Bipolar is a psychological disorder marked by episodes of mania and depression for the patients. The presence of these two phases at different times makes it a very complex disorder to manage and treat. This is especially because the disorder leads to comorbidity and sometimes there is no adherence to medication and treatment for some of the patients. This disorder in most cases affect individuals from adolescent and even early adulthood periods and the effects are long-lasting. This disorder affects people of all races, gender, and ethnicity at a similar rate with no prevalence rate. The symptoms of this disorder and its treatment course and management are discussed in detail below.

## Symptoms

Some of the most common symptoms of this bipolar disorder are mania, hypomania, depression, and sometimes having mixed episodes. Mania is a mood disturbance that makes a person be mentally and physically energized. On the other hand, hypomania is a milder condition. Therefore, although an individual has higher energy, it is not extreme when compared to mania. There are two types of bipolar. Patients with bipolar I am marked with more episodes of mania and mixed episodes while those with bipolar II have more depressive and hypomanic episodes. In either of these types, the patients are marked with an exchange of these symptoms, and they keep on oscillating sometimes as often as daily (Maletic & Raison, 2014). Other than the above symptoms, there are also other symptoms such as recklessness, impulsivity, tendencies to truancy behaviors and personality problems.

The high episodes of mania are as a result of the patient having catecholamines in excess. When these catecholamines are few, the patient falls into a depressive mood. The hypomania mood is associated with an excess production of dopamine in the brain. It is these chemicals studies that aid at understanding why the symptoms occur and also guide in the way of treatment and the perfect treatment for each bipolar type. Bipolar is also, however, a genetic disorder that can be passed down from parent to children (Hilty et al. 2006). The symptoms associated with this are similar to that associated with the parent as well. Since bipolar affects the brain areas, there are other resultant symptoms such as issues with verbal fluency, problems with attention and even memory problems among others.

## Causes

There are several causative factors of bipolar, one of which as mentioned above is genetics. In genetics, when one of the parents has bipolar disorder, a child is likely to inherit the physical changes even in the brain from the parent, hence their brains almost similar in characteristics. This means that they end up inheriting the same traits of the bipolar from the parent (McCarthy et al., 2014). This is mostly diagnosed and established through conduction of neuroimaging of the patient’s prefrontal cortex part of the brain and comparing the same with the neuroimages of the parent with the bipolar disorder. The neuroimages will indicate a similarity of the brain features further providing evidence of this causation factor in the disorder.

The other causal factor of the disorder is drugs or alcohol abuse. People with bipolar disorders often have highly abnormal levels of dopamine, serotonin, and norepinephrine in their brain. These are often interfered with through excess and prolonged use of drugs that inhibit brain activity such as alcohol, amphetamines, and cocaine among others (Maletic & Raison, 2014). The causation, in this case, maybe because of the prolonged use of these drugs or a preexisting bipolar leading to people using drugs and hence worsening their conditions that would have otherwise been mild. All in all, chemicals from the drugs affect the chemicals in the brain mentioned above leading to bipolar.

**Treatments**

Treatment of this psychological disorder depends on the causes, the symptoms and the type. Bipolar I, for example, is caused by high levels of catecholamines in the brains and hence leading to an increase in the manic phase. Treatment, in this case, will mean that the doctor will concentrate on drugs that will reduce the symptoms of mania while preventing going into a depression. For those with low levels of catecholamines, they tend to exhibit high levels of depression (McCormick, Murray, & McNew, 2015). The treatment for such patients is with antidepressants. The antidepressants are often combined with other antipsychotic medication as well to balance the moods of the patient.

The drugs that need to be used have to be used, and their effects on the other symptoms of the disorder examined as well. Too much medication may destabilize the moods more and hence cause the patient to go into the excessive use of other drugs and substance abuse. The treatment using drugs also keeps changing depending on the phase of the symptoms the patient is eliciting. When the patient moves from manic to depressive, the medication has to change and so does when they move to the hypomania stage as well. This means that bipolar medication may keep on needing to be changed and hence the patient needs regular check-ups and psychological examination as a result.

While the most widely known treatment for bipolar is medication, there are other non-drug related therapies that can be used once the patient has their moods stabilized. These treatments take place when the patient is lucid and understands what is going on without their mood oscillating. The most common of these is psychotherapy whether individual, family or group. This form of treatment helps in management and understanding of this disorder as well as a form of social support for the person and their families as well. These, however, work as long as mood stabilizers are used to make them remain coherent. The person also has to stick to the routine of the therapy and not keep on missing sessions (Pavlickova et al., 2013).

The other non-drug therapy is ECT (Electroconvulsive Therapy) where the patient’s brain is stimulated through shocking to make the patient responsive. This is mostly used on patients that are severely manic or depressive and fail to respond to medication or therapy. It is administered to the patient when they are asleep and involves a series of electric current being passed to their brain through electrodes on the head (McCarthy et al., 2014). The current produces brain activity and increases it in the form of seizures. This is carried out in minimal levels over a period of sessions for at least four weeks, and once the brain is stimulated and active once more, then mediation can be used.

 To diagnose and treat bipolar disorder, it is important to understand its type, causes in great detail and relation to the brain and pay attention to the symptoms as well. This is because the treatment process will depend on the symptoms and the neuroimages among others. The use of medication that is most common for example depends on the brain chemicals being produced in excess or minimal level if they are to solve cause problems. The other non-medical treatment also depends on the symptoms of the patient as well. Those that are overly depressed have to undergo ECT while those that are extremely stabilized required psychotherapy.

## References

Hilty, D., Leamon, M., Lim, R., Kelly, R., & Hales, R. (2006). A review of bipolar disorders in adults. Psychiatry, 3(9), 43-55.

Maletic, V., & Raison, C. (2014). Integrated neurobiology of bipolar disorder. Frontiers in Psychiatry, 5(98).

McCarthy, M. J., Liang, S., Spadoni, A. D., Kelsoe, J. R., & Simmons, A. N. (2014). Whole brain expression of bipolar disorder associated genes: Structural and genetic analyses. PLoS ONE, 9(6), e100204.

McCormick, U., Murray, B., & McNew, B. (2015). Diagnosis and treatment of patients with bipolar disorder: A review for advanced practice nurses. Journal of the American Association of Nurse Practitioners, 27(9), 530-542.

Pavlickova, H., Varese, F., Smith, A., Myin-Germeys, I., Turnbull, O. H., Emsley, R., & Bentall, R. P. (2013). The dynamics of mood and coping with bipolar disorder: Longitudinal Investigations of the inter-relationship between affect, self-esteem and response styles. PLoS ONE, 8(4), e62514.