



Manic Episode: A Psychotic Characteristic of Mental Illness

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DESCRIPTION

A manic episode, also known as a manic phase, lasts for at least one week and is characterised by a shift in behaviour that has a significant impact on daily functioning. Hypomania differs from mania since it lasts at least four days rather than a week and does not significantly impair social or occupational functioning. Increased talkativeness, fast speech, less need for sleep, racing thoughts, distractibility, an increase in goal-directed activity, and psychomotor agitation are the hallmarks of mania. A heightened or expansive mood, mood instability, impulsivity, impatience, and grandiosity are some other signs of mania. Even if the symptoms last for less than a week, the period immediately qualifies as real mania and not hypomania if the person experiencing them needs to be hospitalised.

Mania must be separated from increased vigour and dysfunction brought on by substance abuse, illnesses, or other factors. Mania is a "normal" state, and bipolar I disease is characterised by it. Although most bipolar I cases also feature hypomanic and depressive phases, only one manic phase is necessary for the diagnosis of bipolar I disease.

Due to the extreme behavioural changes they have witnessed over a short period of time, many families bring their loved ones to the emergency room. Manic patients frequently engage in goal-directed behaviours that could have negative outcomes, like excessive spending, rash business ventures, travel, or promiscuity. Many patients assault others verbally or physically, cause damage to property, or even hurt themselves or others. Additionally, they could become quite hostile, irritated, or irritable. Even though the patient may lack insight and may not be aware that their

behaviour is abnormal, it is obvious to family or friends that this behaviour may be caused by mental illness.

Additionally, psychotic characteristics, such as delusions or hallucinations, are frequently present in mania. Many people have grandiose delusions thinking they are highly skilled professionals, government officials, spies, or other high-level agents (even when they have no such background). Additionally, these people could have auditory or visual hallucinations, which only appear during manic episodes. Patients with paranoid delusions, in which they think that others are stalking, targeting, or watching them, are among the most prevalent delusions. They might think that gangs, the government, or some other group is responsible. It is quite improbable that these individuals will react to opinions expressed by strangers about their mania and psychosis. The fact that most people do not know what is happening is a feature of the manic period (poor insight). Most people who notice the issue are other people, such as family members, friends, acquaintances, or the police.

CONCLUSION

Having four or more mood episodes in a calendar year is considered to be rapid cycling in bipolar disorder. These mood swings must meet all diagnostic and durational requirements, whether they are manic, hypomanic, or depressive. A switch to an episode of opposite polarities, such as mania or hypomania to major depressive bouts, or periods of partial or complete remission of at least two months must occur between these episodes. Hypomania and mania are not opposite polarities, therefore switching from one to the other would not be considered. Patients with rapid cycling bipolar disorder have been reported to be more resistant to medication.

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