

Manic Episode

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ABSTRACT

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Short Communication

Bipolar disorder, previously termed manic depression, is a psychiatric diagnosis characterized by abnormally elevated or irritable mood episode accompanied by disruptive symptoms of distractibility, indiscretions, grandiosity, flight of ideas, hyperactivity, decreased need for sleep, and talkativeness. Mania, also known as manic syndrome, is a state of elevated arousal and energy level. The heightened mood is euphoric or irritable, and as the mania intensifies, irritability can be more pronounced and result in violence or anxiety. The symptoms of mania include mood euphoric or irritable, flight of ideas, pressure of speech, more talkative than usual or pressure to keep talking increased energy, inflated self-esteem or grandiosity, increase in goal directed activity, or psychomotor acceleration, excessive involvement in activities with a high likelihood of painful consequences and decreased need for sleep. Mania is a disorder with multiple causes. The vast majority of cases occur in the context of bipolar disorder. A manic episode is defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) American Psychiatric Association as a period of abnormally and persistently elevated, expansive or irritable mood. There is an abnormally and persistently increased activity or energy [1].

Manic syndrome is based on euphoria and self-elation. It is almost always present the acceleration of all psychic functions manifesting itself as psychomotor agitation, exaltation, logorrea and accelerated thinking. In general, the patient can present himself cheerful, playful, angry or arrogant. In addition to the changes in mood and psychic rhythm, it is possible to observe in the ideative sphere, a floating thought. In general, the following signs can be observed in manic syndromes: increased self-esteem,

elation, insomnia, loquacity, logorrea, pressure to talk, distraction, psychomotor agitation, irritability, social and sexual disinhibition, exaggerated tendency to buy and give objects [2]. The onset of the disease can begin with a depressive phase, asthenia, fatigue, trisyeza, insomnia. The beginning can also be brutal, without pródromos, the crisis erupts suddenly. The patient feels invaded by a euphoric feeling of well-being and ease, a need for atividade and movement. The conversation is plentiful and fast. However, the patient is easily irritated. There is an acceleration of psychic processes, acceleration of the rhythm of thought, tachypsiquism. A word, an image, a memory, when evoked disappear from the field of consciousness and are replaced by other representations. Attention is impaired and there is a permanent distraction. Therefore, voluntary attention is almost impossible. However, perceptions may not be altered, and the outside world is normally perceived. Generally, the orientation of time and space remains correct. Memory is compromised due to general psychic arousal, especially in the forms of evocation and reproduction. Expansiveness and hyperthymia characterize its affective state. The patient feels euphoria, optimism, well-being, indefatigable, happy. But the picture is unstable, and he can quickly go from joy to tears, from whining to irritation. He can present a high erotic arousal [3].

Although mania is a syndrome with multiple causes, the vast majority of cases occur in the context of bipolar disorder. It may also occur secondary to various general medical conditions as hyperthyroidism, this clinical picture can produce similar symptoms to those of mania, such as agitation, elevated mood, increased energy, hyperactivity, sleep disturbances; or substances of abuse, such as caffeine, cocaine, or anabolic steroids. Manic patients are

frequently grandiose, impulsive, irritable, and frequently deny anything is wrong with them. They can have physical symptoms, such as sweating and weight loss. They may engage in out-of-character behavior, such as questionable business transactions, wasteful of money, abuse of recreational substances, abnormal social interaction. His behaviors may increase stress in personal relationships [1]. One of the indicators of a manic state would be if a depressed patient suddenly becomes energetic, very happy. Mania varies in intensity such as hypomania, which means less than mania. It is the moderate form of the condition, where it sometimes goes unnoticed and without medical attention. The patient is willing, speaking, humorous; there may be sleep changes. He is affected by a large euphoria, making fatigue impossible and not wearing even after being exposed to a large load of physical activity. In the cyclothymic may appear throughout life in several patients acutely in a few mild depressive symptoms followed by a certain elation and mild elevation of mood, which occurs without the individual presenting a complete episode of depression or mania. In the mixed

mania it is possible to observe manic and depressive symptoms occurring at the same time or alternating rapidly. This clinical picture present frequently symptoms as confusion of thoughts and behavior; psychomotor agitation; appetite disorders; suicidal ideation and sometimes psychotic symptoms. Difficult diagnosis, being more frequent in adolescents and the elderly [2].

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Conflict of Interest

No conflict of interest.

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