



## **Case Report on Bipolar Affecting Disorder with Hypertension**

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### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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**Case Study**

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## **ABSTRACT**

**Introduction:** Bipolar disorder (BD) is one of 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 on the planet. It's characterized by episodes of mania, hypomania, hyperactivity, and depression.

**Findings of Clinical:** A 45-year-old woman from Chandrapur is admitted to the (AVBRH) Archarya Vinoba Bhave Rural Hospital Sawangi Meghe (Wardha), in a mental health ward (Psychiatric ward) with a known case of Bipolar major Affective Disorder. Her relatives brought her to AVBRH, where she is admitted with the chief complaint of low mood, muttering to herself, violent and abusive behavior. A case of bipolar major affective disorder is been identified. Both manic and hypomanic episodes are feasible. Bouncy, jumpy, or wired unusually. Increased activity, excitement, or energy. Feelings of satisfaction and self-assurance that are exaggerated (euphoria). Thyroid function

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testing and urine analyses were done with a A/B testing A simple randomized controlled experiment was done. A variety of procedures is used, including (CBC) complete blood count, (MRI)Magnetic Resonance Imaging, (CT) scan Computed Tomography, Mental Status Examination, and (ECT)Electroconvulsive Therapy with Psychotherapy.

**Therapeutic Intervention:** Olanzapine, sodium valproate, capacitance, and cloze, chlorpromazine are examples of pharmacological therapy given.

**Conclusion:** After treatment, the patient's manic episodes stop and her symptoms began to fade.

*Keywords: Bipolar; depression; mania.*

## 1. 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 on the planet. it's characterized 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 behavior that interferes with their daily activities [4]. Changes in a 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 behavior, impatience, and grandiose ideas are other key signs and symptoms of mania [6]. Bipolar disorder is defined by a minimum of four bouts of mood shifts during 12 months. this is often plainly discernible by relatives, friends, and strangers [7].

### 1.1 Patient Identification

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

### 1.2 Present Medical History

A 45-year-old woman is brought by her relatives to (AVBRH) Archarya vinoba Bhave rural hospital, where she is admitted with the chief complaint of low mood, muttering to herself, violent and abusive behavior. A case of

bipolar major affective disorder has been identified in her.

### 1.3 Past Medical History

The client 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 at 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.

### 1.4 Family History

There are 4 members in her family, including her daughter, son, husband, and her. There's no case history of mental disease in her family.

### 1.5 Description

A 45-year-old woman is admitted for increased speech, mumbling to herself, aggression, sleep disturbances, withdrawn behaviors, low mood, and using abusive language to people and relatives. 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 is brought into custody.

### 1.6 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, except for 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 scrutinies, such as a mental state examination.

## 2. PHYSICAL AND MENTAL STATUS EXAMINATION

Her vitals is steady during the physical examination; however, her blood pressure is higher than normal, is 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 judgment, inability to concentrate, increased speech, and poor insight.

## 3. 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, judgment, conduct, and the capacity to think effectively. Mood swings might occur sporadically or regularly. Although the exact cause of bipolar disorder is unknown, several 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.

## 4. 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 receive a variety of other psychotherapies,

including individual and family counseling, supportive therapy such as yoga and music therapy.

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

## 5. CASE DISCUSSION

According to reports, (BD) Bipolar disorder 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, Bipolar disorder (BD) is always found between the ages of late adolescence and early adulthood [9]. To rule out neurological events such as a Central nervous system (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, Computed Tomography (CT) scan, and Magnetic Resonance Imaging (MRI) was performed to rule out any brain injuries, as a neurovascular event could be the cause of a manic episode. However, Brain Computed Tomography and Magnetic Resonance Imaging scans revealed no indication of ischemic or hemorrhagic strokes or tiny vessels. In this case, the patient has a variety of symptoms. In addition, there is a brief history of Bipolar affective disorder (BPAD). And after multiple therapies, things returned to normal as long as the medicines and therapies were followed [10].

## 6. CONCLUSION

Bipolar illness is a common psychiatric disorder characterized by affective instability and cognitive deficits, particularly during mood swings. Furthermore, research reveals 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. Patients who may have this disorder should be recommended for a consultation with a psychiatrist.

## CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

## ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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