

Clinical Analysis of Manic Episode Bipolar Patients with Psychotic Symptoms

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Abstract: Bipolar is a mood disorder characterized by two extremes of emotion, manic and depressive. The two poles of emotion are opposite and can switch suddenly with no known time of recurrence. Extreme manic episodes can sometimes lead to symptoms of psychosis such as delusions and hallucinations. The research method used in this study is a qualitative method with a case study technique. Data collection was obtained through three stages, namely, observation, interviews and documentation. The purpose of this study is to describe in detail the experience of a bipolar disorder patient with psychotic symptoms who was treated at X Hospital. Through in-depth analysis of the course of the disease and the factors that influence the informant's condition. Based on the results of the study, the informant had been hospitalised twice with different diagnoses. The diagnosis of bipolar was obtained during the second hospitalisation. The informant had positive symptoms of hallucinations and delusions during the manic phase.

Keywords: *Bipolar, Manic, Psychotic*

1 INTRODUCTION

Mental health is a condition where individuals are able to develop physically, mentally, spiritually and socially so that they are productive and able to contribute to their community. One of the issues facing the world today is mental disorders, specifically abnormalities in mental function that lead to suffering for individuals or make it difficult for them to fulfill their social obligations. In addition, according to Darmayenti et al., (2023), the prevalence of mental disorders worldwide according to World Health Organization (WHO, 2019) data is 264 million people experiencing depression, 45 million people experiencing bipolar disorder, 50 million people experiencing dementia, and 20 million people experiencing schizophrenia (Silviyana, 2022). Sorting through WHO data reveals that bipolar disorder accounts for the largest percentage, followed by dementia, depression, and schizophrenia. Bipolar disorder is a significant social issue. Riskesdas 2018 has not reported the prevalence of bipolar disorder in Indonesia; however, data from Bipolar Care Indonesia (BCI) in 2016 indicated that the disorder affected 1% of the population, rising to 2% in 2017. This translates to 72,860 individuals with bipolar disorder in Indonesia.

Bipolar is a mood disorder characterized by two "poles: of extreme emotions. The two poles of emotion are opposite and can switch suddenly with no known time of recurrence. In mania (manic) or excessive joyful emotions can occur when someone with bipolar disorder becomes very excited, hyperactive, and enthusiastic, while in depression or excessive sad emotions can occur when the sufferer becomes very pessimistic, hopeless, anxious, depressed, helpless, and can even appear suicidal (Samosir, 2015; Widianti et al., 2021). Bipolar can be experienced from a young age. The age range of bipolar is childhood to 50 years, with an average of about 21 years. This condition can begin to appear from the age of 15-19 years. Furthermore, at the age of 20-24 years (Ramadani et al., 2024).

Bipolar disorder patients experience severe mood swings and abrupt changes in their emotional patterns. An individual with bipolar disorder may experience mania, or extreme excitement, on occasion. They can become very depressed, pessimistic, hopeless, and even suicidal when their mood worsens. The elevated mood is clinically referred to as mania, or in mild moments as hypomania. Individuals who experience episodes of mania also often experience depressive episodes, or mixed episodes where both features of mania and depression are present at the same time. These episodes

are usually separated by periods of normal mood, but in some individuals, depression and mania can alternate very quickly, known as rapid cycling. Extreme manic episodes can sometimes lead to symptoms of psychosis such as delusions and hallucinations (Pardian, 2019).

Psychotic symptoms, such as delusions and hallucinations, are common, especially in manic episodes of bipolar type 1. Based on research by Goodwin & Jamison (2007) and Aminoff et al., (2022) concluded that 58% of patients with bipolar disorder have a history of at least one time experiencing psychotic symptoms, especially in the mania phase. Some studies show that psychotic symptoms that often appear are thought process disorders, delusions, hallucinations, psychosis that does not match the mood, catatonic, and delusions. This makes bipolar disorder often misdiagnosed with schizophrenia and schizoaffective disorder (Syafarilla, 2023). Psychotic symptoms are more common in bipolar patients with nonspecific but significant symptoms such as hallucinations and delusions that affect children and adolescents more than adults (Aminoff et al., 2022). Patients with manic phase bipolar disorder frequently experience psychotic symptoms, such as delusions and hallucinations, which can exacerbate clinical conditions and hinder social functioning. Even though psychotic symptoms are well known to accompany bipolar disorder, many aspects of the illness's progression and how this patient group responds to treatment remain unclear. The purpose of this case study is to provide a detailed account of the admission experience of a patient with psychotic symptoms of bipolar disorder at X Hospital. By conducting a comprehensive examination of the patient's illness trajectory and the variables impacting their state, this research aims to enhance comprehension of the features of bipolar disorder accompanied by psychotic symptoms.

2 MATERIALS AND METHODS

The research method used in this study is a qualitative method with a case study technique. Case study is a research strategy in which researchers carefully investigate a program, event, activity, and process of the research subject (Nurahma, G. A., & Hendriani, W., 2021). Research on sources was conducted at X Hospital. The informant involved in this study is a bipolar patient whose initials are RNF, female, 21 years old, a high school graduate and had attended college for one semester and is currently busy selling in front of her house. The informant routinely does outpatient care at the psychiatric clinic of X hospital. Data collection was carried out in several stages, namely by observation of the patient's mental status examination which included appearance, motor activity, interaction during interviews, thought processes, and memory awareness levels. Furthermore, with interview techniques from the results of autoanamnesa and alloanamnesa from close friends and psychologists who have provided treatment to the informants. The interview technique is used by researchers to find and find out problems and things that are more in-depth from the subject. Finally, to complement the data that has been obtained previously, researchers use documentation studies as a secondary data source based on the results of patient medical records.

3 RESULTS

The informant began to develop manic bipolar symptoms starting from an event while in college. The informant admitted that he began to show improper behavior, talking slurred, insomnia for two days, walking around the village of the house without full awareness at dawn, dancing, and walking back and forth at home. In addition, the informant was also about to attempt suicide by drowning his head in the bathtub. From the results of the autoanamnesa, the informant once claimed to be the Imam Mahdi to his college friend. This is like the characteristics shown by manic bipolar sufferers. Manic bipolar is a phase of bipolar disorder characterized by extreme mood elevation, high energy levels, and abnormally increased activity. This condition is very different from the usual feelings of pleasure or excitement that people experience.

According to the medical record report data at the end of 2022, the informant was first admitted to the hospital emergency room with initial symptoms of lack of consciousness and slurred speech. While being treated by the doctor in the emergency room, the informant shouted and rebelled. As a result, the informant was required to be hospitalized. From the time of admission to the hospital until discharge, the informant was hospitalized for ten days with an initial diagnosis of increased "happy" hormones by the psychiatrist. During the outpatient process at the psychiatric clinic, the informant received a diagnosis of schizophrenia. Outpatient treatment continued at the psychiatric clinic where he was required to take medication. The informant had complained because after taking the medicine, his body condition was easily drowsy and weak. This caused the informant to feel unable to continue his college studies and decided to quit in the first semester after the final exam.

Besides receiving medical treatment, the informant also received non-medical treatment. At the beginning of 2023, the informant decided to stop taking medical treatment and continue his activities by working. At the end of 2023, the informant started to show the early symptoms of bipolar again, marked by strange behavior and slurred speech. The

informant again received inpatient treatment and a new diagnosis of Manic Bipolar with Psychotic Symptoms by Psychiatry.

4 DISCUSSIONS

The source's experience before receiving the diagnosis that made the most impression was when he was in junior high school and wanted to continue his education according to his interests but his mother did not allow it. As a result, his academic performance, which had often improved, declined when he was in high school. Thus, when he admitted that it was difficult to adapt to the new atmosphere of college life, the informant felt that he had a lot of burden at that time, new friends and many assignments. Until when the informant got an incident that was difficult to accept at that time, he thought too much about it until it made it difficult for him to sleep and concentrate in class, and this happened for about a week before the informant showed bipolar symptoms for the first time.

Stressful life events can be the cause of both manic and depressive phases for people with bipolar. Certain life events such as loss or humiliation tend to trigger depressive episodes. The research study explained that in the weeks before the emergence of a manic episode in bipolar patients is characterized by an increase in life events that are considered to be stressful. (Kring et al, 2012; Astriliana, M., & Kustanti, E. R., 2023).

When the informant was in the mania phase, he would have difficulty sleeping and admitted that he had many ideas that needed to be realized, even though the ideas he had did not make sense. It was considered normal for the interviewee at that time to want to go beyond his limits. Having high self-confidence such as inviting a male friend to get married and then claiming that he is Imam Mahdi. Research conducted by (Taylor et al., 2015; Astriliana, M., & Kustanti, E. R., 2023) on seven individuals with bipolar disorder showed that the manic phase makes ideas pop up very easily and the ability to visualize something increases, besides that creativity can be used as a way for bipolar patients to validate their identity and dismiss the negative stigma attached to themselves. According to McIntyre, et. al (2020), Type 1 Bipolar Disorder is characterized by extreme mood fluctuations, moving between manic phases (feelings of extreme pleasure, high energy, and often impulsivity) and depressive phases (feelings of deep sadness, loss of interest, and low energy). In addition to being in the manic phase, the interviewee also experienced the depressive phase, which occurred when he tended to feel ashamed of what he had previously done. He tends to remember negative events that he has experienced and then feels guilty which results in thinking about avoiding his social life.

Bipolar provides a varied clinical picture, bipolar diagnosis guidelines can be established based on the criteria in the "Pedoman Penggolongan dan Diagnosa Gangguan Jiwa" (PPDGJ) III. Manic bipolar disorder with psychotic episodes is generally characterized by fundamental and characteristic distortions of thought and perception, and by unnatural mood swings. Manic bipolar is common in any country. Hallucinations and delusions are characteristic of this disorder. Hallucinations are perceptual disturbances, while delusions are thought content disturbances, which are false and persistent beliefs that are not factual and cannot be corrected.

In the informant, positive symptoms were obtained in the form of a history of delusions of grandeur, namely claiming to be Imam Mahdi. Auditory hallucinations were also experienced by the informant, when he felt he heard someone telling him to drown his head in the bathtub. Another symptom found in the informant was mood disturbance. He has been experiencing these symptoms for several months. These clinical symptoms resulted in obstacles to the informant's daily activities and social relationships with family and the surrounding community. This is also supported by the results of Alloanamnesa by the informant's friend, that the informant had shown symptoms that led to mental disorders in early 2022 before being hospitalized and receiving a diagnosis. The interviewee's manic episode appeared in 2022 in September. Long before that, at the beginning of 2022, the informant was difficult to talk to, often complaining that he had a lot of coursework and was playing on social media. His way of speaking was fast and jumpy, inconsistent and difficult to concentrate. At the time, the informant and his friend denied this, thinking that his condition was caused by the pressure of his coursework.

Weller (2002) and Astriliana, M., & Kustanti, E. R., (2023) say that bipolar disorder disrupts the lives of children, adolescents, and adults by increasing the rate of suicide attempts and actions, poor academic performance, disrupted social relationships, drug use, difficulties in the legal domain, and repeated hospitalizations. The impact of bipolar disorder experienced by the informant was the breakup of social relationships among friends caused by his remarks that criticized his friend when the informant was in the manic phase. Likewise, the impact felt by the informant due to taking drugs from psychiatry, the informant felt weak and unable to energize. Because of this, the informant decided to quit college. Extreme mood swings in bipolar patients are part of the symptoms that also have a major impact on the sufferer. The client admitted that before the second hospitalization, the client was more irritable and sensitive to the words of others. The client was also prone to violence against those around him. As when the client slept with his mother, the client

suddenly woke up and threw a glass perfume bottle at his mother. Dissatisfied, the client went to the kitchen, took a knife and pointed it at his mother. However, it did not work because it was driven away by his father. When the client realized what she had done, she cried and went to bed. According to the client, at the time of the incident the client admitted that he could not control his self-control. Loss of self-control during the manic phase in bipolar disorder is a significant and frequent problem. The manic phase is characterized by increased energy, euphoria, and impulsive behavior that can lead to unwise and risky decisions (Aminoff et al., 2022).

5 CONCLUSIONS

The informant began to develop manic bipolar symptoms during college, characterized by inappropriate behaviors such as rambling, insomnia, and other strange behaviors. Based on medical records, the informant was hospitalized twice with different diagnoses. The diagnosis of Manic Bipolar with Psychotic was obtained after the second hospitalization and was previously diagnosed with schizophrenia. The informant experienced a manic phase with typical uncontrollable behavior that posed a dangerous risk to himself and others. In manic bipolar disorder, psychotic symptoms are part of the informant when experiencing a relapse. This is triggered by stressors obtained by external and internal factors. Manic bipolar disorder with psychotics is generally characterized by basic and typical distortions of thoughts and perceptions, as well as by unnatural mood changes. In the interviewee, positive symptoms were obtained in the form of a history of delusions of grandeur, namely claiming to be Imam Mahdi. Auditory hallucinations were also experienced by the informant, when he felt he heard someone telling him to drown his head in the bathtub. Another symptom found in the informant was mood disturbance. He had been experiencing these symptoms for several months before the symptoms developed and he was hospitalized.

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REFERENCES

- Aminoff, S. R., Onyeka, I. N., Ødegaard, M., Simonsen, C., Lagerberg, T. V., Andreassen, O. A., Romm, K. L., & Melle, I. (2022). Lifetime and point prevalence of psychotic symptoms in adults with bipolar disorders: a systematic review and meta-analysis. *Psychological Medicine*, 52(13), 2413–2425. <https://doi.org/10.1017/S003329172200201X>
- Astriliana, M., & Kustanti, E. R. (2023). Pengalaman Sebagai Pasien Dengan Gangguan Bipolar Tipe I (Sebuah Interpretative Phenomenological Analysis). *Jurnal EMPATI*, 13(1), 78-89.
- Darmayenti, Arif, Y., & Basmanelly. (2023). Pengalaman Keluarga Dalam Merawat Pasien Bipolar Di Rsud Padang Pariaman. *Jurnal Kesehatan Medika Saintika Juni 2023* |Vol, 14(1), 324–343. <https://doi.org/10.30633/jkms.v14i1.1964>
- McIntyre, R. S., Berk, M., Brietzke, E., Goldstein, B. I., López-Jaramillo, C., Kessing, L. V., ... & Mansur, R. B. (2020). Bipolar disorders. *The Lancet*, 396(10265), 1841-1856.
- Nurahma, G. A., & Hendriani, W. (2021). Tinjauan sistematis studi kasus dalam penelitian kualitatif. *Mediapsi*, 7(2), 119-129.
- Pardian, D. (2019). Penerapan Terapi Supportif dengan Teknik Guidance untuk Meningkatkan Penghayatan Makna Hidup Pada Penderita Gangguan Bipolar di Pondok Pesantren Al Hamid Cibubur. *Jurnal Psikologi*, 17(1), 14–19.
- Ramadani, I. R., Fadila, A. N., Aulia, R., Khairiyahni, S., & Lestari, W. (2024). Gangguan Bipolar pada Remaja: Studi Literatur. *Edu Society: Jurnal Pendidikan, Ilmu Sosial, Dan Pengabdian Kepada Masyarakat*, 4(1), 1219–1227. <https://doi.org/10.56832/edu.v4i1.431>
- Silviyana, A. (2022). Faktor-faktor yang berhubungan dengan kekambuhan pada pasien skizofrenia. *Jurnal Penelitian Perawat Profesional*, 4(November), 1377–1386.
- Syafarilla, I. (2023). Pola Asuh Keluarga Terhadap Risiko Gangguan Bipolar Pada Remaja. *Indonesian Journal of Health Development*, Vol. 5(2), 80–89.
- Widianti, E., Afriyanti, A., Saraswati, N. P. S. D., Utami, A., Nursyamsiah, L., Ningrum, V. C., Putri, V. N., & Ustami, L. (2021). Intervensi pada Remaja dengan Gangguan Bipolar: Kajian Literatur. *Jurnal Keperawatan Jiwa (JKJ): Persatuan Perawat Nasional Indonesia*, 9(1), 79–94. <https://jurnal.unimus.ac.id/index.php/JKJ/article/view/6726>

