

Bipolar Disorder (Bar) In Boys Aged 18-20 Years

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Abstract

Increasing population growth, unprecedented rates of urbanization worldwide, growing air and noise pollution provoking different diseases in big cities is becoming the first-rate unsettled problems globally. Recent research shows that long-term exposure to air and noise pollution have detrimental effects on children's thinking cognition and academic performance and behavior. But unfortunately, there is limited scientific evidence and knowledge about possible underline mechanisms for these effects and consequences. Very few studies have been considered the impact of urban air and noise adverse effects on adolescents too.

Kew Words: pollution; air; noise; effect; children; detrimental; disease; cognition; urban

Introduction

In the Scientific Research Center of Psychotherapy in St. Petersburg, studies of young men aged 18-20 years were conducted on the subject of bipolar disorder (BAR), differential diagnosis and correction were carried out, we came to the conclusion that this disease occupies a leading place in terms of prevalence among young men of this age. It occupies a leading place in the structure of borderline mental disorders that caused it. The number of young men with an established mental disorder has remained at the same level in recent years and amounts to 35-45% of the total number of young men aged 18-20 years.

The purpose of the study: to analyze the dynamics of the structure of the disease in young men.

Tasks: 1. To identify the dynamics of changes in the structure of disorders with bipolar disorder.

2. Identify the factors influencing the dynamics of the structure.

3. To develop methodological materials with the diagnosis and their relatives.

The hypothesis of the study: The structure (BAR) in young men is a heterogeneous dynamic formation, the severity of the components, which manifests itself depending on the influence of external and internal factors. The materials and methods of the research were carried out in SIC

Research methods: Theoretical and empirical methods (anamnesis, observation, conversation, testing, study and analysis of medical history data).

Methods: pathopsychological testing, standardized personality questionnaires (SMIL, HADS, progressive Raven matrices, suicide risk questionnaire "Signal". Quantitative (methods of qualitative and quantitative

data processing). Criteria for inclusion in the study: age from 18 to 20 years, availability of referral for additional pathopsychological research.

The Results and Their Discussion.

During the period from 2019 to 2022, 139 people were examined. Of these, young men (28%), according to the results of a pathopsychological examination, entered the group with a diagnosis of personality disorder; (11%) – with varying degrees of mental retardation, the diagnosis was made earlier, but by the decision of the parents, the data were not provided, due to ignorance of the need to submit data), (5%) – with a diagnosis of schizophrenia, (7%) a person with an established diagnosis of organic personality disorder, (34%) there was an accentuation of character and (13%) no disorders of mental processes. Based on the general indicators of the emotional sphere in the SMIL methodology, violations in the form of emotional instability come to the fore (57%). This suggests that one of the main distinguishing features of personality disorders are emotional disorders, there is an increase in the level of emotional tension and suspiciousness, as well as an increase in the parameter of emotional restraint. Those surveyed in 2021 had high rates of emotional instability (46%), as well as an indicator of internal emotional stress (33%). During the study period, there was a multidirectional dynamic of changes against the background of the complexity of the structure of personality disorders. This manifests itself in the form of a significant increase in indicators of general anxiety and depression, as well as the risks of suicidal reactions in all types of disorders, which led to a mixture of different characteristics. Thus, we have revealed that since 2019, mixed personality disorder has been dominant. By 2021, there is an increase in anxiety personality disorders (6% of the number surveyed). Since 2020, there has been a significant increase in schizoid personality disorder from 9% to 35%. Summing up all the data obtained during the study, since 2019 it can be said that there has been a dynamic of changes in the structure of disorders in young men with personality disorders

towards the complication of personal components. This is manifested in an increase in anxiety levels, as well as the appearance of a depressive element. Along with anxiety and depression, an increase in the risk factor of a high level of suicidal reactions is added. Based on the change in the dynamics of the structure of personality disorders towards an increase in schizoid, mixed and anxiety types, and a significant increase in the general background of anxiety and depression, the risk of suicidal reactions in these and other types, methodological recommendations for psychological assistance in the formation of adaptive mechanisms for people with personality disorders were compiled. In addition to the adaptation program, a memo was compiled for relatives.

Conclusions:

1. bipolar disorders in young men are the leading pathology detected during psychological examination. Analyzing the data on the dynamics of the structure of disorders of personality disorders, mixed personality disorder is dominant.
2. In 2022, there is an increase in depressive and anxiety personality disorders. Along with anxiety and depression, an increase in the risk factor of a high level of suicidal reactions is added. All these changes are reflected in the emotional state, which was recorded by an increase in the level of internal emotional tension, as well as suspiciousness.
3. The leading factors determining the structure of personality disorders in young men are: isolation measures related to the prevention of the spread of COVID 19, increased uncertainty in predicting the future (unemployment, military conflicts, falling living standards), restrictions on social contacts and communication (on the principle of "face-to-face") due to the growing popularity of communication using messengers and social networks (online life).
4. The program of psychological assistance developed by us for young men with identified personality disorders is aimed at helping them adapt to the social environment at work, at school, as well as when interacting with loved ones.

Recurrence factors

The problem of relapse of patients suffering from PRL has been gaining relevance since the end of the 20th century. Therapy and rehabilitation are hampered by anosognosia, patient self-will, and sudden fluctuations in mood and behavior. Despite undergoing long-term inpatient rehabilitation, the quality and duration of remission cannot always be guaranteed based on the duration of treatment. Nevertheless, many researchers of mental health problems and addictions are trying to classify the causes of relapse of the disease, to create classifications of triggers of "breakdown". The post-

stationary or, as it is also called, the outpatient stage of rehabilitation is fraught with a number of difficulties. Patients are outside the department and it is impossible to control the quality of remission, its presence, the implementation of specialist recommendations, the use of prescribed supportive psychopharmacotherapy and psychotherapy. The purpose of our study is an attempt to structure the accumulated experience and describe the factors of recurrence of the manifestation of BPD. By these factors we mean situations, people, events, feelings, thoughts, memories that provoke the internal and external reaction of the patient. They elicit strong emotional reactions and quickly engage in standard response patterns. Using the clinical, biographical and questionnaire method, we were able to identify eight categories of relapse factors.

1. An emotional state such as depression, anxiety, anger, fear or embarrassment
2. Physical condition, for example, excitement, boredom, fatigue, hunger
3. The presence of other significant objects that cause uncontrollable euphoria, or the effects of vindictiveness (anger, resentment, jealousy, envy), thereby creating the effect of emotional "swings".
4. Availability of provoking substances, objects (alcohol, drugs, psychotropic drugs for non-medical purposes, a blade and other piercing objects associated with self-harm)
5. Physical environment such as home, work, educational institution, clubs, bars, parties
6. Social pressure: people, friends in the patient's environment who use surfactants, including alcohol, or engage in self-harm, promiscuity.
7. Activity: cases that cause internal or external conflicts in the patient, which increases emotional and physical stress.
8. Thoughts and memories of past negative experiences, categorical thinking, catastrophization. This classification contributes to the formation of self-help and analysis methods for patients, for example, a self-observation diary, where relapse-provoking situations from life are recorded on a daily basis. Further, this material is the subject of discussion at a psychotherapy session, where each episode is discussed and worked out in detail. Thus, the recurrence of the manifestation of PRL is prevented. The use of this classification form of provoking factors in rehabilitation departments of hospitals, outpatient departments will contribute to the structuring of material for the analysis and study of the causes of relapse of patients with PRL and may be useful for psychotherapists, psychologists and social workers conducting outpatient therapy with them.



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