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Psychiatric Evidence of Bipolar Disorder

Bipolar disorder, or manic depression, is a serious mental illness that has eluded doctors for decades. For many years, bipolar disorder patients were diagnosed as psychotic or Schitsophrinia. However, about twenty years ago, manic depression became a more common diagnosis. Psychiatric specialists still, however, did not really understand the illness.

Over time, more psychiatric evidence has come to light that proves that bipolar disorder, as it is now called, is actually caused by chemical imbalances in the brain. Other factors, both medical and situational, can be involved as well. In the last few years, psychiatric specialists and researchers have determined that bipolar disorder actually has varying degrees of severity, as well as types of symptoms.

Studies of bipolar patients conducted by psychiatric professionals and researchers has long suggested that bipolar disorder runs in families, or, in other words, is hereditary. Through careful study and research of the functions of the brain, it has now been determined how this illness is indeed hereditary and biological in nature.

According to research posted in the American Journal of Psychiatry in 2000, patients with bipolar disorder actually have thirty percent more brain cells of a certain class that have to do with sending signals within the brain. These additional brain cells cause patients' brains to actually behave differently, making them predisposed to have periods of mania or depression.

According to researchers, this type of brain cell regulates moods, how someone responds to stress, and cognitive functions. When the extra brain cells are present, a congestion of cells regulated one type of mood or cognitive function is overloaded, and therefore causes a bout of mania or depression. It is not yet known by psychiatric researchers, however, why patients with bipolar disorder have these additional brain cells. To discover this, more genetic research will be required.

In addition to brain cells and brain chemistry, it has also been speculated by psychiatric researchers that various genes in the genetic makeup of bipolar patients can also contribute to the cause of and hereditary nature of bipolar disorder. Studies have been ongoing experimenting with removal of the gene in mice. The evidence suggests that circadian genes, which regulate mood, hormones, blood pressure, and heart activity may be linked to bipolar disorder. Specifically, the absence or abnormality of the gene actually seems to bring about mania episodes.

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All in all, more research needs to be done. Medical and psychiatric researchers and doctors have a lot more to learn about the brain and how it functions. While current treatments seem to work for bipolar disorder, they also have severe side effects. Often, medications prescribed for bipolar disorder have to be monitored, dosages modified, or medications switched entirely for patients to maintain balance. The more we learn about the brain and it's functions, the more we can learn about the physical, biological causes of bipolar disorder. The more we learn about the causes of bipolar disorder, the more likely it will become that effective treatments can be found that offer little side effects and more permanent treatment options for bipolar patients.