

Covid-19 influences on patients with bipolar disorder

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Abstract. The covid-19 already exists for 3 years. People have suffered a lot during these years not only physically, but also mentally. The pandemic caused a rigorous environment for citizens by bringing some difficulties, such as unemployment. People are having more and more pressure that they cannot deal with. Thus, there should be a feasible solution to help people prevent and cure mental harm from the pandemic. Bipolar disorder is one of the mental disorders that could be caused by pressure, so the policy and effect of the pandemic might become the cause of it. This paper aims to explore how the Covid-19 have affected patients with bipolar disorder. The findings revealed that Covid-19 cuts down on therapies and cause more mental pressure for patients with bipolar disorder. There will be ways to prevent and solve these problems. People should learn to balance their feelings and ignore the negative sounds from outside. When there are too much pressure people can take, they could take some psychotherapy and find ways to release the burden.

Keywords: Bipolar disorder (BD), epidemic, psychotherapy, prevention.

1. Introduction

Nowadays, with the spread of various epidemics, people's life has been negatively influenced. Covid-19, as one of the most influential epidemics, has brought both physical harm and mental harm to people worldwide since 2019. As physical symptoms have been continuously cured, however, mental distress resulting from Covid-related policy has always been neglected. Due to the epidemics, the governments enforced more and more policies to prevent transmission, which brought a lot of pressure on citizens. Patients with bipolar disorder (BD) are one of the populations that were significantly influenced. Those influences embody in different careers of people because of lots of reasons, such as unemployment, lack of consumers, isolation, and fears of covid-19.

Viruses are an important and inevitable part of human history. During the period of the spread of the virus, the risks addressed by specific groups of people with mental illness are more prevalent and severe. COVID-19 has led countries to implement quarantine policies, and people with bipolar disorder, which is a moderately to severely disabling mental illness, are at risk during quarantine and such a situation cannot be ignored. Due to a series of reasons such as isolation, unemployment, and economic shocks, people with bipolar disorder will be affected to varying degrees, and this part of the people needs more social attention and support. In the view of psychology, quarantine creates physical and emotional isolation apart from society, which can make people with bipolar disorder feel more lonely and may either make them more manic or depressed or exacerbate their emotional turmoil. Thus, the seriousness of bipolar disorder brought by the epidemic cannot be neglected and worth studying. This study aims to investigate the details of how epidemics influence patients on their life and how to prevent the happen of bipolar disorder under the background of the epidemic. There are still a lot of blank therapies for bipolar disorder during the epidemic. Through in-depth analysis, this study will also shed light on a few suggestions for bipolar therapy. If there are feasible therapies people can do at home, then it will be helpful for people who live in areas with severe epidemics to relieve distress.

2. Bipolar Disorder Psychology domain description :

2.1. Definition

Bipolar disorder (bipolar affective disorder, manic depressive disorder) is characterized by marked mood swings between mania (mood elevation) and bipolar depression that cause significant personal distress or social dysfunction [1]. Mania are having two kinds, which are primary mania and secondary mania. Primary mania is born by nature, but secondary mania is acquired after birth.

2.2. Causes

Bipolar disorder's causes are actually uncertain nowadays, but there are some theories.

2.2.1 Genetic

It was hard to know whether bipolar disorder is hereditary for sure because people have not detected the loci of bipolar disorder. Thus, people do not have accurate evidence [2]. Nevertheless, from the twin studies, psychologists have already established that bipolar disorder is heritable. For now, psychologists need more proof, so they focus the studies on finding the loci. There are guesses of the gene of bipolar disorder such as BDNF, DAOA, DISC1, GRIK4, SLC6A4, and TPH2, but none of them are proven [2]. In order to find the specific gene of bipolar disorder, psychologists need more data. Detailed genetic dissection of the disorder would offer more valuable data. Nevertheless, people do know the gene is a factor or cause of bipolar disorder. For example, if a person's relatives have bipolar disorder, then there will be a higher possibility for the person to develop bipolar symptoms. Also, there is 30 to 40 percent for a monozygotic twin and 5 to 10 percent for first-degree relatives to both have bipolar disorder. Gene is uncontrolled and not affected by the environment and it functions as the main cause of primary mania.

2.2.2 Chemical

Chemical factors such as drugs and medical sources will cause secondary mania. When a patient with bipolar disorder also has other medical illness and need to take the drug, then the metabolic side effects of pharmacologic treatments might intensify the mental illness and even increase the risk of mortality.

Patients with depression who need to take antidepressants are also a risk of inducing bipolar mania.

2.2.3 Environment

Bipolar disorder is a mental illness, so any pressure from the environment would intensify or cause bipolar disorder. Especially for people who are psychologically vulnerable or have past traumatic experiences, when they are stimulated by the environment, they are more likely to have a mental illness. For example, there was an experiment that investigates the difference between the families of children with and without bipolar disorder [3]. Psychologists investigated 36 families that have children with bipolar disorder and 29 families that do not have children with mental illness, and both collected data through K-SADS-PL interviews. The result of the study has shown that families of children with bipolar disorder would have a lower level of organization, cohesion, and active-recreational orientation, and a higher level of conflict [3]. Thus, the family would be one of the environmental factors which might lead to bipolar disorder.

2.3. Treatment

Treatments of bipolar disorder are generally separated into three kinds: psychotherapy, medication, and physical therapy [4]. Normally, patients need to combine psychotherapy and medication together for better efficacy.

2.3.1 Psychotherapy

There are a lot of types of psychotherapy. One of the typical treatments for bipolar disorder is psychoeducation. Psychoeducation is to help patients understand the symptoms, implementation, and

drugs of bipolar disorder, so it will decrease risk factors. Furthermore, psychoeducation will help patients to prevent the relapse of the illness. Also, when illness relapse, patients will be timely aware of it and treat it on time. Group psychoeducation is similar to psychoeducation, but patients are treated in groups. In this way, the treatment will minimize the stigma when meeting others, and also patient will learn self-care skills better. [5]Colom et al. (2003) collected data from patients with bipolar disorder, and in the experiment, one group is treated with group education, and another group is treated with psychoeducation. The data shows that patients who are treated with group-out psychoeducation are less likely to relapse [5].

Another kind of psychotherapy is the Family-Based Approach, which has been a typical treatment of bipolar disorder for a long history [5]. The first trial of this therapy assigned 186 patients to two different hospitals. Only one hospital has a family intervention. The family-based approach was used to help patients adjust to social life better after they leave the hospital. The study showed that patients with family intervention had fewer symptoms compared to patients from ordinary hospitals. Thus, the family-based approach is an effective treatment and it is suitable for patients in any age range [5]. However, if family members cannot offer help in this treatment, then group or individual psychoeducation is the sole option.

Individual cognitive-behavior therapy is a therapy that is more effective for depression instead of mania. It has less effectiveness compared to the two previous therapies. Studies have shown that patients who take cognitive behavior therapy cannot prevent relapse, but there are still positive influences on emotion regulation.

2.3.2 Pharmacotherapy

Medicine treatments for bipolar disorder have three targets: manic symptoms, mixed episodes, and depression. Also, there are two cases. When facing acute treatment, patients need to focus on taking drugs that will help control the episode which has already been developed. On the contrary, patients need to prevent and delay every potential symptom regularly by taking different kinds of drugs.

For mood stabilizer and atypical antipsychotic treatment, patients usually take drugs like lithium, Thorazine, valproate, Zyprexa, Olanzapine, and Lamictal. Some of their pesticide effects are uncertain [5]. However, Olanzapine will cause side effects such as sedation and weight gain. Lithium is one of the most effective medicine, but it will also cause weight gain and sedation, and there are even some other effects such as stomach irritation, thirst, motor tremors, and kidney clearance problems [5].

For the treatment of depression, some antidepressants will induce bipolar mania [5]. When using some mood stabilizers, patients' mood cycling will run 20%-40% faster. Luckily, studies show that lithium and Divalproex are also effective when treating bipolar disorder [5].

2.4. How does bipolar disorder cause mortality?

The mortality caused by bipolar disorder does not only result from suicide, there are some other potential dangers [6]. For example, patients diagnosed with bipolar disorder need to take drugs such as Olanzapine, which is the first kind of antipsychotic that is approved by the Food and Drug Administration. After that, the second generation of antipsychotics which has fewer side effects is introduced. However, it still would cause extrapyramidal symptoms, tardive dyskinesia, and hyperprolactinemia. Also, sometimes antipsychotics will cause obesity and metabolic abnormalities, which might finally lead to obesity and metabolic abnormalities and cause death [6]. Thus, bipolar disorder kills people in a lot of ways. It not only influences patient mentally but also physically.

3. How does Covid influence the treatment of bipolar

3.1. Difficulty in acquiring treatment

To start with, isolation is one of the main reasons that cause and intensify bipolar disorder. To be more specific, in certain countries, such as China, the policies of resistance are very severe. For

example, while there are cases happening in one community, the whole community has to be isolated for at least two weeks. People who already have bipolar disorder need regular psychotherapy, which can help them change and rebuild wrong recognition to prevent the intensification of the illness. Also, patients need psychological education to teach them basic knowledge of bipolar disorder, so they will know about their state of disorder better. Patients need psychologists to listen, encourage them, deliver a positive attitude and actively coordinate therapy. However, two weeks of isolation not only prevent the spread the covid-19 but also deprive the chance of the patient to take therapy. Once therapies are discontinued, the patient's illness might be intensified. Finally, without any access to professional bits of help, patients might have a tendency of committing suicide. Furthermore, with the interruption of therapy, patients also will have physical symptoms like headache, flustered, and nausea [7]. For some patients, without regular medical therapy, even will have other diseases such as nervous disorders [7].

Furthermore, isolation will cause more pressure on patients because of the limitations for recreation and relaxation. Thus, epidemics policies are an important cause of bipolar disorder intensifying.

3.2. Increased risk factors

Secondly, working pressure became more significant because of covid-19. Due to the epidemics, a lot of places need to shut down to prevent aggregation. Thus, some stores, hotels, or companies need compulsorily redundant to save money because they do not have enough income to support paying salaries. Finally, a lot of people are unemployed. They lost jobs that can support their life. Under this kind of circumstance, most people will become anxious and worried about money, but it is still hard to find a new job. Therefore, people will easily feel anxious without insurance for survival, which might finally lead to a diagnosis of bipolar disorder. On the other hand, for another field, people who work in the hospital are also the group we need to concern about. Hospitals are different from other places, they might be the busiest working place nowadays because of the epidemic. Nurses and doctors are having pressure from a lot of aspects. They have to face the worry of patients' families, the dangers of covid-19, and intensive work. There is a lot of pictures on the news about nurses who work in the isolation part of the hospital, the mask already left a dark red mark on their face and they was drenched in sweat. There was an investigation of 13000 American psychologists, and there were twenty presents had depression, and sixty-nine presents had depression state. Therefore, the covid-19 actually brings a lot of negative impacts on people in different careers. For people who cannot take those impacts, their mental health will finally become a problem.

3.3. COVID-19

There is evidence showing that there is a correlation between suicide tendencies and COVID-19. Scientists have not figured out the details of how the correlation happens, but they believe that there is a relation between the neurotropic potential of respiratory coronaviruses and the ability to cause a systemic inflammatory reaction [6].

3.4. How policies influence

Patients with bipolar disorder are often sensitive to changes in the environment and biological and social rhythms. A lot of measures to the curtail spread of COVID-19 would affect patients, such as home confinement and dance-keeping distance from others. Daily life will change a lot when patients are having home confinement. Some patients cannot accept the sudden change [8]. Also, some patients in a manic or hypomanic episode feel hard to keep social distance outside, so they might have a higher chance to be infected. Furthermore, during the epidemic, some countries choose to save the alcohol for home use. However, patients with bipolar disorder need to take caution using these substances. Alcohol is one of the main causes that might lead to or intensify bipolar disorder. However, some countries choose to prohibit selling alcohol products for home consumption, but it will be a problem for people who often drink. Abusive alcohol use might cause symptoms of alcohol

withdrawal, which might cause more server illness and increase the tendency to commit suicide for some patients with bipolar disorder [8].

4. Suggestions

4.1. Solution for existence problems

Lastly, epidemics have indeed caused a lot of harm to people physically, but people cannot deny and ignore the mental harm it gives us. People who are placed in isolation at home could only walk in their own houses, which causes depression and anxiety, not to mention those people who already have bipolar disorder. In order to provide effective help, patients with bipolar disorder who are in isolation but already have certification of negative in the nucleic acid test for 24 hours should be allowed to go out to meet their psychologist. Thus, their psychotherapy will not be interrupted. Studies are showing that when psychotherapy or medical therapy is interrupted, the illness will be aggravated. Even worse, interrupted therapy will make all of the previous therapies useless. Thus, once therapy starts, it should not be interrupted. Also, with psychotherapy such as cognition therapy, patients will build a positive attitude toward themselves and life, so maybe isolation will only be a rest from long-term pressure. There even will be some positive aspects of isolation. Furthermore, there should be a psychological counselor in every hospital for staff because medical staff who work in the hospital are having a lot of pressure due to the epidemic. They need help from professional psychologists to help them release the burden and prevent mental illness. Furthermore, the government should encourage online working while epidemics are severe so that people can work and communicate transactions online easily. In this way, the encouraging policy will not only benefit the economic growth of a country but also help those people who are unemployed due to the epidemic restrictions.

4.2. Prevention

There are some things most people can do to prevent mental attacks from epidemics. Firstly, people should accept negative feelings and learn to regulate them. As human beings, it is normal to have negative feelings, so people should not be reluctant to those feelings; instead, people should learn how to control and regulate them. When a person is placed in a long-term stressful environment (isolation), a stress response often occurs. Thus, it is important to balance the feelings. Secondly, people should limit the amount of time spent on the news. According to a survey by the American Psychological Association (APA), 70% of adults experienced high levels of stress in the run-up to the 2020 US election. People's emotions are often easily influenced by policy and news, so people should have a peaceful mind when facing that news [9]. Thirdly, there is a mental state called an "all or nothing" mentality, which is a typical state for a lot of depressive patients [9]. People innate this state will believe they are useless. The "All or nothing" mentality is a passive state, so people should learn to refuse it [10]. Lastly, people who already are affected by the epidemic would take cognitive behavior therapy (CBT). This therapy will help patients to know that they have the ability to control and change their life, so they will have faith and passion about life [10].

5. Conclusion

In a nutshell, the main goal of this study is to explore the causes of the epidemic among bipolar disorder patients. There should be some measures to help people prevent and cure BD. However, for now, the harm brought by the policies of the epidemic seems to be invisible to a lot of people. People have not realized the severity of them. The epidemic not only intensifies the symptoms of BD by interrupting the psychotherapies but also becomes a factor of bipolar disorder by causing pressure on people. However, it is hard to perfect the policy and there are only a few preventions people can enforce. Perhaps in the future, people will find a balance between the epidemic prevention policy and the therapy of bipolar disorder. Due to the force majeure from the policy, the process of helping

patients with bipolar disorder also needs support from the government. Advertising the importance and negative effect of BD will be necessary to make people and government take serious concern about doing some improvements to the policy. Also, more people will not neglect their and their surrounding people's feelings and prevent BD from happening timely.

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