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# Opinion: Psychopathological contents of bipolar disorders, methods of evaluation and treatment

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**Abstract**

Bipolar disorder is a common and debilitating disease that affects people from adolescence to old edge and has a pronounced negative impact on the physical mental health, as well as on the social and financial well-being of the individual and society. Bipolar disorder is often undiagnosed, inadequately treated and associated with a negative outcome. Knowledge of the epidemiological and treatment characteristics of bipolar disorder is of gret importance for planning the appropriate treatment of depression, its timely detection in order to reduce the farreaching conseqences on an individual and social level.

Epidemiological data on Bipolar disoreder are missing in our country. The study examines the hospital prevalence of bipolar disorder in period 2020 – 2025 with diagnosis Hypomania F31.0 , manic without psychotic sumptoms F31.1, manic with psychotic symptoms F31.2.

The results indicate a lack of diagnosis, a late start of treatment that predominantly comes down to long – term hospital treatment without pre- and post- hospital follow up of patients with bipolar disorder. Such findings underscore the need to adresss the stigma of bipolar disorder and to develop a comprehensive system for early diagnosis, treatment and monitoring of the disorder, especialy in terms of gender specificity.

**Keywords**: adults, bipolar disorder, treatment

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## Introduction

This type of manic-depressive states can occur in several clinical forms. The most commonly described are: hypomania, acute mania, delirious mania, confusional mania, furious mania, chronic mania.

All these clinical forms have common characteristics and some specificities on which they differ.

Common features are: increased life dynamism, the affect is elevated with a cheerful mood that dominates all other mental functions, motor activity is accelerated and intensified, all vital functions (for food and sexual needs) are intensified, thinking is accelerated, attention is with significant deviations, criticality is reduced.

## Purpuse

The aim of the research is to present clinical characteristics of patients with bipolar disorder.

## Material and methods

The research is cross – sectional, analytical study implemented in ambulance and hospital in Stip, including all patients who meet the ICD 10 diagnostic criteria for hypomania, acut mania, deliriatius mania, confusional mania.

Patients with depression and schizophrenia were excluded from the study. For the purpuses of the research the electronic database of the ,, Electronic Helth Administration “ was used as the available medical documentation of thse psychiatric department.

**Hypomania:**

This is the closest form of mania. Such patients remain within the limits of normal behavior for a long time due to the relatively preserved ability to control themselves.

In their environment they are considered to be very cheerful, cheerful, hardworking, with great potential for work, witty and seductive. They are often ends like this, but this condition can evolve into a clinical picture of true mania.

The disease is revealed when all these features become exaggerated and the patient loses the ability to self-control.

Due to superficiality and conflicts with the environment, material, moral and alcoholic excesses, the realization begins to mature that it is still a disease. That phase represented a developed picture of acute mania.

**Acute mania:**

The disease begins abruptly, suddenly or develops gradually from hypomania to acute mania. The border between hypomania and mania is very unclear and difficult to reverse. Sometimes it begins after mild depression or is preceded by insomnia and irritability.

Affective disorders are one of the most important drivers of other psychopathological phenomena for the altered behavior of manic individuals.

The mood of manic individuals is cheerful, he is overjoyed, and all events from the past, present and upcoming future are missed through this filter. Everything that happened was wonderful, and the vision of their own future is mostly optimistic, they are insensitive to unpleasant and sad events and deviations, their self-awareness is increased and due to excessive self-esteem they easily come into conflict with the environment.

The patient is cheerful, sings songs that are inappropriate and tries to include others in his joy. He dresses conspicuously or adorns himself like an Indian chief, telling jokes that are often offensive, sarcastic, and vulgar.

They are constantly in a state of agitation, restless, they even refuse to sleep, they go for long walks early in the morning, if they are in the hospital they go from room to room, organize events and disrupt work. If they are free they spend money immeasurably, they treat everyone in the cafe, take out loans, undertake things that they will finance, they sometimes get into a state of anger and rage, especially if someone opposes them and thus cause conflict, and immediately after that they behave as if nothing had happened.

Their outward appearance is special, adorned, their facial expressions are lively, their movements are abrupt, and their eyes are shiny. Their speech is fast, uninterrupted, sometimes incomprehensible, they jump from topic to topic, they gesticulate, they never finish anything they have started.

The thinking of manic persons is under the influence of unbridled affect. Deeply changed, especially in form, but also in content. The basic disorder of thinking is the flight of ideas, the bony one cannot stick to one topic and jumps from topic to topic because the thought flow is accelerated (logorrhea). Individually, the thoughts are understandable but mutually unrelated (pseudoincoherent). The associations are incomparably vivid, but unrelated to the topic and distract the patient to secondary streams of thought and against his will, which results in him experiencing it as an unpleasant phenomenon, and the thoughts rush to him with such speed that he is not able to communicate it.

In terms of content, the thinking is changed so that unpleasant thoughts and ideas of greatness appear, about being the richest, most sought after, most important, but not always and not in all persons, and even when they appear they originate from increased non-self-criticism. The drives are also disturbed, especially the sexual drive is increased, it is not excluded that women prostitute themselves, and men come into conflict with their environment because they court everyone, and in their seductive attempts both are extremely uncritical.

The need for food is intensified, but since they are in constant motion, the manic person is not able to eat, which is why they can constantly lose weight.

Their attention is increased (hypervigilance) and they are unable to maintain attention on one object. This clinical condition lasts for several weeks to several months and can end with recovery or a transition to chronic mania or depression.

Hospitalization is always necessary to protect both the sick and their environment from moral, material and other inconveniences that these patients can cause to themselves and others.

***Delirious mania:*** occurs as a continuation or during acute mania, but can also occur suddenly. This clinical form of mania is expressed by disorders that are described in acute mania, and the patients are affectively eccentric, the logorrhea is expressed to the extent that the patient is incomprehensible. Here, aggressiveness is seen, the patients tear their clothes, bedding, break furniture, strip naked, smear themselves with feces, and the aggression is directed both at themselves and at the outside world. The patient's consciousness is altered, he is not properly oriented towards himself and others, neither in space nor in time. Changes in perception occur, both visual and auditory perceptual delusions. In the content of the thought process, in addition to delusional ideas of grandeur, paranoid ideas are also described. In terms of form, the disturbances seen in acute mania are expressed to the extreme.

**Confusional mania:** Confusional mania differs from other confusional states in that it is characterized by a euphoric mood that is in the context of the patient's severe mental and physical conditions, as well as irony, a tendency to constant jokes and ideas of grandeur, indicating that it is a disease from the group of manic depressive psychoses.

The clinical picture is manifested by hypervigilance that cannot be focused on one subject, flight of ideas and complete disorientation, and the patient lives in an unreal world of his fantasies created by painful ideas, optical hallucinations, illusions and interpretations, all of this expressed with great fear, psychomotor excitement as if occurring in bursts, paroxysmal which can lead to suicide.

***Treatment***

Several medications are used to treat bipolar disorder. The types and doses of medications prescribed are based on the symptoms you are experiencing. You will usually need a mood stabilizer or an antipsychotic medication that works as a mood stabilizer.

Medications may include:

• Mood stabilizers.

Mood stabilizers help control manic or hypomanic episodes. They can also help with depressive episodes. Examples include lithium, valproic acid, divalproex sodium, carbamazepine, and lamotrigine.

• Antipsychotics.

Antipsychotic medications have mood-stabilizing properties, and many are approved for manic or hypomanic episodes or maintenance treatment. Antipsychotics can be used alone or with mood stabilizers. Examples of antipsychotic medications include olanzapine, risperidone, quetiapine, aripiprazole, ziprasidone, lurasidone, and cariprazine.

• Antidepressants.

Your healthcare provider may carefully add an antidepressant to help manage depression. Antidepressants should be prescribed along with a mood stabilizer or antipsychotic medication.

• Antidepressant-antipsychotic combination.

A combination of the antidepressant fluoxetine and the antipsychotic olanzapine. It is approved for the treatment of bipolar depression.

• Antianxiety medications.

Benzodiazepines can help relieve anxiety and help you sleep better. But they are usually used on a short-term basis because they can be abused when taken long-term.

**Results**

In the five year period ( 2020 - 2025 ) were registered 167 hospitalized and outpatient patients with bipolar disorders. The distribution indicates 28 ( 16,77 % ) with hypomania, 63 ( 37, 72 % ) acute mania, 38 ( 22, 55 % ) with delirious mania, 38 ( 22, 55% ) with psychotic mania.

## CONCLUSION

The clinical picture and diagnostic methods involve the application of various medical procedures that are capable of detecting a wide range of diseases and conditions in bipolar affective disorder. Typically, health professionals recommend them to patients during official visits, but the patients themselves make the final decision whether or not to undergo a particular procedure. Various studies have shown that in some health systems, health care providers are introducing new tests and improving the availability, specificity and sensitivity of already existing tests. Continuous monitoring of progress and continuous education of health care providers about currently available methods, their informativeness, application and indications are necessary prerequisites for improving current medical practice and patient health.

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