



GLOBAL MEDICAL
EDUCATION
PRESENTS

BIPOLAR DISORDER



WHAT IS BIPOLAR DISORDER?

Bipolar Disorder is a serious psychiatric illness that affects

**MOOD,
THOUGHTS,
BEHAVIOR** & **ABILITY
TO
FUNCTION.**

Individuals with bipolar disorder can quickly swing from extremes of

**HAPPINESS AND
HIGH ENERGY**

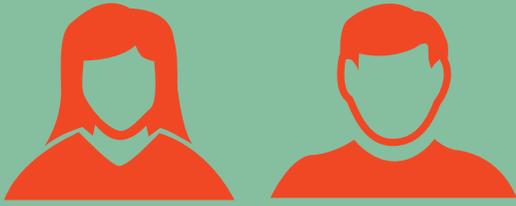
to

**FEELINGS
OF SADNESS,
FATIGUE AND
DESPAIR.**

4% = 12,556,566
PEOPLE

Bipolar Disorder affects about
4% of the U.S. population.

MEN & WOMEN
are equally likely to be affected.



ONSET
usually
occurs
in the
20's.

MOST PATIENTS
are misdiagnosed initially.
It can take up to
TEN YEARS
to get a correct diagnosis.

WHEN WAS BIPOLAR DISORDER FIRST DESCRIBED?

Bipolar Disorder as we
know it has been
described in clinical
medicine for more than

**5,000
YEARS.**



The Ancient Greek
physician and philosopher
Aretaeus of Cappadocia
wrote about a group of his
patients who had extreme
mood variants from one
day to the next.



In the 1900s German
psychiatrist Emil
Kraepelin studied the
disorder and coined
the term
“manic-depressive
insanity” to describe it.



The terms “manic-depressive illness”
and “bipolar disorder” are comparatively
recent, and date back to the 1950s and
1980's (DSM III) respectively. In the
1950s, ‘manic-depressive illness’ was used
and in the 1980s, ‘bipolar disorder’ was
used as a term (DSM III).

HOW IS A PERSON DIAGNOSED WITH BIPOLAR DISORDER?

The diagnosis of Bipolar Disorder is based on a careful
longitudinal history from the patient and ideally from family
members since many patients will deny manic or hypomanic
episodes, considering them to be periods of optimal functioning.





A thorough mental status and physical exam is necessary to confirm the diagnosis, and to rule out secondary causes (medical illnesses, medications, drugs, etc.) particularly in patients presenting with symptoms for the first time after the age of 40.



Laboratory tests are usually normal and neuroimaging tests may be necessary in some cases.



BASED ON THE RESULTS OF THE EVALUATION, A PERSON MAY BE DIAGNOSED WITH ONE OF THE FOLLOWING CATEGORIES OF BIPOLAR DISORDER:

BIPOLAR I DISORDER



Presence of severe mood episodes ranging from major depression to mania or mixed episodes. A mixed episode is a mixture of manic and depressive symptoms in the same episode.

BIPOLAR II DISORDER



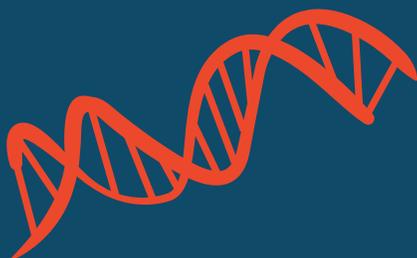
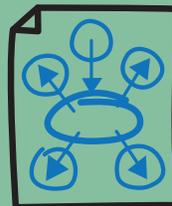
Presence of one or more major depressive episodes accompanied by at least one hypomanic episode (a milder form of mania).

CYCLOTHYMIC DISORDER



Presence of numerous hypomanic episodes and episodes of depression — but never a full manic episode, major depressive episode or a mixed episode. For a diagnosis of cyclothymic disorder, symptoms have to last two years or more (one year in children and adolescents). During that time, symptoms can never be absent for more than two months.

Mixed episodes are the most common subtype of bipolar disorder.



80%

The estimated heritability of bipolar disorder is approx. 80%.

Often, people with bipolar disorder express more depression in winter and more mania in summer.



Two out of three people with bipolar disorder will have a comorbid psychiatric illness.



Bipolar Disorder may lead to cognitive difficulties with multiple episodes.



Post-partum depression may be undiagnosed bipolar disorder.



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For more information on bipolar disorder from the world's leading experts visit: www.gmeded.com

Always talk to your doctor about your illness

SOURCES:

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