



Efficacy and durability of interpersonal Social Rhythm Therapy in bipolar disorder

Abstract

Bipolar disorder or bipolar affective disorder is historically known as manic-depressive disorder. Medical treatment is the primary treatment for bipolar disorder. To get the best from medications, there is requirement of adding psychological treatment. The benefits of adding psychological to usual medical treatment include reductions in bipolar relapse, time spent with symptoms and hospitalization, and improved functioning. There have been various researches conducted in the area of efficacy of interpersonal and social rhythm therapy (IPSRT) but there are only a few study reported in Indian populations. Therefore present study is conducted to see the efficacy and durability of the IPSRT with active medication, due to incidence of post-borne was recorded with application of iron sulphate @ 10 kg/ha (9.8%) and copper sulphate @ 10 kg/ha (7.05%).

Author Info

Priyanka Shukla¹, Sandeep K. Singh²,
Debasish Padhi³

¹Consultant Clinical Psychologist and Guest
lecturer in CSJM University, Kanpur

²Professor and Head of Department of Social
Work, CSJM University, Kanpur

³Psychiatrist, Senior Resident, Rama
Medical College, Kanpur

*Corresponding author e-mail:
@gmail.com

Keywords

Bipolar disorder, Interpersonal and Social
Rhythm Therapy, Treatment

Introduction

Bipolar disorder or bipolar affective disorder, historically known as manic-depressive disorder, is a psychiatric diagnosis that describes a category of mood disorders defined by the presence of one or more episodes of abnormally elevated energy levels, cognition, and mood with or without one or more depressive episodes. The elevated moods are clinically referred to as mania or, if milder, hypomania. Individuals who experience manic episodes also commonly experience depressive episodes, or symptoms, or a mixed state in which features of both mania and depression are present at the same time.

Bipolar disorder is a chronic and recurrent disorder, and many factors have been associated with its course and prognosis. Dysfunction in social, professional or family life has been correlated with poor outcomes and increased risk of relapse and recurrence, especially when the patient does not adhere to the treatment regimen. Over the last decade, it has been shown that innumerable psychosocial factors, including those related to social, family, psychological and occupational function, influence the emergence of bipolar disorder.

Psychosocial factors, most involving situations encountered in daily life, are responsible for 25-30% of the variation seen over the course of the disease. It has also been shown that numerous stress-related life events influence the course of bipolar disorder.

In bipolar disorder, stress secondary to psychosocial events influences circadian rhythms and social interactions. Within the last decade, new treatments, intended to promote better adherence and minimize the risk of morbidity or hospitalization.

Researchers have made progress in identifying and using effective treatments, including psychotherapy, pharmacotherapy, and combined treatments. Evidence is clear that psychotherapies and pharmacological treatments can be very helpful to reduce the relapse rates of bipolar disorder and improve the functioning of patients. A number of qualitative reviews point to the efficacy of psychotherapeutic and pharmacological interventions in bipolar disorder. But in the present study we have tried to assess the efficacy of interpersonal and social rhythm therapy in patients having bipolar disorder (mania group).

Interpersonal and Social Rhythm Therapy was developed at the Western Psychiatric Institute & Clinic at the University of Pittsburgh by Ellen Frank and her colleagues (1994). Interpersonal and Social Rhythm Therapy is a specific type of psychotherapy developed to help people with bipolar disorder. Its focus is on helping people to identify and maintain the regular routines of everyday life including sleep patterns and solving interpersonal issues and problems that may arise that directly impact a person's routines.

Interpersonal and Social Rhythm Therapy (IPSRT) is founded upon the belief that disruptions of our circadian rhythms and sleep deprivation may provoke or exacerbate the symptoms commonly associated with bipolar disorder. Its approach to treatment uses methods both from interpersonal psychotherapy, as well as cognitive-behavioral techniques to help people maintain their routines. In IPSRT, the therapist works with the client to better understand the importance of circadian rhythms and routines in our life, including eating, sleeping, and other daily activities. Clients are taught to extensively track their moods every day. Once routines