

## Predominant Polarity and Bipolar Disorders

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## INTRODUCTION

Predominant polarity, also known as predominant affective polarity or mood polarity is a concept that has gained significant attention in the field of psychiatry and psychology over the past few decades. It refers to the most common or dominant emotional state experienced by an individual over an extended period, typically ranging from several months to years. The concept of predominant polarity is particularly relevant in the context of bipolar disorder, a mental illness characterized by recurring episodes of manic and depressive symptoms. In this commentary, we will discuss the significance of predominant polarity in bipolar disorder and its implications for clinical practice.

Bipolar disorder is a complex and often debilitating mental illness that affects approximately 1%-3% of the population worldwide. It is characterized by recurrent episodes of manic, hypomanic, or depressive symptoms, often with periods of normal mood in between. The severity and duration of these episodes can vary widely between individuals, but they can have a significant impact on daily functioning, relationships, and quality of life. One of the key challenges in managing bipolar disorder is the unpredictable nature of these episodes, which can make it difficult to develop effective treatment strategies.

Predominant polarity is a concept that has emerged in recent years as a way of characterizing the emotional states of individuals with bipolar disorder. It refers to the most common or dominant emotional state experienced by the individual over an extended period. For example, if an individual with bipolar disorder experiences predominantly manic symptoms over a period of several months, they would be said to have a manic predominant polarity. Conversely, if they experience predominantly depressive symptoms, they would be said to have a depressive predominant polarity.

The concept of predominant polarity is significant for several reasons. First, it provides a way of characterizing the course of bipolar disorder over an extended period, rather than focusing on individual episodes or symptoms. This can help clinicians to develop a more comprehensive understanding of the patient's illness and develop more effective treatment strategies. For example, if a patient has a predominantly depressive polarity, a clinician may prioritize treatments that are more effective for depression, such as antidepressant medications or psychotherapy, rather than treatments that are more effective for manic symptoms.

Second, the concept of predominant polarity can help to predict the course of the illness and identify individuals who may be at risk for relapse. Research has shown that individuals with a depressive predominant polarity are at higher risk for recurrent depressive episodes, while those with a manic predominant polarity are at higher risk for recurrent manic or mixed episodes. This information can be used to tailor treatment strategies and develop more effective maintenance plans to prevent relapse.

Despite the potential benefits of the concept of predominant polarity, there are also some limitations and challenges to its use in clinical practice. One of the main challenges is the variability and instability of emotional states in individuals with bipolar disorder. While some individuals may have a clear and consistent predominant polarity over an extended period, others may experience frequent fluctuations between manic, depressive, and normal moods. This can make it difficult to accurately identify and characterize a patient's predominant polarity, particularly in the early stages of the illness.

Another limitation is the lack of consensus and standardization in the measurement and assessment of predominant polarity. There are several different rating scales and assessment tools that have been developed to measure predominant polarity.

Finally, the concept of predominant polarity has implications for the development of new treatments for bipolar disorder. Currently, most treatments for bipolar disorder are focused on managing acute episodes of mania or depression. However, if we can identify individuals with a specific predominant polarity, we may be able to develop treatments that are more targeted and effective for that subtype of the illness. For example, if a new medication is found to be particularly effective for treating depressive symptoms, it may be more beneficial for individuals with a depressive predominant polarity than those with a manic predominant polarity.

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