

Researchers: Bipolar disorder is poorly understood in Ghana, and knowing the facts can help prevent suffering

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Credit: AI-generated image (disclaimer)

Attitudes to mental health conditions are often influenced by matters of awareness and belief systems. Bipolar disorder is one of the conditions that's frequently misunderstood and stigmatized.



This is the case in Ghana, where bipolar is generally referred to as atenkabrane nsesae yaree—a condition characterized by extreme changes in mood. A recent <u>study</u> estimated that less than 1% of respondents in the Volta Region of Ghana for example knew the signs and symptoms of bipolar. Some people believe it "runs in the family" or that it is contagious.

Because of these beliefs, when people with bipolar disorder are discharged from hospital, they are not always welcome among their family members. This leads to overcrowding in the <u>psychiatric hospitals</u>. Even in healthcare centers, people with bipolar are sometimes treated insensitively.

Tackling stigma requires challenging <u>belief systems</u> and norms by providing knowledge and creating awareness. As <u>mental health</u> <u>specialists</u>, that is what we hope to do here.

Bipolar disorder facts

Bipolar disorder is one of the commonest mood conditions, along with depression and anxiety. Statistics from the World Health Organization suggest that in Ghana there are about 157,543 people with bipolar: 83,354 are females and 74,189 are males. Among them, 46,054 (29%) are young adults (20-29) and 3,257 (2%) are over 70 years of age. This condition is more prevalent in young adults than older people because of vulnerability and developmental changes.

Bipolar is characterized by both manic episodes, or hypomania, such as impulsive behavior, and depressive episodes, such as sadness which disrupts the individual's normal functioning. People with this condition feel normal in between these moods but may have difficulty with concentration and communication.



There are various types of bipolar conditions. To make a diagnosis, the affected person must meet the criteria stated in the <u>Diagnostic Statistical Manual V</u> or the WHO's <u>International Classification of Disease 11</u>. Trained <u>mental health professionals</u> can make a diagnosis of bipolar condition.

It has been <u>reported</u> that the presence of comorbidities such as substance abuse disorder creates a diagnostic challenge. The symptoms may be similar.

The exact cause of bipolar condition is not known. Multiple factors may be at play: genetic or familial transmission, imbalance of brain chemicals or <u>environmental factors</u> like stress and trauma.

Bipolar condition can be well managed with appropriate treatment. It requires lifelong treatment, and it's important to adhere to it to prevent relapse.

The condition is managed by a group of anti-psychotic medications called mood stabilizers and in severe cases through electro-convulsive therapy. Treatment is managed by psychiatrists, mental health nurses and clinical psychologists. Effective <u>treatment</u> combines pharmacotherapy such as lamotrigine and <u>lithium carbonate</u> and psychotherapy such as cognitive behavioral therapy. Psychotherapy can be delivered in a group or individual format to provide skills to manage psychosocial, vocational, interpersonal and cognitive challenges.

Bipolar treatment in Ghana

Unfortunately, less than 2% of people with bipolar disorder get treated in Ghana.

Services are typically provided at Ghana's three main tertiary psychiatric



hospitals in Pantang, Accra and Ankaful. Regional hospitals and primary care facilities also provide treatment for the condition. Severe cases are referred to the tertiary psychiatric hospitals.

Beyond these care pathways, Ghanaians sometimes use complementary and alternative therapies, especially spiritual interventions. This may be influenced by the family caregivers' <u>understanding</u> of the condition. Spiritual interventions like prayer camps are sometimes provided under poor hygienic conditions. And there is an increase in relapse because the patients aren't given the mood stabilizers and psychotherapy they need.

More <u>education and awareness</u> creation is needed at the community level in Ghana to tackle stigma and encourage the use of the correct medication and psychotherapy.

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