



Bipolar Affective Disorder - Mania with Psychotic Symptoms: A Case Study

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ABSTRACT

Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks. There are three types of bipolar disorder. All three types involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely "up," elated, irritable, or energized behavior (known as manic episodes) to very "down," sad, indifferent, or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes. Rapid cycling of the bipolar disorder is defined as the individual may present with at least four or more episodes of mood changes for a period of 12 months.

Keywords: Bipolar, Mania, Depression, Delusion, Psychosis, Hallucinations

INTRODUCTION :

Bipolar disorder is a recurrent and sometimes chronic illness involving episodes of depression and mania or hypomania. The most frequent presentation is depression: more than 1 of 5 primary care patients with depression have bipolar disorder. The symptoms of bipolar depression often differ from those of unipolar depression. Age of onset for bipolar disorder is usually the late teens; slightly older for bipolar II subtype.¹ The current prevalence in India of bipolar disorder is 6.9% as compared to other psychiatric illness. The annual incidence of bipolar illness is considered generally to be less than 1 percent, but it is difficult to estimate because milder forms of bipolar disorder are often missed.²

CASE DESCRIPTION

A 16-year-old male got admitted with the complaints of decreased sleep, irritable and excessively happy, irrelevant and increased speech, and had a grandiose idea that he is having power of Guru Gobind Singh Ji for

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past 1 month. His onset of symptoms are sudden with 6 months of duration. He had a predisposing factor as family history of the substance use disorder (alcohol and nicotine) for his both parents and now he is under the treatment. He was an introvert person, he isolated himself, and he did not maintain a good relationship with his family members and friends. During assessment his vitals were stable, and he had no significant history of any medical illness in past. Patient had taken treatment from other hospital one month before admission. There he was under the treatment for 10 days, and the psychiatrist advised to continue treatment. But he took medicines only for 10 days and as he felt normal he stopped taking drugs; due to noncompliance, then he developed the above symptoms. Then he was brought to Akal de-addiction centre, Cheema Sahib (Punjab) for the further management; there he underwent investigations such as history collection, mental status examination, etc., and based on the ICD 10 criteria he was diagnosed as having the bipolar affective disorder. He is under pharmacotherapy and psychotherapy, which improved his condition.

HISTORY TAKING

During history taking, the following findings were noted: He was 2.5 years old when both his parents left him and married again. They never came to see him again. They had sold everything they had due to their substance addiction. He was then looked after by his grandmother. In his childhood he was an introvert person, he isolated himself, he did not maintain a good relationship with his family members and friends and teachers. He also had difficulty in concentrating in studies. Hence, he dropped out of school after 6th class.

PHYSICAL AND MENTAL STATUS EXAMINATION

In physical examination, vitals were stable. He had associated disturbances such as sleeping disturbance and loss of appetite. In mental status examination, the following findings were noted: increased psychomotor activity, delusion of grandiose (he said that she is having a super power of Guru Gobind Singh Ji), visual hallucinations (he said that he see ghosts), excessive talkativeness, mood elevation, echolalia, poor judgment, decreased concentration, impaired memory, and poor insight, (first-degree insight).

INVESTIGATIONS

Blood investigation findings showed: WBC-11,200/cumm RBC- 4.53/cumm HGB-12.4, MCHC- 30.9g/dl, Neutrophils-79.9%, Lymphocytes- 13.4%

Based on ICD 10 classification: The patient was diagnosed as the F 30 manic episode.

TREATMENT

Psychopharmacological therapy include

T. lithium 400 mg PO 1-0-1

T. Riscon 1 mg PO 1-0-2

T. divalproex sodium 500mg PO 0-1

T. Lorazepam 1mg PO 1-0-2

T. Zolpidem 5mg PO 0-0-1

T. Pacitane 2mg PO 1-1-0

Several other psychotherapies had been given such as individual and supportive therapy. He now got little improvement in his physical and psychological health.

DIFFERENTIAL DIAGNOSIS

The medical diagnosis of affective disorder includes different conditions which will have manic-like symptoms, as well as organic mood disorders like endocrine or metabolic conditions, drug intoxications, and tumors. Mania occurring within the context of substance abuse would be known as a secondary mania.³

DISCUSSION

In the above case symptoms of patient were stabilized with the help of medication adherence and several psychotherapies. Some factors such as psychosis, low socioeconomic status, poor family dynamics and onset in early age caused poor outcome. BD was shown to have a negative influence on the patient's quality of life and to increase the probability of mortality [3]. It was difficult to diagnose, particularly in the beginning [4]. At the age of 65, the described patient suffered from a severe manic episode. In contrast to the instance presented by Kessler et al. [6], who indicated that BD is always ranging between late adolescence and early adulthood, this was agreed with Van Gerpen et al. [5]. Because olanzapine is the only antipsychotic medicine that has been approved by the Food and Drug Administration for bipolar maintenance therapy, Mudigubba et al. [7] discovered that it was more successful in the treatment of mania with psychotic symptoms. In a double-blind experiment, it was proven that a combination of valproate and olanzapine demonstrated superior efficacy in the treatment of acute mania and depression, in the presence or absence of psychotic symptoms, in addition to previous literature [8,9]. Despite the fact that bipolar affective disorder normally affects younger people, this example assured that the late onset of BD is taken into account.

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