Journal of Depression and Anxiety

Commentary

Signs and Symptoms of Manic Episode

Eduard Grande*

Department of Psychiatry and Psychotherapy, Georg-August University, Göttingen, Germany

DESCRIPTION

A mental illness called bipolar disorder, formerly known as manic depression, is characterized by cycles of melancholy and excessively elevated mood that can last anywhere from days to weeks at a time. Mania is the name for an elevated mood that is extreme or linked to psychosis; hypomania is the name for one that is less severe. In mania, a person exhibits abnormally euphoric, cheerful, or irritated behaviour or feelings and frequently makes snap judgments without considering the repercussions.

During manic episodes, the need for sleep is typically decreased. The person may cry, have a pessimistic attitude on life, and make poor eye contact with others while depressed. There is a substantial risk of suicide; over a 20-year period, 6% of people with bipolar disorder committed themselves, while 30–40% hurt them-selves. Bipolar disorder is frequently linked to other mental health conditions, like substance use disorders and anxiety disorders.

Although the exact causes of this mood illness are unknown, it is believed that both hereditary and environmental factors are involved. The condition may occur as a result of numerous genes, each of which has only minor impact. About 70–90% of the chance of having bipolar disorder is influenced by genetic factors. Long-term stress and a history of child abuse are environmental risk factors. If there has been at least one manic episode, with or without depressed episodes, the disease is categorized as bipolar I disorder, and if there has been at least one hypomanic episode (but no complete manic episodes) and one major depressive episode, it is categorized as bipolar II disorder.

When hypomanic episodes coexist with depressive episodes that don't match the standards for major depressive episodes, the condition is referred to as cyclothymia. Bipolar disorder is not diagnosed if these symptoms are brought on by drugs or health issues. Attention deficit hyperactivity disorder, personality disorders, schizophrenia, substance use disorder, as well as many

other medical illnesses, are other conditions that share symptoms with bipolar disorder. While blood tests or medical imaging help rule out other issues, medical testing is not necessary for a diagnosis.

Signs and symptoms

Early adulthood and late youth are when bipolar disorder is most likely to start. The absence of symptoms in between periods of intermittent mania or depression or both characterises the disorder. People with bipolar illness experience disturbances in their circadian rhythm, cognition, and psychomotor activity (the amount of physical activity that is controlled by mood) during these episodes. Examples include incessant fidgeting during mania or sluggish movements during depression. Different types of mood disorders, such as euphoria (associated with "classic mania"), dysphoria, and impatience, can accompany mania. Both manic and depressive periods can experience psychotic symptoms like delusions or hallucinations; their nature and content are consistent with the person's current mood.

The cornerstone of long-term pharmacologic relapse prevention is the mood stabilizers lithium and certain anticonvulsants like valproate and carbamazepine as well as atypical antipsychotics like aripiprazole. Antipsychotics are also administered during acute manic episodes and in situations where mood stabilizers are inadequate or poorly tolerated. Long-acting injectable formulations are offered for patients whose compliance is a concern. There is some evidence to suggest that treatment helps this illness progress. Antidepressants can be helpful but have also been linked to the onset of manic episodes, making their use in depressive episodes contentious. Therefore, treating depressive episodes is frequently challenging. When combined with psychosis or catatonia, Electro Convulsive Treatment (ECT) is useful for treating acute manic and depressive episodes. If a person poses a risk to themselves or others, admission to a mental hospital may be essential; if the affected individual refuses treatment; involuntary treatment may occasionally be required.

Correspondence to: Eduard Grande, Department of Psychiatry and Psychotherapy, Georg-August University, Göttingen, Germany, E-mail: Eduard-99@gmail.com

Received: 29-Aug-2022, Manuscript No. JDA-22-19683; Editor assigned: 02-Sep-2022, PreQC No. JDA-22-19683(PQ); Reviewed: 16-Sep-2022, QC No. JDA-22-19683; Revised: 23-Sep-2022, Manuscript No. JDA-22-19683 (R); Published: 30-Sep-2022, DOI: 10.35248/2167-1044.22.11.485

Citation: Grande E (2022) Signs and Symptoms of Manic Episode. J Dep Anxiety.11:485

Copyright: © 2022 Grande E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.