

# A Brief Comparison Between Psychosocial Intervention - Pharmacotherapy Patients with Bipolar Disorder and Effect on their Clinical Outcomes †

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**Abstract:** Often known as a manic-depressive syndrome, bipolar disorder (BD) is a severe mental condition that causes irregular changes in mood, motivation, activity levels, and the inability to perform day-to-day tasks. Several bipolar conditions varying in the length of bipolar episodes/periods and illness are recognized in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5): bipolar I disorder (BD-I), bipolar II disorder (BD-II), otherwise defined BD, and unspecified BD. Prevalence studies estimate approximately 1% of the population for BD-I, another 1% for BD-II, and up to 5% for the broad range of BD diagnoses, with an equal prevalence in men and women and across cultural and ethnic groups. A significant individual and social burden are BD. Recurrent episodes of mania and depression, such as irregular work performance, increased divorce rates, and psychosocial morbidity, may cause severe impairments in functioning. About 3 and 14 percent of all suicides are accounted for by people with bipolar disorder, and about 25 percent of bipolar disorder patients attempt suicide. Ninety-two percent of people with BD report another co-occurring mental disorder over their lifetime, further adding to the individual illness burden. BD is the most likely of all medical illnesses to co-occur with alcohol or substance addiction disorders.

BD therapy usually starts with the aim of delivering symptomatic rehabilitation and stable mood to a patient with mania or depression. When the person is regular, the purpose progresses to and symptoms of the subthreshold and to avoid a relapse into full-blown episodes of mania and depression. There are many uses for drug therapies. Certain medications are aimed at reducing symptoms associated with outbreaks of acute bipolar or mixed mania/depression, others are aimed at reducing symptoms of acute depression, and others are aimed at reducing acute symptoms, preserving relatively symptom-free periods, and preventing acute episodes from relapsing. Given the chronic, relapsing/remitting path of bipolar disorder and the need for maintenance therapy in many patients, medications that have been initiated for an acute mood episode (including mania) are also carried over into maintenance therapy.

**Keywords:** Bipolar Disorder; manic-depressive syndrome; psychosocial morbidity (List three to ten pertinent keywords specific to the article; yet reasonably common within the subject discipline.)

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## **Conflicts of Interest**

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