

Unit 3 Essays

Chapter 6

9. The similarities with Bipolar I and Bipolar II are that they both have episodes of mania that last for at least a week, unproportioned feelings of euphoria, may be irritable or angry, lead excessive lifestyles, adventure seeking. They may also have 3 or more of the following symptoms: delusions of grandeur, extremely talkative, difficulty focusing on one idea at a time, sleeplessness, agitated movements, risky behavior.

Bipolar I differ from Bipolar II in that it alternates between a full a manic episode followed by a period of calm or wellness then followed by a major depressive episode. The manic and depressive episodes can sometimes run concurrently. With Bipolar II the manic episode is not as severe (hypomania), and it is followed by major depressive episode.

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10. Unipolar depression – the person only experiences depression for 2 or more weeks.

They also have at least 3 of the following symptoms as per the DSM- 5. Weight may either increase or decrease depending upon appetite, they may experience insomnia, or they may sleep too much, fatigue, feelings of worthlessness, indecisive, loss of concentration, drive, and focus. They may also be suicidal.

Bipolar disorder- the person has alternating episodes of mania and depression which sometimes can occur together. According to the DSM-5 criteria when the person is having a manic episode the symptoms include one or more weeks of extremely overinflated mood, thoughts of self, and activity. At least three of these symptoms may also be seen in the individual: delusions of grandeur, decreased need for sleep, extremely talkative, risky behavior, agitation, shifting thoughts. The depressive state is the same with unipolar.

Cyclothymic disorder- this condition presents with mild or hypomania episodes alternating with mild depressive symptoms. Last for two or more years and they have a few days or weeks of normal behavior and is often seen adolescents and young adult. May progress to full Bipolar I or II.

16. The advantages of taking tricyclics to treat depression are that they are known to help 65% of those who take this medication consistently. Tricyclics do not have the dietary restrictions that MAO inhibitors have. If they stop taking right after relief is achieved, they run the risk of relapse within a year. Therefore, patients should continue taking them for at least 5 months post depressive symptoms as maintenance therapy which decreases the possibility of reoccurrence significantly. The disadvantages of these medications would be dry mouth, constipation, cardiovascular issues, weight gain, may result in an increase the risk of suicidal ideations.

18. Based on the Steve's presentation of depression I would say that the major symptoms mentioned in this video were his view of the future as being hopeless, his lack of motivation suggests mental exhaustion. His inability to maintain close relationships with others and feeling as if he must pretend to be someone else to get others to like him. Childhood trauma of his mother committing suicide may also be a causing factor and him not being able to trust others are evidence of depression. The sleeping pills he has been described says that he has difficult with sleep. He also mentioned that he is fighting feelings and emotions that are not reality based. Lastly, he believes he has been suffering from this condition for all his life despite being diagnosed only three years ago. Steve's wife also talked about the unpredictability of his moods during their marriage.

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20. Conducting a retrospective analysis post suicide would consist of interviewing anyone who may have been close to the victim. For example: relatives, co-workers, friends, neighbors, or other clinicians to determine if there was a conversation between them and the person or if they can recall any statements made by them that may allude to their mental state. Suicide notes left behind are helpful of course. Establish family history of suicide, any illicit drug use, current medications, or alcohol use. Determine if the victim has had any recent life changing events. Their current medical history to see if there is a diagnosis that may either effect the brain or lead to hopelessness due to the prognosis. Some limitation would be availability of information and its validity.

23. Suicide accounts for greater than 6 percent of death in children between the ages 10-14 years of age. It is primarily occurring with boys more than girls at a ratio of 5:1. 1 out of 100 children try to harm themselves and thousands are hospitalized each year because of self-inflicted cutting, burning, shooting, overdosing, and stabbing as well as falling or jumping from high places. Suicide among this age group may have experienced such behavioral problems such as running away from home, self-criticism, acting out, accident prone, lonely, sensitivity to judgement from others, sleep disorders. They also tend to have dark fantasies, hallucinations, daydreams and are interested in things related to death. There. May be turmoil within their

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families such as death of a relative, divorce, or abuse. Bullying from their peers is also a major cause.

30. Becky's behavior is cause for concern because people like her who suffer from depression are already considered high risk for suicidal ideations. Oftentimes they will self-medicate with alcohol or other substances to remove the "psychache" or mental anguish they are experiencing. Because such substances are known to impair judgement consuming it would make it easier for someone to commit suicide. Furthermore, chronic substance abusers may view suicide as a solution to escape their ongoing dependency.

33. The primary cause for Bernard Loiseau's suicide was fear of rejection. He appeared to be such a perfectionist and strived to make others happy with his food in lieu of his own happiness. He was so concerned about losing his 3-star Michelin rating that the very thought consumed him for 12 years. When that one food guide lowered his rating from 19 to 17 and with the rumors of him losing his third star he felt as if it was his fault. Despite learning that the rumors were false he still had a sense of worthlessness or perhaps shame. Bernard seemed to have set a standard so high for himself that nothing anyone said to reassure him would change his thinking.

Treatment for suicidal people should include medication, and therapy however, prevention is key. Knowing the signs of depression and possible suicide is extremely important.

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In Bernard's case it appears that the people closest to him were unaware of the signs and did not take his behavior seriously. Someone should have staged an intervention to get him some help many years ago. When he thought that his son's birth was a distraction that should have been a major sign that his perception of reality was skewed. His suicide was inevitable because neither he nor the people around him thought to get him help and he was hopeless.