

Case study

CASE REPORT ON BIPOLAR AFFECTING DISORDER WITH HYPERTENTION

ABSTRACT

Introduction: Bipolar disorder (BD) is one among the foremost frequent chronic disorders in populations where depression is usually present; however, in chronic cases, it can raise the danger of death. Bipolar major affective disorder (BPAD) may be a common and recurrent psychiatric disorder that affects people everywhere the planet. it's characterised by episodes of mania, hypomania, hyperactivity, and depression. **Findings of clinicals:** A 45-year-old woman from Chandrapur was admitted to the AVBRH mental unit (Psychiatric ward) with a known case of Bipolar major affective disorder. Her relations brought her to AVBRH, where she was admitted with the chief complaint of low mood, muttering to herself, violent and abusive behaviour. A case of bipolar major affective disorder has been identified. Both a manic and hypomanic episode are feasible. Bouncy, jumpy, or wired in an unusual way. Increased activity, excitement, or energy. Feelings of satisfaction and self-assurance that are exaggerated (euphoria). Thyroid function testing and urine analyses are two of the A/B Tests. A variety of procedures will be used, including CBC MRI, CT scan, Mental Status Examination, and ECT Psychotherapy. **Therapeutic intervention:** Olanzapine, sodium valproate, pacitane, and cloze are examples of pharmacological therapy. Chloroma zine is a tab chloroma zine. **Conclusion:** After treatment, the patient's manic episodes stopped and his symptoms began to fade.

Keywords: Bipolar, Depression, Mania

INTRODUCTION

Bipolar disorder (BD) is one among the foremost frequent chronic disorders in populations where depression is usually present; however, in chronic cases, it can raise the danger of death.(1) Bipolar major affective disorder (BPAD) may be a common and recurrent psychiatric disorder that affects people everywhere the planet. it's characterised by episodes of mania, hypomania, hyperactivity, and depression.(2) Psychotic traits, like delusions and hallucinations, are common during a manic episode.(3) Mania lasts for every week or longer, and therefore the affected person/patient may exhibit a change in normal behaviour that interferes with their daily activities.(4) Changes in mood like exhilaration and ecstasy, increased talkativeness, quick speech, sleep disturbances, racing thoughts, increased goal-directed activity, increased psychomotor activity, and impaired insight are all symptoms of mania.(5) An heightened or expansive mood, mood fluctuations, impulsive behaviour, impatience, and grandiose ideas are another key signs and symptoms of mania.(6) Bipolar disorder is defined by a minimum of four bouts of mood shifts during a 12-month period. this is often plainly discernible by relatives, friends, and strangers.(7)

PATIENT IDENTIFICATION:

A 45-year-old woman from Chandrapur was admitted to the AVBRH mental unit (Psychiatric ward) with a known case of Bipolar major affective disorder.

PRESENT MEDICAL HISTORY:

A 45-year-old woman Her relations brought her to AVBRH, where she was admitted with the chief complaint of low mood, muttering to herself, violent and abusive behaviour. A case of bipolar major affective disorder has been identified.

PAST MEDICAL HISTORY:

Client She did not have any psychiatric issues as a toddler. However, she had a history of Bipolar major affective disorder for the previous 9 years and was on medication. She was treated during a private hospital in her city, and when her symptoms improved, she was discharged and placed on medication. However, for a few reasons, she stopped taking her medications, and symptoms of the disease reappeared.

FAMILY HISTORY:

Patient lives during a relative together with her husband. there's no case history of mental disease.

DESCRIPTION:

A 45-year-old woman was admitted for increased speech, mumbling to herself, aggression, sleep disturbances, withdrawn behaviors, low mood, and using abusive language to people and relations. Her onset was acute and lasted for 9 years following her marriage. She has no predisposing or precipitating factors, but she does have perpetuating factors such as poor compliance, poor interpersonal relationships, low social support, and the presence of stressors. She had been diagnosed with this ailment for 9 years and was treated in a private hospital in her city. However, she abruptly stopped taking her medication, and disease symptoms reappeared.

A 45-year-old lady was brought into custody.

INVESTIGATION: -

Complete blood count with differential, electrolytes, renal function test, liver function test, thyroid function test, lipid profile, and fasting glucose level were among the first tests performed. The patient was also subjected to brain computed tomography (CT) and brain and spinal cord magnetic resonance imaging (MRI). The patient's results were all within normal limits, with the exception of HB being 10 and vitals being lower. The blood pressure was raised to the high range of 140/90 mmHg. She was a patient with hypertension, and the imaging revealed no major findings. She was also subjected to additional scrutiny, such as a mental state examination.

PHYSICAL AND MENTAL STATUS EXAMINATION

Her vitals were steady during the physical examination; however, her blood pressure was higher than normal, at 140/90mmHg. She also has sleeplessness and a loss of appetite.

The following findings were found during a mental state examination: conscious, elevated mood, mumbling to oneself, increased psychomotor activity, poor judgement, inability to concentrate, increased speech, and poor insight.

ETIOLOGY

When you're depressed, you may feel gloomy or hopeless, and you'll lose interest or pleasure in most activities. When your mood shifts to mania or hypomania, you may feel elated, energized, or unusually irritable (a milder form of mania). Mood swings can have an impact on sleep, energy, activity, judgement, conduct, and the capacity to think effectively. Mood swings might occur sporadically or on a regular basis. Although the exact cause of bipolar disorder is unknown, a number of factors may be at play, including:

The brains of bipolar illness sufferers appear to be altering physically. The significance of these modifications is unknown at this time, although they may help in the identification process in the future.

TREATMENT AND FOLLOW UP

Tab olanzapine (10 mg orally), Tab sodium valproate (500 mg orally), Tab pectinate (2 mg orally), Tab cloze (0.5 mg). Chloroma zine, tab (100mg).

Psychopharmacotherapy, electroconvulsive therapy (ECT), and other psychotherapies were used to treat the client. She had two ECT sessions with no consequences; she also received a variety of other psychotherapies, including individual and family counselling, supportive therapy such as yoga and music

therapy, and deep breathing methods. After the third ECT session, she was released. Her physical and mental health improved, and she was discharged after her family members were educated about drug noncompliance, the availability of rehabilitation options, and follow-up services. She insisted on a 15-day follow-up.

CASE DISCUSSION

According to reports, BD had a significant impact on the patient's quality of life and raised the probability of death. It was tough to diagnose, especially in the beginning. At the age of 45, the given case suffered from a severe manic episode.(8) According to one study, BD is always found between the ages of late adolescence and early adulthood.(9) To rule out neurological events such as a CNS infection, epilepsy, stroke, and head injury, as well as any space-occupying lesions, vitamin deficiencies, endocrine disorders, dementia, and medication-acquired side effects, the patient underwent several investigations and

radiographic imaging. Following a thorough medical history and physical examination, an initial laboratory workup, CT scan, and MRI were performed to rule out any brain injuries, as a neurovascular event could be the cause of a manic episode. Brain CT and MRI scans, on the other hand, revealed no indication of ischemic or haemorrhagic strokes or tiny vessels. The patient in this case had a variety of symptoms. In addition, there is a brief history of BPAD. And after multiple therapy, things returned to normal as long as the meds and therapies were followed.(10)

CONCLUSION

Bipolar illness is a common psychiatric disorder characterized by affective instability and cognitive deficits, particularly during mood swings. Furthermore, research reveal that bipolar disorder has a high level of inheritance, albeit the significance of specific genes has yet to be established. There are various viable pharmaceutical treatment options for persons with bipolar illness. Future research combining cognitive, neuroimaging, and genetic techniques may be useful in identifying bipolar illness endophenotypes and, ultimately, developing logical treatment regimens and improving bipolar disorder outcomes. I strongly advise you to send any patients who may have been to the hospital.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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