

## BIPOLAR DISORDER AND STRESS

Enza Maiera

Mental Department, Cosenza, Italy

### SUMMARY

The management of stress in a group of patients with Bipolar II Disorder is described. The use of psychotherapy and psycho-education has been shown to reduce the number of relapses and improve the quality of life of these patients.

**Key words:** stress - Bipolar II Disorder – psychoeducation – cognitive behaviour therapy - systemic family therapy - counselling

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### INTRODUCTION

In patients with bipolar disorder it is important that the diagnosis be made early and accurately, and that the whole family be involved in the diagnosis and treatment (Dore & Romans 2001).

One important role of the therapist is the management of stress, and which is known to have an important impact on the patients and which is accompanied by biochemical modifications both cerebrally and systemically.

Stress in bipolar depression is therefore a serious risk factor which can increase the possibility of the development of a manic or a depressive episode. Therefore pharmacological treatment must be supplemented by psychotherapy and by psycho-education (Giupponi et al. 2006, Colom & Vieta 2006).

Risk factors for the development of stress include:

- Poor family relationships without social support.
- Dramatic events (such as the loss of a loved one).
- Critical events (conflict within the family, failure at school and at work, sentimental disappointments, life changes).
- Physical health problems.
- Alcohol and drug abuse.
- Alterations in sleep patterns (Ehlers et al. 1988, Ehlers et al. 1993).

Here we present a study carried out in the territorial department of Trebisacce (CS) Italy.

This study measured stress factors and outcomes of treatment in patients affected by bipolar II disorder between 2009 and 2012.

### SUBJECTS

There were a total of 30 subjects, of which 18 were female and 12 were male.

Of the males, 5 were single, 5 married, and 2 divorced. Of the females, 5 were single and 13 were married.

Causes of stress in this group were as follows:

#### Single men

Addicted to alcohol and drugs, drug abuse in family	1
Repeted difficulty in adapting to work, sentimental delusions	2
Over protective and controlling family, religious and ideological conflicts	1
Family conflict, without social support	2

#### Married men

Difficulties at work, loss of a dear person	1
Health problems with related maladjustment	1
Maladjustment without social and family support	1
Family difficulties and loss of work	1

#### Divorced men

Personality problems, psychiatric disturbances	2
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#### Married Women

Family problems and poor financial support	1
Problems with husband and children, little understanding by the family	3
Serious health problems of a dear person	1
Conflict between husband and wife, poor family and social support	3
Conflict between husband and wife, poor family and social support alcohol abuse	1
Serious personality disturbance, overwork	1
Serious health problems, poor family support	1
Environmental Maladjustment	1

#### Unmarried Women

Personality problems, serious family problems, maladjustment at work	4
Poor family support, Personality problems	1

### RESULTS

Psychotherapy, counseling, RMP and psycho-education aimed at helping reduce existential stress have improved the course of the illness by;

Helping the patient

- Improve his/her understanding of the illness.
- Improve compliance with the medical therapy.
- Has improved control of the onset and course of the clinical episodes.

- Has caused a change in the way of life, including better planning of their personal, social and work lives thus avoiding stressful situations (and so causing secondary prevention of the illness).

Psychotherapy, counseling, RMP (progressive muscular relaxation) and psycho-education aimed at helping reduce existential stress have improved the course of the illness by;

Helping the family

- Demonstrate better communication with their family member
- Improve their understanding of the illness.
- Overcome the taboos of mental illness.

Hence both patient and family developed a better overall quality of life.

The married men (5) and women (13) as a group appear to demonstrate a better overall improvement in symptoms as measured by the entity and intensity of the symptoms, and the number of relapses as compared to the single men (5), the divorced men (2) and the single women (5).

In particular, the presence of concomitant medical or psychiatric pathologies, the presence of substance abuse or dependence, being single and loneliness has made it necessary to offer more intensive and continuous interventions. In these cases the course of the illness has demonstrated a general improvement and fewer critical episodes (relapses) but it has been particularly problematic to prevent the abuse of nicotine.

## CONCLUSION

Psychotherapy, including cognitive behavior therapy and systemic family therapy and individual and family

counseling, as well as progressive muscular relaxation exercises, have produced longer periods of euthymia and an improvement in the quality of life in the patients who we have studied.

Psycho-education has also improved self esteem and the possibility of being able to exert control over the illness.

Hence this approach to bipolar disorder, as a mental illness, has not been traumatic, but on the contrary understanding and support has made the illness better tolerated and acceptable as part of a person's global personality.

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Correspondence:

Dr Enza Maiera, Psychiatrist, Psychoterapist  
Mental Department, Cosenza, Italy  
E-mail: maieraenza@libero.it