

## **HYPOTHESIS REGARDING OCCURRENCE OF COMORBIDITIES IN ATYPICAL BIPOLAR**

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### **INTRODUCTION:**

Different disorders like OCD, panic, social phobia, anxiety, suicide substance abuse, personality disorder and ADHD have strong comorbid relation with atypical bipolar disorder.

### **OBJECTIVES:**

To study co morbidities of bipolar disorder and find out their neurophysiological basis.

### **METHOD:**

An electronic search was made at various database website using keywords bipolar, co morbidities and prodromal symptoms. It was followed by manual and internet study of authentic journals for this topics.

### **RESULTS:**

In bipolar disorder overall, frequencies of panic disorder, OCD, and social phobia are 24.7%, 23.4% and 18.2% respectively. Single comorbid anxiety disorder was found in 33.8% patients and 14.3% had two or three anxiety diagnoses. Substance abuse, is found among patients with multiple anxiety comorbidity (18.2%)

### **DISCUSSION:**

Studies have found no differences in age at onset between bipolar I disorder and bipolar II disorder. Latter has greater number of associated comorbidities. But instead of chronological age if developmental milestone are used as parameter it is found that pre pubertal bipolar prodrom results in greater frequency of co morbidities. Apoptosis is mechanism involved in brain degeneration, implicated in affective and non affective psychosis. Brain undergoes most important changes during childhood, adolescence up to mid twenties. In the brain process of myelination occurs from posterior to anterior and from bottom to top. It can be assumed if more vulnerable unmyelinated area is exposed to pro apoptosis agents, greater number of co morbidities would appear.

### **CONCLUSION**

Developmental phase at which prodromal symptoms appear determines bipolar subtype.

### **BAD CONFERENCE**

Formerly psychiatric disorders were classified as if these were watertight chambers. Later on it was realized that gray areas are substantial. Almost in all disorders frequencies of comorbidities were very high. In order to accommodate this we coined concept of spectrum disorder.

In bipolar disorder symptomology has become very complicated because of its subtype and associated comorbidities. Management is difficult and outcome is poor in atypical cases.

Different disorders like OCD, panic, anxiety, schizophrenic psychosis, substance abuse, personality disorder and ADHD were found having strong comorbid relation with bipolar disorder.

In bipolar disorder overall, frequencies of panic disorder, OCD, and social phobia are 24.7%, 23.4% and 18.2% respectively.

and are likely to be associated with more severe psychopathology than is found in patients without anxiety disorders.

Single comorbid anxiety disorder was found in 33.8% patients and 14.3% had two or three anxiety diagnoses.

There is some evidence that more than one comorbid diagnosis may occur in these subjects the three diagnostic subgroups.

Substance abuse, is found among patients with multiple anxiety comorbidity (18.2%)

As for substance abuse, we found a significantly higher frequency of stimulant abuse among patients with multiple anxiety comorbidity (18.2%) than among those with a single anxiety disorder (0%) and those without comorbidity

FRS very frequently appear in manic patients. Schizoaffective is one of established disorder in psychiatry.

**BIPOLAR AS DEGENERATIVE DISEASE.**