

Commentary

Types of Bipolar Disorder and its Treatment

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DESCRIPTION

Bipolar disorder and its related disorders come in a variety of forms. Depression, mania or hypomania may be among them. Symptoms might bring about erratic changes in mood and behaviour, which can cause serious distress and make life difficult.

Bipolar I disorder

In this condition the hypomanic or major depressive episodes may have come before or after at least one manic episode. Mania may occasionally cause a break from reality (psychosis).

Bipolar II disorder

The person may have had at least one major depressive episode and one hypomanic episode, but never experienced a manic episode.

Cyclothymic disorder

The person may have experienced many times of hypomania symptoms and periods of depressive symptoms for at least two years, or one year in adolescents and teenagers (though less severe than major depression).

Other specified and unspecified bipolar and related disorders

They include, for instance, bipolar and related disorders brought on by specific medicines or alcohol or as a result of a medical condition like Cushing's illness, multiple sclerosis, or stroke.

Bipolar II disorder is a different diagnosis, not a milder variation of bipolar I disorder. Those with bipolar II condition can experience prolonged depressive episodes, which can significantly impair their lives, but the manic episodes of bipolar I disorder can be severe and dangerous.

Borderline Personality Disorder (BPD) Involves in a longstanding pattern of abrupt, moment-to-moment changes in mood, behaviour, and self-image are frequently brought on by difficulties in interpersonal interactions. Self-harm without suicidal intent is more prevalent in BPD than bipolar disorder. Because bipolar disorder differs from BPD as it involves distinct, more prolonged periods of mania/hypomania and/or sadness. Manic or depressed episodes can be brought on by a variety of factors, including altered sleep patterns, stress, pharmaceutical use, and drug use.

Many people, even those with the most severe forms of bipolar disease, can recover from treatment. The following therapies are frequently combined in an efficient treatment plan: Medicine, talk therapy, and psychotherapy. Self-management techniques such as, educating the person of recognizing the early signs of an episode or potential triggers. Exercising and engaging in yoga, meditation, and other healthy living practices. They can support the treatment but cannot replace the treatment. Alternative treatments, such as Electroconvulsive Therapy (ECT), may be used in situations where medicine is ineffective or where immediate symptom control is required to prevent from harm. Bipolar illness can be treated.

It's a chronic ailment that requires ongoing treatment. Forms of the condition that are considerably tougher to cure can affect people who experience four or more mood episodes each year or who additionally struggle with drug or alcohol abuse. A lot can change occurs with treatment. A person can feel better with a combination of factors including skilled medical attention, medicines, talk therapy, lifestyle modifications, and the support of friends and family. It is a lifelong management requirement for a chronic health condition. The key to diagnosing bipolar disorder is examining the patient's symptoms to check out other potential causes for them (such as low thyroid or mood symptoms caused by drug or alcohol abuse). Using the established criteria, set out in DSM-5, a medical practitioner will identify bipolar disorder.

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