!! JAY AMBE !!

10. MANIA

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10. MANIA

DEFINATION

- **Mania** is a facet of type I bipolar disorder in which the mood state is abnormally heightened and accompanied by hyperactivity and a reduced need for sleep.
- **Mania** is excitement manifested by mental and physical hyperactivity, disorganization of behavior, and elevation of mood
- Bipolar disorder, formerly called manic depression, is a mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression)
- The mania word is derived from Greek word it means madness.

SIGN & SYMPTOMS

- The appearance of one or two symptoms of mania doesn't necessarily mean that you have bipolar disorder.
- Bipolar mania can be characterized by some or all of the following features:
  - Mood changes
  - Sudden changes in energy and activity
  - Speech disruptions
  - Impaired judgment
  - Changes in thought patterns
  - Development of psychosis

TYPES

1. Bipolar I **disorder** involves periods of severe mood episodes from mania to depression.
2. Bipolar II **disorder** is a milder form of mood elevation, involving milder episodes of hypomania that alternate with periods of severe depression.
3. Cyclothymiacs disorder describes brief periods of hypomaniac symptoms alternating with brief periods of depressive symptoms that are not as extensive or as long-lasting as seen in full hypomanic episodes or full depressive episodes.
4. "Mixed features" refers to the occurrence of simultaneous symptoms of opposite mood polarities during manic, hypomanic or depressive episodes. It's marked by high energy, sleeplessness, and racing thoughts. At the same time, the person may feel hopeless, despairing, irritable, and suicidal.

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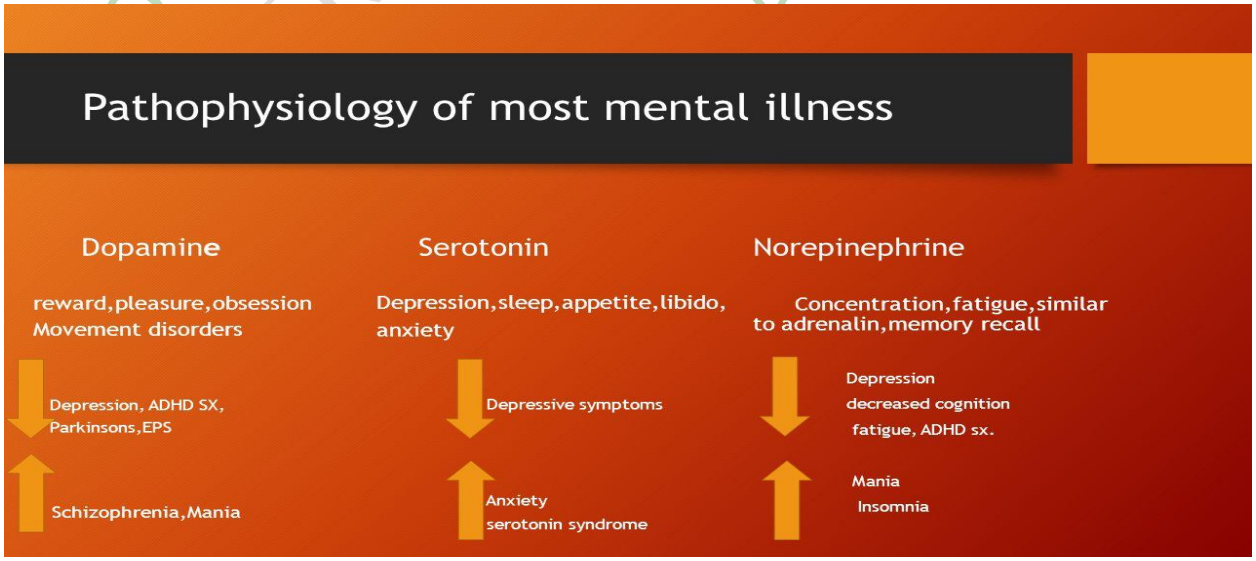
PATHOPHYSIOLOGY

Neurotransmitters

1. **Serotoninergic System Serotonin** (5-HT): modulates various neuronal activities and, consequently, regulates several physiological and behavioral functions such as the control of impulses, aggressiveness and suicidal tendencies. Therefore, decreased 5-HT release and activity may be associated with a number of abnormalities, such as suicidal ideation, suicidal attempts, aggressiveness and sleep disorders, all of which are frequently seen in bipolar disorders
2. **Dopaminergic system:** One of the most consistent findings regarding the role of dopamine in the neurobiology of BD is that direct and indirect dopaminergic agonists simulate mania and hypomania episodes in patients presenting, or predisposed to, subjacent bipolar disorder. [increased dopamine level]
3. **Noradrenergic system:** Studies have described a subfunction of this system in depressive states. In these states, lower noradrenaline deficits and lower a2 receptor sensitivity have been reported, in contrast to a tendency toward higher noradrenaline activity in manic states. Diminished central 5-HT function concomitant with increased noradrenaline.
4. **GABAergic system**: Clinical data indicate that decreased GABAergic function accompanies manic and depressive states, and that GABA agonists possess both antidepressant and antimanic properties.18 Low GABA levels have been found in the plasma of bipolar patients, during depression as well as during mania.
5. **Glutamatergic system**: The participation of this system in the etiology of BD has been confirmed through the action of mood stabilizers on glutamatergic neurotransmission.



5-HT participates in BD physiology and formulated the permissive hypothesis, in which a deficit in central 5-HT neurotransmission would allow the expression of both manic and depressive states. However, such states would differ in relation to central catecholamine (noradrenaline and dopamine) levels, which would be elevated in manic states and diminished in depressive states.

CAUSES

The exact cause of bipolar disorder is unknown, but several factors may be involved, such as:

- **Biological differences:** People with bipolar disorder appear to have physical changes in their brains. The significance of these changes is still uncertain but may eventually help pinpoint causes.
- **Genetics:** Bipolar disorder is more common in people who have a first-degree relative, such as a sibling or parent, with the condition. Researchers are trying to find genes that may be involved in causing bipolar disorder.

RISK FACTORS

Factors that may increase the risk of developing bipolar disorder or act as a trigger for the first episode include:

- Having a first-degree relative, such as a parent or sibling, with bipolar disorder
- Periods of high stress, such as the death of a loved one or other traumatic event
- Drug or alcohol abuse

DIAGNOSIS

- To determine if you have bipolar disorder, your evaluation may include:
- **Physical exam:** Doctor may do a physical exam and lab tests to identify any medical problems that could be causing symptoms.
- **Psychiatric assessment:** Doctor may refer patient to a psychiatrist, who will talk about thoughts, feelings and behavior patterns. May also fill out a psychological self-assessment or questionnaire. Family members or close friends may be asked to provide information about symptoms.
- **Mood charting:** May be asked to keep a daily record of moods, sleep patterns or other factors that could help with diagnosis and finding the right treatment.
- **Criteria for bipolar disorder:** Psychiatrist may compare symptoms with the criteria for bipolar and related disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

TREATMENT

Psychotherapy

- Recommended psychotherapy treatments may include:

Cognitive behavioral therapy

- Cognitive behavioral therapy is a type of talk therapy. You and a therapist talk about ways to manage your bipolar disorder. They will help you understand your thinking patterns. They can also help you come up with positive coping strategies.

Psychoeducation

- Psychoeducation is a kind of counseling that helps you and your loved ones understand the disorder. Knowing more about bipolar disorder will help you and others in your life manage it.

Interpersonal and social rhythm therapy

- Interpersonal and social rhythm therapy (IPSRT) focuses on regulating daily habits, such as sleeping, eating, and exercising. Balancing these everyday basics can help you manage your disorder.

MEDICATION

- **Mood stabilizers:** You'll typically need mood-stabilizing medication to control manic or hypomanic episodes. Examples of mood stabilizers include lithium (Lithobid), valproic acid (Depakene), divalproex sodium (Depakote), carbamazepine (Tegretol, Equetro, others) and lamotrigine (Lamictal).
- **Antipsychotics**: If symptoms of depression or mania persist in spite of treatment with other medications, adding an antipsychotic drug such as olanzapine (Zyprexa), risperidone (Risperdal), quetiapine (Seroquel), aripiprazole (Abilify), ziprasidone (Geodon), lurasidone (Latuda) or asenapine (Saphris) may help.
- **Antidepressants:** Your doctor may add an antidepressant to help manage depression. Because an antidepressant can sometimes trigger a manic episode, it's usually prescribed along with a mood stabilizer or antipsychotic.
- **Antidepressant-antipsychotic:** The medication Symbyax combines the antidepressant fluoxetine and the antipsychotic olanzapine. It works as a depression treatment and a mood stabilizer.
- **Anti-anxiety medications**: Benzodiazepines may help with anxiety and improve sleep, but are usually used on a short-term basis.