Bipolar Disorder Basics

Bipolar disorder is a chronic, relapsing illness characterized by recurrent episodes of manic behavior or depressive symptoms, with intervals that are relatively symptom free. The onset of bipolar disorder usually occurs during adolescence or in early adulthood. Bipolar disorder has lifelong impact on patients' overall health, quality of life as well as day to day functioning.

Diagnosed cases of bipolar disorder are rising among adults and children. According to research reviewed by Joseph Blader and Gabrielle Carlson, bipolar disorder related hospitalizations are more frequent among adults and female adolescents. Male children show a higher risk for bipolar disorder than female children. Children's bipolar diagnoses usually are more general not reflective of a prevailing mood state. Adults' bipolar disorder diagnoses are based on outward depressive and psychotic behaviors.

There are two major types of bipolar disorder, Bipolar I and Bipolar II. Bipolar I is defined by episodes of depression along with episodes of mania, while Bipolar II is charactized by episodes of depression and hypomania. The main difference between the two types is the severity of the manic symptoms. Full mania causes severe functional impairment and can include symptoms of psychosis and often requires hospitalization. Hypomania, on the other hand, is not severe enough to cause marked impairment in social or occupational functioning and rarely requires hospitalization.

Bipolar disorder (BP) has a big economic impact on United States healthcare. The estimated direct cost of bipolar disorder according to ***The Economic Burden of Bipolar Disorder in the United States*** (2020) including inpatient care, outpatient care, pharmaceuticals, and community care is 50.9 billion dollars. In addition, the negative impact of bipolar disorder on functioning and quality of life results in indirect healthcare costs from loss of employment, loss of productivity, sick leave, and uncompensated care totaling 158.5 billion dollars. Bipolar disorder treatment is one of the most costly of all mental health conditions. This is the result of the need for frequent hospital stays for BP patients.

The diagnosis is complicated when the patient's initial presentation includes depressive symptoms which is true for 50% of the BP patient population. Up to 70% of patients diagnosed with BP have been initially misdiagnosed. Delayed identification of BP can result in poor clinical outcomes and increased costs. Delay in diagnosis is a specific problem for women with BP type II since the symptoms of hypomania may not be readily apparent. In addition, misdiagnosis during the postpartum period is common and women originally diagnosed with postpartum depression may be diagnosed with BP at a later time.

Treatment for Bp is often conventional mood stabilizers such as lithium, valproate, lamotrigine, and carbamazepine. Lithium has been the primary treatment for BP for over sixty years. Its effect on bipolar disorder depression is limited and it does not have rapid affect in reducing acute mania. However, lithium is the only drug proved to reduce the risk of suicide in patients with BP. Sodium valproate is the most commonly used mood stabilizer for patients with BP. It

can be paired with lithium to treat patients needing maintenance therapy. There is some controversy over the use of antidepressants to treat bipolar disorder. When antidepressants are prescribed, specific protocols are followed to gradually taper the dosage slowly after remission of depression.

An obstacle in the successful treatment of bipolar disorder is the patient's willingness to take prescribed medications as directed. It is not uncommon for bipolar disorder patients to stop taking medication when their symptoms lessen and/or disappear.