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# Correlation Study of Psychotherapy and Psycho-pharmacology in Treatment of Bipolar Disorder

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***Abstract*—bipolar disorder is associated with episodes of mood swings ranging from depressive lows to manic highs. Therefore, the disorder affects the mental, emotional, and behavioral aspects of a person. The study assesses the psychological treatment along with the influence of pharmacotherapeutic interventions in mood stabilization in Bipolar Affective Personality Disorder. It elaborates on the effectiveness of DBT and Motivational Therapy and the efficacy of mood stabilizers on behavior, mood, and cognition. The study investigated the correlation between psychotherapy and psychopharmacology in the treatment of bipolar disorder. To assess the efficacy of pharmaco-therapeutic intervention, a combination of clinical assessments and symptom monitoring: Young's Mania rating scale, DASS21, BPRS, and clinical interview. The research illustrates a significant synergistic interaction between psychotherapy and psychopharmacology. Multimodal treatment uniformly facilitates sustained recovery, improves symptom control, and increases medication compliance over either modality used in this particular case. These results emphasize the importance of integrated and customized patient-specific care that integrates pharmacological approaches with evidence-based psychotherapies to maximize outcomes. Implications**

- **Clinicians should be mindful of integrated treatment planning and frequent collaboration between disciplines.**
- **Integrated care models can minimize relapse threat and enhance functional recovery.**
- **Subsequent studies should carefully review particular combinations, sequences, and patient subsets to customize combined strategies.**

***Index Terms*—Bipolar, psycho-pharmacology, therapeutic interventions, DBT, mood stabilizers.**

# I. INTRODUCTION

Bipolar is a mood disorder, which is associated with episodes of mood swings, ranging from periods of abnormally elevated mood called mania to extremely low mood known as depression. Clinicians assess a particular set of symptoms to identify bipolar disorder (BPD), a mental health illness. Approximately 34 million adults and 37 million others, or 0.5% of the world's population, suffer from bipolar disease. In India, over the course of a lifetime, bipolar disorder is thought to impact 1% or slightly more of the general population. Point prevalence, or the number of individuals who have it at any one moment, is typically reported to be between 0.5% and 1.5%.

According to the DSM-5, the primary forms of Bipolar Personality Disorder are: Bipolar 1 (BD-I): The individual has experienced at least one manic episode and one depressive episode. A person with bipolar 2 (BD-II) has experienced at least one episode of depression and one episode of hypomania, but never mania or psychosis. Cyclothymia, for at least two years, one year for children, has alternated between periods of hypomania and moderate depression without experiencing either severe depression or mania.

ICD-10 categorizes bipolar disorder under the sub-section "Bipolar Affected Personality Disorder" (F31) and the section "Mood [affective] disorders" (F30 to F39). The ICD-10 contains codes for several bipolar disorders, including severe bipolar disorder, mixed depressed bipolar disorder, mild bipolar disorder, and rapid cycling depressed bipolar disorder.

In psychotherapy, emotional, cognitive, and behavioral issues are explored and addressed through structured dialogue with a qualified mental health professional. It assists patients in apprehending the peculiarities of their bipolar disease, such as recognizing mood episode triggers and early warning indicators. Personal and Professional relationships are impacted by bipolar disorder; thus, psychotherapy helps to maintain relationships, which require effective communication, conflict resolution, and trust-building techniques. By addressing any drug-related issues or side effects and assisting patients in incorporating their treatment plan into their everyday routines, psychotherapy can promote medication adherence. There are several types of psychotherapy used for effective treatment, tailored to the individual's specific needs.

Cognitive-Behavioral Therapy (CBT): CBT is a popular method that aims to recognize and alter harmful thought and behavior patterns. It aids people with bipolar disease in improving their problem-solving skills, managing mood fluctuations, and challenging dysfunctional beliefs.

Bipolar disorder can be treated with Dialectical Behavior Therapy (DBT), which was first created for borderline personality disorder. It helps people control strong emotions and lessen self-destructive behaviors by emphasizing mindfulness, emotion regulation, and distress tolerance.

Interpersonal and Social Rhythm Therapy (IPSRT) is used to enhance interpersonal relationships and stabilize everyday routines. It assists people with bipolar disorder in creating consistent routines and keeping a regular sleep pattern, both of which are important for mood stabilization.

In Psychopharmaceutical interventions, Mood stabilizers, which serve to stabilize excessive mood swings and prevent recurrence of mood episodes, are the cornerstone of bipolar treatment. At its core, bipolar illness is a medical problem caused by chemical imbalances in the brain. Neuronal

circuits and neurotransmitters are dysregulated in bipolar disorder. In conditions where treatment alone cannot benefit, medications directly target these biological variables. Research shows that ongoing drug therapy lowers relapse rates by 40–60%, assisting in halting the debilitating cycles of depression and mania. Untreated bipolar disorder carries a 15-17% lifetime suicide risk. Proper medication management reduces this risk significantly, with lithium specifically showing a 60% reduction in suicide attempts. Emerging research suggests that mood episodes may cause progressive neurological changes. Early and consistent medication treatment may provide neuroprotective effects, potentially preventing long-term brain changes.

Mood stabilizers, like Valproate, lithium, Carbamazepine, and Lamotrigine used to prevent manic episodes, lower the risk of suicide, and rapid cycling of the disorder.

Anti-psychotics, like Olanzapine, Aripiprazole, Risperidone (Risperdal), Cariprazine, help to manage the condition of acute mania, bipolar depression, mixed episodes, and lower the side effects.

The mainstay of treatment for bipolar disorder is still medication, which is frequently used to control mood and stop episodes. In addition to reinforcing the need to follow the recommended regimen, therapy can assist people in managing drug-related issues, such as side effects or unwillingness to take medication. Psychotherapy offers a more comprehensive approach to treatment by addressing underlying emotional and psychological problems, whereas drugs can manage symptoms. Through the development of skills and methods for managing their condition, therapy enhances overall self-efficacy and quality of life, empowering patients to participate in their rehabilitation actively.

## II. REVIEW OF LITERATURE

1. Lei Feng, Weiwei Wang, Can Yin, et al., Risk of Switch to Mania/Hypomania in Bipolar Depressive Patients Treated with Antidepressants: A Real-World Study, Health Data Science, 5, (2025). According to this study, antidepressants are frequently used to treat bipolar depression in clinical settings. When compared to non-antidepressant treatments, antidepressant use was not associated with an increased risk of mania/hypomania transition. Therefore, antidepressants may be a viable treatment option for bipolar depression.
2. Carolina Hernandorena, Micaela Dines, et.al, Clinical prescription of lithium, anticonvulsants, antipsychotics, and antidepressants for major mood disorders, International Journal of Bipolar Disorders, 13, 1, (2025), The clinical therapy choices made for patients with MDD, BD1, and BD2 varied significantly. Both BD and MDD are seeing significant increases in the use of contemporary antipsychotics; the best way to treat BD with antidepressants is still unknown; and, most significantly, the current data shows a tendency for an increase in the use of lithium internationally.
3. Simjanoski M, Patel S, Boni R, et.al, Lifestyle interventions for bipolar disorders: A systematic review and meta-analysis. Neurosci Biobehav Rev. 2023 Sep; This review and meta-analysis aimed to describe the existing literature on interventions for bipolar disorder

(BD) targeting the 6 pillars of Lifestyle Psychiatry: diet, physical activity (PA), substance use (SU), sleep, stress management, and social relationships (SR)

4. Miklowitz DJ, Efthimiou O, Furukawa TA, et.al, Adjunctive Psychotherapy for Bipolar Disorder: A Systematic Review and Component Network Meta-analysis. JAMA Psychiatry. 2021 Feb. This study implies that medicine in conjunction with skills-based psychosocial therapies may be beneficial for bipolar illness outpatients. Follow-up, treatment length, and population variability all limit conclusions.
5. Pacchiarotti I, Tiihonen J, Kotzalidis GD, et.al, Long-acting injectable antipsychotics (LAIs) for maintenance treatment of bipolar and schizoaffective disorders: A systematic review. Eur Neuropsychopharmacology. 2019 Apr; Aripiprazole monohydrate considerably slowed the occurrence of manic episodes in BD-I patients who had experienced one at study enrolment without causing depressive episodes. For BD and SAD, LAIs are efficient and well-tolerated maintenance therapies. They were more effective than depression at preventing mania. For BD-I and SAD patients with a manic predominate polarity and non-adherence issues, LAIs may be the initial line of treatment.
6. Jawad I, Watson S, Haddad PM, et.al, Medication nonadherence in bipolar disorder: a narrative review. Therapeutic Advances in Psychopharmacology. 2018; Since the circumstances that lead to nonadherence might vary greatly from patient to patient, nonadherence needs to be addressed on an individual basis. These include making certain that patients are properly informed about their condition and how to manage it, that any misunderstandings are cleared up, and that a constructive therapeutic relationship is formed.
7. Bjørklund, L., Horsdal, H. T., Mors, O., et.al, (2016). Trends in the psychopharmacological treatment of bipolar disorder: a nationwide register-based study. Acta Neuropsychiatrica, 28(2), With an emphasis on antidepressant monotherapy, the study sought to examine the psychopharmacological treatment trends for bipolar disorder across time. The findings indicate that between 1997 and 2012, the percentage of bipolar disorder patients receiving antidepressant treatment increased. However, throughout the same time period, the amount of antidepressant monotherapy declined in compliance with international treatment guidelines.
8. Smarty, S., Findling, R.L. Psychopharmacology of pediatric bipolar disorder: a review. Psychopharmacology 191, 39–54 (2007). This study examines if some second-generation antipsychotics and anticonvulsants could be just as helpful in acute monotherapy for young people experiencing manic or mixed states. However, there is more evidence supporting combination therapy due to the poor response to acute monotherapy. Very little information is available regarding how to manage bipolar disorder in young people during their sad phase.
9. Vacheron-Trystram MN, Braitman A, Cheref S, Auffray L. Antipsychotiques et troubles bipolars [Antipsychotics in bipolar disorders]. Encephale. 2004 Sep-Oct; This article reviews the different treatments for bipolar disorders that are now accessible, especially in France. The use of new antipsychotic drugs as a substitute for lithium therapy and/or traditional antipsychotics is the focus of this article.

## III. METHODOLOGY

To determine if dissocial personality disorder features are present in a person exhibiting psychiatric symptoms, this study used clinical interviews, standardized psychiatric assessment instruments, and diagnostic criteria as stated in the DSM-5 and ICD-10. Both primary (case studies) and secondary (reviews of research articles and reference books) sources of information are used.

Case Study:

Patient Name: Mr. R,

Age: 46 years old

Gender: Male,

Chief Complaints:

- complaints of having a headache,
- increased aggression,
- being agitated most of the time,
- having suspicious thoughts of being targeted by his colleagues.

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He is having delusions of having a superpower, "mujh me Bhagwan ka trishul dekh k divya sakhti a gyi h" "Bhagwan ne mujhe halka kr dia, or mai jameen par nhi tha". He was involved in spiritual practices for 15 years, an incident that he reported was that there was a "murti-sthapna" of Khatu Shyam Bhagwan, but the villagers opposed it due to the spiritual activities that needed to be performed daily. The subject then took the initiative to do all the rituals, and over a period of time, the subject started experiencing the induction of superpowers and changes in his behaviour. The subject was then prescribed medications for the same symptoms, but he also consumed alcohol alongside, which made the symptoms worse over time. He has been receiving treatment for the last 15 years. In 2014, he had an episode of mania, which was very troublesome for him, with the symptoms of high aggression, unstable interpersonal relationships, interrupted sleep pattern, rapid shift in thoughts and mood, and getting irritated very easily. These fluctuations had lasted for 3 months, but he became stable by taking medications along with therapies. In 2020, he again had an episode of the same symptoms, but the severity was at the time by COVID-19. Due to the strict lockdown, he missed his medications for a few weeks, and his health deteriorated. But as he started taking medications again, his symptoms got better. In 2025, he has been experiencing symptoms of suspiciousness that his colleagues are planning to harm him; his sleep cycle is interrupted along with his appetite, he has racing and continuous thoughts, and his aggression has increased. He has complaints of being drowsy most of the time and an elevated procrastination.

## IV. PSYCHOMETRIC INTERVENTION

1. Young Mania Rating Scale (YMRS)

Manic symptoms that can resemble or combine with dissocial traits, such as impulsivity, grandiosity, and decreased sleep needs, were evaluated using the YMRS. The YMRS generally

demonstrates good internal consistency, with Cronbach's alpha values often reported between 0.70 and 0.90, indicating that the items reliably measure the same underlying construct of mania severity. The scale exhibits good stability over short periods when the patient's clinical state remains unchanged, with correlation coefficients typically above 0.80. The YMRS includes items that cover core features of mania, such as elevated mood, increased activity, sexual interest, sleep disturbance, irritability, speech, and language. Its content validity is well-established due to thorough item selection based on the clinical features of mania.

2. Brief Psychiatric Rating Scale (BPRS).

The intensity of general psychopathology, including symptoms like hostility, suspicion, or emotional withdrawal that may coexist with or conceal dissocial features, was assessed using the BPRS. The BPRS has demonstrated good internal consistency, with Cronbach's alpha coefficients typically ranging from 0.70 to 0.90 across various studies. This indicates that the items within the scale are sufficiently correlated to measure an underlying construct consistently. The scale covers a broad range of psychiatric symptoms, including affect, reality testing, and thought disorders, supporting comprehensive assessment. Its items are grounded in clinical observations relevant to psychiatric diagnoses.

## V. PSYCHOTHERAPEUTIC INTERVENTIONS:

A cognitive-behavioral therapy called dialectical behavior therapy (DBT) is mostly used to treat borderline personality disorder. DBT emphasizes the balance between acceptance and transformation. To assist people in controlling their emotions, enhancing their relationships, and reducing self-destructive behaviors, it integrates mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness skills.

Cognitive behavioral therapy (CBT) can be used to treat a variety of mental health issues, such as depression or anxiety disorders like social anxiety or generalized anxiety. CBT is predicated on the notion that our thoughts, emotions, and behaviors interact with one another. In particular, our thoughts influence our emotions and actions.

## VI. OBSERVATION

Patient initially came up with the chief complaints of having a headache, increased aggression, being agitated most of the time, and having suspicious thoughts of being targeted by his colleagues. After establishing a rapport, we started with case history and MSE, and we found that he has had a history of mania for 15 years. Based on the information gathered from the clinical interview, assessments were performed. The patient scored 65 on YMRS, which indicates severe mania. It shows symptoms of elevated mood, sleep, irritability, content, and disrupted aggressive behavior. Patient scored 55 on BPRS, which indicates severe psychotic symptoms for emotional disorganization, tension, anxiety, grandiosity, hostility, suspiciousness, uncooperativeness, and

unusual thought content. Following the assessment mentioned above, the patient was diagnosed with bipolar personality disorder. The patient was then prescribed the medicines, along with psychotherapy.

## VII. TREATMENT PHASE

After 4 months of weekly sessions and continuous monitoring of symptoms along with medication, psychotherapies like CBT and DBT were employed. During psychotherapeutic sessions, the main focus was on cognitive restructuring, and after altering their negative thoughts and perspective toward others. He was able to control his emotions, become more tolerant of challenges, behavior with others are improved. It was observed that there were remarkable changes in their physical and mental health. Now he was able to balance his personal and professional life very well.

## VIII. CONCLUSION

Mr. R's mental health and behavioral functioning significantly improved after the four months of integrated treatment, which included medication, psychotherapy modalities like CBT and DBT, and ongoing symptom monitoring. Along with improved coping mechanisms, interpersonal relationships, and emotional regulation, he has significantly decreased his symptoms of intense mania, psychosis, and suspicion. His bipolar disorder has been better managed because to the all-encompassing approach, which has improved his stability and quality of life. To sustain these improvements and avoid relapse, continued support and attention to treatment and medication will be crucial.

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