



# Behavioural Genetics Research Suggests a Lot of Chromosomal Regions and Candidate Genes are Associated with Bipolar Disorder Susceptibility

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## DESCRIPTION

The risk Major depression is three times more common in relatives of people with the disease Bipolar disorder compared to the general population. Although early genetics the discovery of associations for mania dates back to 1969, but studies of associations have been conflicting. The results strongly suggest heterogeneity affecting different genes different families. Robust and reproducible significant associations across the genome have shown that it is associated with several common single nucleotide polymorphisms Bipolar disorder, including gene variants CACNA1C, ODZ4, and NCAN. The most recent large genome-wide association study found none Locus that exerts great influence and reinforces the idea that there is no single gene in most cases responsible for bipolar disorder. Polymorphisms in BDNF, DRD4, DAO and TPH1 have been commonly associated with bipolar disorder and have been originally associated in the meta-analysis, but this association disappeared fix for several tests. On the other hand, two polymorphisms in TPH2 identified as related to bipolar disorder. From conflicting results in a genome-wide association study, multiple studies adopted the approach of analyzing SNPs in biological signaling pathways. Report Pathways traditionally associated with bipolar disorder Supported by these studies include corticotrophin-releasing hormone signaling, cardiac  $\beta$ -adrenergic signaling pathway, phospholipase C signaling pathway, glutamate receptor signaling, cardiac hypertrophy signaling. Of the 16 genes identified in these signaling pathways, three are Dysregulation was found in the dorsolateral prefrontal cortex post-mortem brain: CACNA1C, GNG2 and ITPR2. Bipolar disorder is associated with decreased expression specific DNA repair enzymes and increased oxidative DNA damage. In the May 2013, the American Psychiatric Association published its fifth

edition Diagnostic and Statistical Manual of Mental Disorders. Bipolar Disorder I296.40 and 296.4x, offered Version contains the following specifiers: With psychotic traits, with characteristics, with catatonic traits, with rapid cycle, with longing for fear include all of the above specifiers plus the following: Wistfulness unusual features and properties. Categories for specifiers will be deleted in DSM-5 and criterion A is added or 3 or more symptoms are present major depression, one of the symptoms of which is depressed mood or anhedonia. For Bipolar Disorder and 296.7, these identifiers are removed. That criteria for Manic and Hypomanic Episodes in Criterion A and B is changed. Criterion A includes "and presents most of the day, most days Day" and Criterion B includes and will be a significant change ordinary behavior. Have these criteria set out in the DSM-IV-TR it has confused doctors and needs to be defined more clearly. Over there it was also proposed to change criterion B of the diagnostic criteria for a hypomanic episode to diagnose bipolar disorder. The exact cause of bipolar disorder is not known. Experts believe there are many factors that work together to make it more likely to develop. It is believed to be a complex mix of physical, environmental and social factors. Relaxation techniques like deep breathing, meditation, yoga, and guided imagery can be very effective for reducing stress and maintaining balance. A daily relaxation practice can improve your mood and prevent depression.

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## CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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