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Cognitive Knowledge and Reflective Precision in People with Bipolar Clutter

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INTRODUCTION

Bipolar disorders, once known as manic-depressive illness, are mental health conditions characterized by extreme shifts in mood, energy, and activity levels. This article delves into the multifaceted nature of bipolar disorders, exploring their types, symptoms, causes, treatments, and the impact on individuals and society. Individuals with Bipolar I experience manic episodes that last at least seven days or are severe enough to require immediate hospitalization. Depressive episodes may also occur, typically lasting around 2 weeks. This form involves periods of depressive episodes alternating with hypomanic episodes, which are less severe than full-blown mania but still disrupt daily functioning. Cyclothymic disorder involves numerous periods of hypomanic symptoms and depressive symptoms lasting for at least two years in adults (one year in children). Elevated mood, increased energy, impulsivity, racing thoughts, reduced need for sleep, excessive involvement in activities, and a heightened sense of self-importance characterize manic episodes. Persistent feelings of sadness, loss of interest in activities, changes in appetite or weight, sleep disturbances, fatigue, feelings of worthlessness, and thoughts of death or suicide mark depressive episodes. Some individuals experience symptoms of both mania and depression simultaneously or in rapid sequence, leading to a mixed state. Family history plays a significant role, with individuals having a family member with bipolar disorder being at higher risk.

DESCRIPTION

Imbalances in neurotransmitters, alterations in brain structure, and dysregulation in neural circuits related to mood regulation contribute to the development of bipolar disorders. Trauma, significant life changes, chronic stress, and substance abuse can trigger or exacerbate episodes in individuals predisposed to bipolar disorders. Mood stabilizers, antipsychotics, antide-

pressants, and sometimes anti-anxiety medications are used to manage symptoms. Finding the right medication or combination often involves trial and error. Therapy, including Cognitive Behavioural Therapy (CBT), psychoeducation, and interpersonal and social rhythm therapy, helps individuals manage symptoms, identify triggers, and develop coping strategies. Establishing a routine, maintaining a healthy sleep schedule, regular exercise, stress reduction techniques, and avoiding substance abuse contribute to symptom management. Peer support groups, family therapy, and involving a strong support network are crucial in managing bipolar disorders and promoting recovery. Fluctuating moods and behaviours can strain relationships, affecting personal and professional life. Episodes of mania or depression may interfere with academic performance, work productivity, and stability. Poor self-care during depressive episodes and impulsivity during manic phases may lead to neglect of physical health. Individuals with bipolar disorders have an increased risk of suicide. Timely intervention and ongoing support are crucial in preventing suicide attempts. The stigma associated with mental health disorders often hinders individuals from seeking help or receiving adequate support.

CONCLUSION

Raising awareness, promoting understanding, and reducing stigma are essential in fostering a supportive environment for individuals with bipolar disorders. Bipolar disorders are complex conditions that profoundly impact the lives of those affected. Effective management involves a combination of medication, therapy, lifestyle adjustments, and support networks. Increased awareness, early intervention, and stigmatization are crucial steps toward providing better care and support for individuals navigating the challenges of bipolar disorders. With proper treatment and support, individuals with bipolar disorders can lead fulfilling and productive lives, managing their condition effectively and thriving in their communities.

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