

Bipolar Disorder's Effect on Adolescents

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Bipolar Disorder

Bipolar disorder is a mood disorder, meaning present are “unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks” (Bipolar Disorder, n.d.). According to the National Institute of Mental Health (NIMH), “an estimated 4.4% of U.S. adults experience bipolar disorder at some time in their lives” (Bipolar Disorder, n.d.).

Unfortunately, this puts these individuals in a more vulnerable state, with the suicide rate being almost as high as one in five diagnosed (Bipolar Disorder Statistics, n.d.). There is no way as of now to diagnose bipolar disorder by any means of physiological testing (Frequently Asked Questions about Bipolar Disorder, n.d.). Some experts believe that an issue with neurotransmitters, specifically those dealing with serotonin, noradrenaline, and dopamine, are the root physiological cause of the mental illness (Causes of Bipolar Disorder, n.d.). It has been also noted that to gain this, individuals with certain genes are more vulnerable to it. To inherit this, having a family member who has been diagnosed increases the chances of having it also (Bipolar Disorder, n.d.).

Traits of Bipolar Disorder

Bipolar disorder is characterized by its manic and depressive episodes. For a visual reference, imagine a sine wave with the line representing a mood episode, where at times it reaches the baseline of a normal mood before going up, back to normal, and then down cyclically. A manic episode includes feelings of euphoria, elatedness, and restlessness, but also delusional thoughts, impulsive behavior, and poor concentration. A depressive episode is trademarked by its sad mood, decreased energy, and decreased interest in activities. This lower mood can also lead to suicidal ideation (Frequently Asked Questions about Bipolar Disorder, n.d.).

Types of Bipolar Disorder

There are different categories for people with bipolar disorder, mainly due to the differing length of episodes or the intensity of them. In Bipolar I Disorder, manic and depressive episodes last about a week or two each. In Bipolar II Disorder, instead of mania, the individual experiences hypomania, which is an elevated mood with increased productivity, but not to an extreme extent (Ask the Doctor: What is Hypomania?, 2010). In cyclothymic disorder, there is a pattern between hypomania and mild depression for a minimum of a year or two each. There is rapid-cycling bipolar disorder, where a person has bipolar episodic symptoms many times within a year. For people with bipolar disorder not otherwise specified, symptoms are not akin to the person's normal behavior but their symptoms don't match the criteria for any of the other categorized types listed (Frequently Asked Questions about Bipolar Disorder, n.d.).

Adolescents with Bipolar Disorder

Bipolar disorder's traits may start to present at any age, but on average, it's diagnosed in the teenage years or early 20s. Bipolar symptoms are often not that easy to spot or self-report for younger people but the most notable trait is severe mood swings unlike their normal behavior (Mayo Clinic Staff, n.d.). From NIMH statistics, "An estimated 2.9% of adolescents had bipolar disorder, and 2.6% had severe impairment" and there were higher amounts of cases involving females than males (Bipolar Disorder, n.d.). Adolescents have developing brains. Experiencing things from their perspective, they have social, educational, emotional, and self-identity factors at play other than living with bipolar disorder, diagnosed or not. Because of this, the disorder can affect academia, relationships with others, job opportunities, taking care of themselves, and self-worth. There is also the potential of turning to substances or self-injurious behavior to cope (Bipolar Disorder and Self-Injury, n.d.). Without a diagnosis either, that would mean no

treatment, equating to letting an adolescent experience the full effects of bipolar disorder with no buffer or aid.

Article Analysis

In an article from the Journal of the Canadian Academy of Child & Adolescent Psychiatry titled “Functional Impairment and Clinical Correlates in Adolescents with Bipolar Disorder Compared to Healthy Controls. A Case-control Study”, research was done to showcase the correlation between teenagers with bipolar disorder and how it negatively affects functionality and their academic careers. This is also apparent in cases where an individual was diagnosed early on and was being treated for it. For adolescents experiencing the rougher symptoms of bipolar disorder, it is noticeable how much this portion of their life affects their daily lives, with coping proving to be difficult. The study emphasizes on the need for more attention being put on “the social and rehabilitative components of treatment” (Mendez MD et al., 2020).

The initial hypothesis of the researchers of that particular article was that the group of individuals with bipolar disorder would be more so linked with lower general functionality compared to the healthy control group when assessed, including how well their performance is in school. The way they conducted their cross-sectional study, meaning data taken from a population at a single point in time, was via interview-like assessments with 44 adolescents diagnosed with bipolar I or II disorder and 44 adolescents who were deemed to be the healthy control group, as a way to compare baseline statistics with the data they wanted from the bipolar group. The independent variable would then be the questions and assessments and the dependent variable would be the answers that the participants would give. The assessments used are of varying degrees and measurements, all of which are cited and noted in the article. They are

utilized to calculate how intense their life with bipolar disorder is based on their experience with the different symptoms and if there is a correlation between how they function every day and perform. The entirety was self-reported and some answers were tested to be credible by cross-examining them with medical records.

The results of the various assessments on the participants were heavily leaning towards justifying the hypothesis. Negative symptoms of bipolar disorder were heavily attributed to the respective group. Other items associated with the group with bipolar disorder included life events that could be potential stressors, psychiatric comorbidity, families with a history of mental illness, substance dependence, hospitalizations, self-harm, suicidal ideation, and poor academic performance. The most statistically significant data was the correlation between lower daily functionality and academic performance with bipolar disorder. It is noted that even though individuals were being treated and half being in clinical remission, they still suffered from persisting symptoms due to the disorder that were enough to affect their daily lives.

Opinion on the Article

Personally, I believe what makes this such an intriguing study is the sample size used and the amount of self-reported assessments done. This is a subjective take on this but I truly believe no one can give you better information on the experience than those going through it and I associate this heavily with people suffering from mental illness, as long as there's self-awareness of the issue at hand. This is not simply observations and assumptions based on them but actual words coming from people who know what it is like. The aspect I find weak about it though is the lack of variety of those with the disorder. This is most likely due to the fact participants were found at an inpatient ward, which more often those suffering from bipolar I disorder are taken in, and which made up the majority of the bipolar disorder group. To make a more in-depth study of

what this data could mean for the varying types of bipolar disorder would make things more complicated, but it would be interesting to see how different ones affect functionality more intensely in comparison.

This study displayed the difficulty of being an adolescent attempting to cope with bipolar disorder. It aids in showing how this mental illness affects different facets of life. As someone with bipolar II disorder, analyzing the research done makes me, on a very personal level, feel not so alone. To parallel anecdotally with the study, I scored high generally on standardized tests, but my work ethic was poor and, as a result, I was not the best student. When I went untreated and, after being diagnosed, was going through the different stages of trying out various treatment options, I suffered badly not only in school but in general, trying to do basic everyday things. Even now, with a solid treatment plan that includes medication and therapy, my mental illness and its symptoms affect me greatly and influence my life and behavior. Reading about this kind of research gives me hope that a light will be shined on teenagers struggling with mental illness while they try to balance everything else in their world.

The message the audience should receive after looking through the research done is how are we going to achieve long-term stability for people like this study group. The most apparent treatment options at the moment are medication diagnosed by psychiatrists. These usually consist of mood stabilizers, antipsychotics, antidepressants, or a mix of those (Mayo Clinic Staff, n.d.). There are also different therapies offered for those with mood disorders like bipolar. One of the most effective tactics that I have seen is to tackle something like bipolar disorder is familial and peer support. I would like to find a study that is about seeing the correlation between quality of life for those with bipolar disorder and social bonds to justify that.

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