABOUT BIPOLAR DISORDER.



Back in 1990, the World Health Organization pinpointed bipolar disorder as the sixth most impactful contributor to disability-adjusted life years globally for individuals aged 15 to 44. Additionally, it seems that between 30% to 60% of those diagnosed with bipolar disorder struggle to fully recover in terms of their vocational and social capabilities Miklowitz & Johnson (2006).

Bipolar disorder, formerly known as manic-depressive illness, is a severe mental health condition that affects mood, energy levels, and behavior. It is characterized by recurrent episodes of mania or hypomania and depression. These mood swings can significantly impact an individual's quality of life, relationships, and daily functioning. Bipolar disorder is a complex interplay of genetic, environmental, and neurobiological factors that requires a multidimensional approach to diagnosis and treatment (Miklowitz & Johnson, 2006).

# DOES BIPOLAR DISORDER PRESENT MORE AMONG ANY SEX?

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P R E S E N T A T I O N



Multiple studies indicate a balanced occurrence of bipolar disorder, although some have highlighted a greater frequency of manic episodes and bipolar type I among males, as well as increased rates of bipolar type II among females, as illustrated by Bauer & Pfennig (2005) and Rowland & Marwaha (2018) in their work. However, the available evidence lacks robustness to significantly challenge the notion that bipolar disorder seems to exhibit a relatively equitable distribution across genders and ethnicities.



# ETIOLOGY



The causes of bipolar disorder are multifactorial, involving a combination of genetic predisposition, neurochemical imbalances, and environmental triggers. Neurobiological factors, such as dysregulation of neurotransmitters (e.g., dopamine, serotonin), play a role in mood instability. Environmental stressors, traumatic experiences, and substance abuse can also contribute to the onset or exacerbation of bipolar symptoms (Rowland & Marwaha, 2018).

Research suggests a strong hereditary component, with a higher risk among individuals with a family history of the disorder, high levels of stress, substance abuse, and certain medical conditions (Miklowitz & Johnson (2006). Miklowitz and Johnson's study further show that children of BD parents are four times higher at risk of bipolar disorder than children of healthy parents.

# DIAGNOSIS



Detecting bipolar disorders is complex due to overlapping symptoms with other psychiatric conditions, frequent comorbidities, patient unawareness (especially during hypomanic states), and evolving social stigma. Scientific and clinical initiatives aim to refine diagnostic criteria, enabling timely recognition for effective early interventions that could alleviate distress, lower suicide risks, and reduce societal costs (Bauer & Pfennig, 2005).

Clinicians utilize diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), to diagnose bipolar disorder. The disorder is categorized into several subtypes, including bipolar I disorder (manic episodes), bipolar II disorder (hypomanic and depressive episodes), and cyclothymic disorder (milder mood fluctuations). Diagnosis involves a comprehensive assessment of mood patterns, behavioral changes, family history, and other contextual factors (Miklowitz & Johnson, 2006).

# PRESENTATION & SYMPTOMS



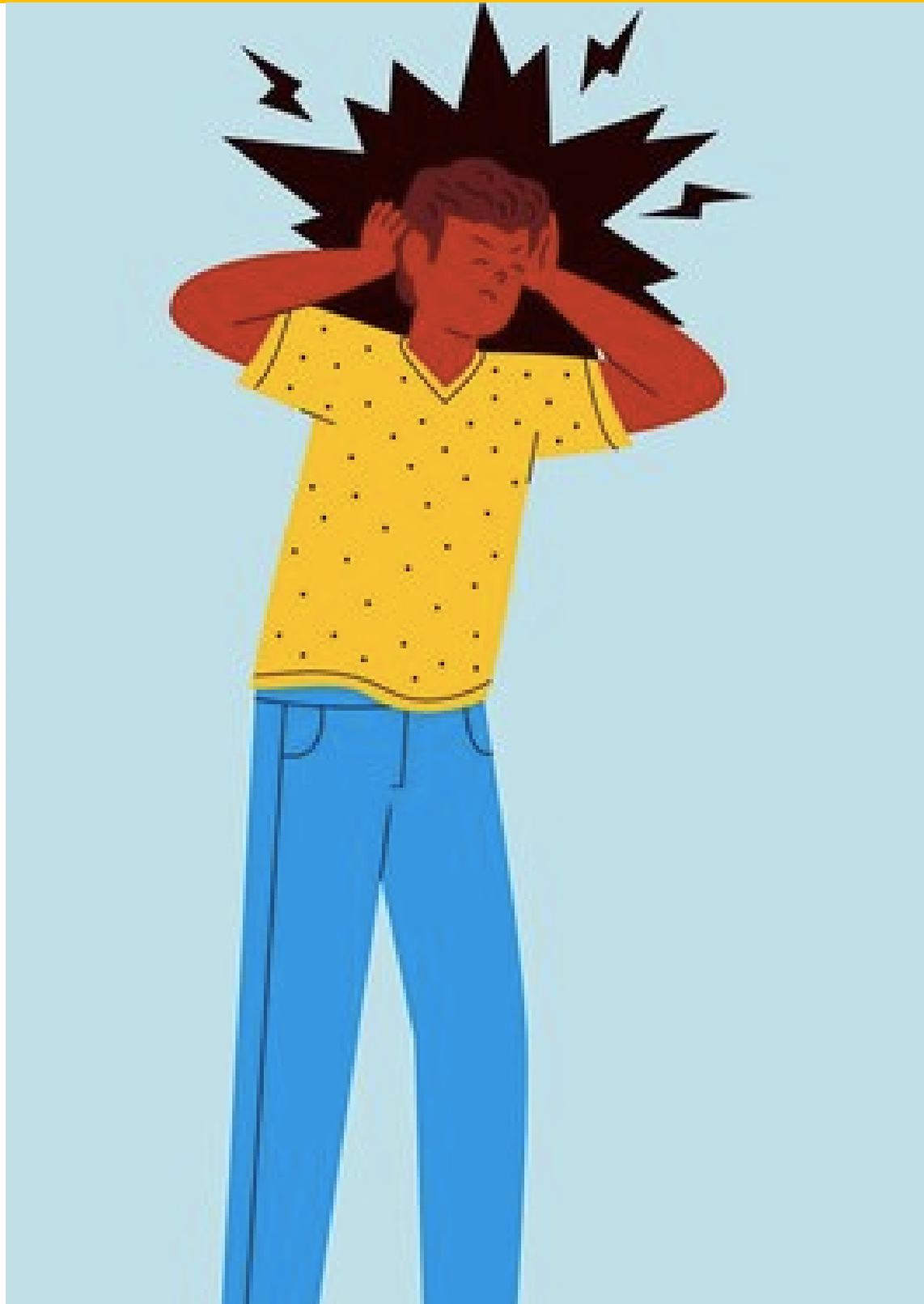
According to Hirschfeld (2014), the presentation of bipolar disorder varies among individuals and episodes. Manic episodes are characterized by elevated mood and energy, impulsivity, decreased need for sleep, racing thoughts, and grandiosity. Depressive episodes involve low mood, loss of interest and difficulty concentrating, fatigue, changes in appetite and sleep patterns, and thoughts of worthlessness or suicide. Mixed episodes combine symptoms of both mania and depression, leading to heightened agitation and emotional dysregulation.

Bipolar disorder, a persistent psychiatric condition, involves episodes of depression and at least one occurrence of mania or hypomania throughout its course. The symptoms of bipolar disorder have been linked to substantial impairments in functioning. Research conducted by Joseph et al. (2005) revealed that 48% of participants who screened positively for bipolar disorder experienced notable challenges in work-related performance, social and leisure activities, as well as interactions within social and family circles, compared to those who tested negative. Notably, individuals aged 18 to 34 reported more days with symptoms than their older counterparts. Among positive cases, women indicated greater disruptions in their social and family lives, while positive men reported instances of legal involvement such as arrests and convictions. Moreover, positive subjects demonstrated higher occurrences of anxiety, panic attacks, migraines, asthma, and allergies.



# IMPACT ON INDIVIDUALS AND SUSCEPTIBILITY FACTORS

P R E S E N T A T I O N



Bipolar disorder significantly impacts various aspects of an individual's life, including personal relationships, occupational functioning, and overall well-being. The cycling between manic and depressive states is unpredictable. It can lead to disruptions in daily routines, impair decision-making abilities, and hinder social interactions, making it difficult for individuals to maintain stability in their daily lives. The disorder may also contribute to co-occurring conditions such as anxiety disorders and substance use disorders (Joseph et al., 2005).

Several factors contribute to an individual's susceptibility to bipolar disorder Rowland & Marwaha (2018). Genetics plays a significant role, with family history being a prominent risk factor. Neurobiological factors, including imbalances in neurotransmitters and brain structure, influence vulnerability. Early life stressors, trauma, and adverse childhood experiences can increase the likelihood of developing the disorder. Substance abuse, particularly stimulants, and psychedelics, may trigger or exacerbate manic episodes in susceptible individuals. Additionally, certain medical conditions, such as thyroid disorders and traumatic brain injury, may increase the risk of developing bipolar disorder Rowland & Marwaha (2018).

# TREATMENT

## P R E S E N T A T I O N



The treatment of bipolar disorder typically involves a combination of pharmacotherapy, psychotherapy, and lifestyle modifications. Mood stabilizers, antipsychotics, and antidepressants are commonly prescribed to manage mood fluctuations (Miklowitz & Johnson (2006).

Psychotherapy, including cognitive-behavioral therapy (CBT), interpersonal and social-rhythm therapy, and psychoeducation, helps individuals develop coping strategies and improve self-management. Lifestyle changes, such as maintaining a regular sleep schedule, engaging in stress-reduction techniques, and avoiding substance misuse, contribute to symptom stabilization (Miklowitz & Johnson (2006).

# SERVICE ORGANIZATIONS CATERING TO BIPOLAR DISORDER IN THE UNITED STATES

P R E S E N T A T I O N



Several service organizations provide vital support and resources to individuals and families affected by bipolar disorder. Organizations such as the National Alliance on Mental Illness (NAMI), Depression and Bipolar Support Alliance (DBSA), and International Bipolar Foundation (IBPF) offer educational materials, support groups, and advocacy efforts aimed at reducing stigma and promoting access to treatment.

## **Conclusion**

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Bipolar disorder is a complex mental health condition with a diverse array of contributing factors. Early diagnosis and a holistic treatment approach that considers genetic, neurobiological, and environmental influences are crucial for effective management. Support from service organizations and the implementation of comprehensive treatment strategies can significantly improve the quality of life for individuals living with bipolar disorder.



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**THANK YOU**

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