

Treatment for bipolar disorder

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ABSTRACT

Bipolar disorder is a mental illness with a high incidence in recent years, and its clinical manifestations are mainly characterized by manic episodes and depressive episodes. With the development of society, the age of onset of the disease is gradually younger, which seriously affects the mental health and study and life of adolescents. There are many methods for the treatment of this disease, but not all of them are used in adolescents. Therefore, this paper mainly refers to various literatures and data to find out the more suitable treatment methods for adolescents. The final result of the study is that psychotherapy for mild to moderate adolescent patients will not cause adverse effects on their body due to adverse reactions. Moderate to severe adolescent patients will be treated with a combination of psychological and medical treatment, to the greatest extent possible to heal them. In order to consider the mental health of adolescents more comprehensively, this part of the problem is usually ignored by everyone. With the development of science and technology, more attention should be paid to the mental health of adolescents.

KEYWORDS

Bipolar disorder; Depressive disorder; Clinical trial; Psychotropic drugs; Psychological intervention

1. INTRODUCTION

1.1. A Brief Introduction

In recent years, with the rapid development of society, the state pays more and more attention to the mental health of adolescents while paying attention to the education of adolescents. The survey shows that the number of adolescents with bipolar disorder is increasing, and the age of first onset is gradually decreasing. Because the disease has a great impact on the patients themselves, it will not only cause sleep disorders, affect the physical development of adolescents, but also affect the daily study and life of patients. This is why people pay attention.

1.2. Introduction To Disease

Bipolar disorder, also known as bipolar disorder, is a common mental disorder with alternating episodes of mania and depression. Patients will show high mood, high spirit, and high energy during manic episodes, but they will show low mood, fatigue and sluggishness during depressive episodes. Due to the complex clinical manifestations, alternating episodes of depression and mania are accompanied by symptoms such as distracted attention and poor sleep quality. Psychotic symptoms such as anxiety disorder, obsessive-compulsive disorder, and persecutory delusions are also common, which bring devastating effects to the patients themselves and to the society and people around them. In recent years, the number of patients with bipolar disorder has been increasing, and many drugs and methods for the treatment of the disease are also in the clinical trial stage. For

example, the experimental results of quetiapine combined with magnesium valproate in the clinical trial stage show that it is beneficial to intervene the incidence of adverse reactions and improve the emotional state of patients. 1. At the same time, the incidence of adolescents has been increasing in recent years. The results of Logistic regression analysis show that loneliness is the main pathogenic factor based on age. 2 However, data show that many patients have a high recurrence rate after rehabilitation, and the disease is more serious after recurrence, and most of the drugs currently provided to patients have great side effects, which are easy to cause great damage to the liver function of patients, as well as hormone obesity and other problems. However, there is no better solution at present, so I wonder whether there is a more effective way to reduce the recurrence rate while reducing the physical damage to the patient in the treatment process.

2. DEVELOPMENTAL OF BIPOLAR DISORDER

With the development of social technology, bipolar disorder, a kind of mental illness, has been understood by more and more people. In fact, many people have studied and understood such diseases for a long time. The current definition of bipolar affective disorder originates from Emil Klepelin, the founder of modern psychiatry, a German military scholar. He established a complete classification of affective disorders spectrum, and classified mixed affective disorder as an independent affective disorder spectrum.

3. CAUSES OF BIPOLAR DISORDER

3.1. Genetic Factor

Due to the increasing number of patients with bipolar disorder, the age of first onset is low, and the recurrence rate is high, which makes more and more experts and researchers to investigate the etiology of bipolar disorder. There are many causes of bipolar disorder, but genetic factors are responsible for the vast majority of psychiatric disorders. Through investigation and research, it is found that bipolar disorder has obvious family aggregation and is a multifactorial genetic disease. If someone in the family has the disease and other immediate family members have the disease, the probability of children with the disease is several times or even ten times higher than that of normal people. And with the increase of age, it is accompanied by obvious clinical symptoms, such as depression or bipolar disorder.

3.2. Environmental Factor

Environmental stimuli can induce bipolar disorder. There are also many factors that induce bipolar disorder in adolescents, such as excessive academic pressure, or long-term family members' relationship, parents' relationship, family changes, sudden life events, etc. These factors will lead to great changes and shocks in the patient's psychology, thus increasing the probability of disease. Long-term negative emotional accumulation and high pressure environment can also lead to disease. On the one hand, poor psychological endurance is also the case. Due to the different growth environment from childhood, people have poor psychological endurance and weak adaptability to many things and environments, which will also lead to disease.

3.3. Personality Factors

Personality reasons are also one of the reasons for bipolar disorder. Some people are reticent and not good at communication. Long-term negative emotional backlog will induce bidirectional affective disorder with the increase of age. After some adolescents enter adolescence, they become emotionally unstable, confident and pessimistic, self-denial alternate, and irritable, resulting in bidirectional

affective disorder. There are also some teenagers who are more pessimistic in character formation from childhood, and are psychologically precocious, and their psychological maturity does not match their actual age's cognition of current life. When they encounter setbacks and changes, they often treat and think from negative and negative aspects, and induce disease. Those who are more outgoing and communicative tend to suffer less mental illness. So personality is part of the equation.

3.4. Seasonal Factor

Seasonal factors may lead to illness. Autumn and winter are the seasons with high incidence of mental illness, while spring and summer are significantly reduced. Autumn and winter are the most severe seasons for depression, while spring and summer are the seasons for mania. Studies have shown that climatic conditions have a certain impact on the symptoms of bipolar disorder, and changes in the intensity and time of the sun, and changes in the temperature may also be the cause of mood fluctuations in patients.

4. SYMPTOMS OF BIPOLAR DISORDER

Bipolar disorder begins with alternating episodes of depression and mania. During a depressive episode, the patient's symptoms are similar to those of depression, with persistent low mood, no interest in anything, and negative emotions such as meaninglessness. During a manic episode, the patient usually has high mood, exaggerated speech, and active thinking. The overall presentation was emotional instability. If treatment is not taken, there will be somatization reaction after the aggravation of the disease. "Many patients have symptoms of insomnia and somnolence, body pain, increased appetite during manic episodes, decreased appetite during depressive episodes, and headache." Adolescent patients are no exception. For them who are in the period of physical development, it has a great impact on their physical health. In addition, long-term lack of sleep will affect their study and also affect their mental state. It has a serious impact on physical and mental health.

5. TREATMENT OF BIPOLAR DISORDER

Because bipolar disorder has a great impact on physical and mental health, and there will be aggravation and somatic symptoms for a long time, so timely treatment measures are timely treatment and do not delay the method of the disease. The more widely used methods in the medical community are drug therapy, physical therapy and psychotherapy. Among them, drug therapy is commonly used in the treatment of bipolar disorder, and the treatment drugs for bipolar disorder include mood stabilizers, antipsychotic drugs, and antidepressant drugs [1].

5.1. The Development Of Antipsychotic Drugs

As an important drug for the treatment of mental diseases, mood stabilizers have the ability to balance neurotransmitters, control mood fluctuations and relieve psychological problems. Lithium has previously been used as a mood stabilizer for the treatment of bipolar disorder. John Cade, an Australian medical scientist, injected a patient's urine into the abdominal cavity of rodents and caused the animals to die. In order to prove whether it was caused by uric acid, he carried out experiments with uric acid solution as a control. He chose the better solubility of lithium urate configuration uric acid solution. When he injected the lithium urate solution into the abdominal cavity of the animals, the experimental animals were much quieter than those injected with the patient's urine before. He initially thought that lithium caused the quiet of the animals, and that lithium may be a "stabilizer" of the spirit. After verifying his idea through subsequent experimental animals, he decided to use it in patients with depression, dementia and mania. Although the effect was not good for patients with

depression and dementia, the trial effect was very satisfactory for patients with mania. Lithium, as a mood stabilizer, finally became the first psychiatric drug that was confirmed to be truly effective. At present, the drugs widely used in the treatment of bipolar disorder include lithium carbonate, valproate, magnesium valproate, sodium valproate, lamotrigine, etc. Among them, lithium carbonate was the main mood stabilizer treatment drug, and the total effective rate was 70%. Lithium carbonate is mainly used for the treatment of manic episodes in bipolar disorder, and it also has a certain preventive effect on depressive episodes [2]. At the same time, experts have also done clinical trials of lithium carbonate combined with other drugs, such as quetiapine and lithium carbonate for the treatment of bipolar disorder. The combination of two drugs in the treatment of depressive episodes of bipolar disorder, experimental results showed that lithium carbonate combined quetiapine in the treatment of bipolar affective disorder can effectively control the condition, significantly improve the depressive state, and will not lead to serious drug adverse reactions, and is now widely used in the treatment of bipolar affective disorder.

Antipsychotic drugs can not be ignored in the treatment of bipolar disorder. Before the real treatment, mental hospitals used bloodletting, blistering, ice baths and other cruel methods to treat mental illness. It was not until the advent of the drug chlorpromazine in 1952 that the treatment of mental illness was formally put on the track of scientific treatment. At present, there are many kinds of antipsychotic drugs on the market, such as chlorpromazine, olanzapine, quetiapine, risperidone and clozapine. Among them, modified electroconvulsive therapy combined with quetiapine has been proved by clinical trials to be effective in the treatment of manic episodes of bipolar disorder, which can effectively relieve the psychiatric symptoms of patients, improve the oxidative stress level of patients, and improve the level of cognitive function of patients [3].

5.2. The Development Of Antidepressant Drugs

Antidepressant drugs are mainly used to inhibit and improve the symptoms of depressive episodes in patients with bipolar disorder, improve the mood of patients, eliminate pathological depression, relieve depressive mood, and accompanying anxiety and other somatization symptoms. Antidepressant drugs have been studied since ancient times, such as the first generation of antidepressant drugs, monoamine oxidase inhibitors. However, the drug has a strong side effect, which may not only cause dizziness, muscle weakness, blurred vision and difficulty breathing, but also cause intracranial hemorrhage. The second generation of antidepressants, tetracyclic antidepressants, have a wide range of antidepressant effects, and have obvious anxiolytic and sedative effects. But the drug also has serious side effects. Most are now using newer antidepressants. Examples include fluoxetine, paroxetine, sertraline, etc. It not only has the effect of antidepressant and obsessive-compulsive, but also has few and mild side effects in the treatment of these two types of mental diseases. If the drug is taken in excess, there is no greater risk, high safety, and a wide range of treatment.

5.3. Classification Of Physical Therapy

In addition to the main drug treatment, physical therapy is also one of the treatment methods for bipolar disorder. Physical therapies for bipolar disorder usually include electroconvulsive therapy, modified electroconvulsive therapy, and transcranial magnetic stimulation. The sleep problems caused by bipolar disorder can be significantly improved after craniomagnetic therapy in patients with bipolar disorder. In addition, transcranial magnetic stimulation has less trauma and less pain, so it is widely used in clinical practice [4]. This method can also be combined with looxetine to treat and improve the depressive symptoms of patients, and there are no other adverse reactions. The role of electroconvulsive therapy (ECT) is to stimulate the brain with a short and appropriate amount of electric current to cause temporary loss of consciousness, generalized discharge of electroencephalogram (EEG) in the cortex and general convulsions, so as to control mental symptoms. "This treatment is widely used in patients with manic episodes and is 80% effective in treating acute

manic episodes." Electroconvulsive therapy (ECT) is the fastest and most efficient treatment for short-term remission of depressive episodes in all antidepressant treatments.

5.4. Characteristics Of Psychotherapy

In addition to drug therapy and physical therapy, psychotherapy is also widely used in the treatment of bipolar disorder. Psychotherapy mainly applies the principles and methods of psychology to treat patients' psychological, emotional, cognitive and behavioral problems through the interaction between patients and doctors. The treatment of mild cases of the disease without drug therapy and with psychotherapy alone. It can also improve the doctor-patient relationship, especially for patients with psychosocial stressors and interpersonal difficulties. And this treatment does not produce physical adverse effects [5].

Psychotherapy originated in Europe and developed from psychiatry. Only after the 18th century did the real psychotherapy attempt in the West begin with hypnosis. The real founder of modern psychotherapy is generally considered to be Freud, who published *Studies in Hysteria* with Breuer in 1895. This book is also known as the beginning of psychoanalytic psychotherapy. Psychoanalysis has been called the first proven system of psychotherapy in human history. In the 1950s, behavioral therapy, cognitive therapy, rational-emotive therapy, existential therapy, reality therapy, and eclectic therapy were created. After the 1970s, the development trend of psychotherapy slowed down, but one of the more important treatment methods, family therapy, was created. Of all these later proposed systems of treatment, the systems of humanism, cognitive behavioral and family therapy, are by far the most important ones recognized.

5.5. Other Types Of Treatment

And these systems, which are recognized as important, are also widely used in modern times. Cognitive behavioral therapy, for example, is characterized by its systematic, structural, short-term, and scientific nature. Cognitive behavioral therapy (CBT) is used to treat depression, anxiety, obsessive-compulsive disorder and bipolar disorder. Family therapy is a kind of psychological treatment mainly carried out by family members, which is mainly applied to the situation caused by the contradiction between the patient's illness and family members. Hypnotherapy is also a more commonly used treatment method. Through speech, behavior and other hints to guide the patient into a special state of consciousness, the doctor will be words and actions with the patient's subtle and emotional combination, so as to achieve the purpose of psychological treatment.

6. CONCLUSION

In summary, after introducing the currently widely used management methods, not all treatments are suitable for adolescents with bipolar disorder. For mild to moderate adolescent patients, psychotherapy is the first choice. Adolescents are in adolescence, with large mood swings, and most patients have academic needs, while mild-to-moderate patients have mild illness and few somatization symptoms, so psychotherapy is the most preferred. It will not cause adverse reactions, nor will it cause hormone fluctuations like drug treatment and affect physical development. Moderate and severe patients should be treated with both psychotherapy and drug therapy to control and treat the disease to a great extent and reduce adverse reactions. In my opinion, with the development of society, people's acceptance of mental illness is limited, and treatment is often delayed. Therefore, we should increase the publicity of adolescent mental health. In addition, many psychotropic medications have high side effects and are not suitable for adolescents. In the future, it is expected to develop drugs that are more suitable for adolescents with fewer side effects and lower doses.

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