

Review Article

Stigmatization and Treatment Compliance in Bipolar Disorder

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Abstract

Bipolar disorder is a common, serious and recurrent disease with high morbidity, mortality and disability rates. Stigma is seen in bipolar disorder as it is in all mental illnesses. With stigmatization, patients can isolate themselves from society. Stigmatization also affects the compliance of patients with treatment. When the literature is examined, it is seen that stigmatization in bipolar disorder affects treatment compliance negatively.

ABBREVIATIONS

WHO: World Health Organization

INTRODUCTION

Bipolar disorder is a state of emotional disorder characterized by depression, mania or depression, characterized by a repetitive nature that seriously affects the life of the individual [1-3]. Bipolar disorder is a chronic disease that can lead to suicide risk, substance abuse, non-compliance with treatment, loss of functionality, as well as serious economic burden and death [4]. The worldwide prevalence of bipolar disorder varies between 0.45 and 5.5% [5].

Patients suffering from bipolar disorder suffer difficulties in their work and about 20% of them are permanently handicapped. Characteristics of patients with bipolar disorder affect the course of the disease such as age, sex, lifestyle, and work status [6].

Among all psychiatric illnesses, there is a stigma in bipolar disorder, which is a recurrent and progressive disorder, with schizophrenia being the most affected without being stigmatized. Stigmatization means signs, traces, holes, but today it is mostly understood as black spot. The stigmatized person or group perceives itself as isolated and removes itself from society [7,8].

The internalized stigmatization is that the individual accepts that there are negative judgments and ideas about him and isolates himself from the society he lived. It is known that the individual who takes himself away from the society because of his shame experiences various difficulties [9]. Stigmatization is often the isolation of the individual from the society because of the judgments of the society, and the internalized stigmatization is the isolation of the individual from the public due to the negative judgments of the individual. According to the research conducted by Morselli and Elgie, 54.6% of the patients with bipolar disorder were found to be stigmatized intensely and 28% of them were not accepted by people in their surroundings, even though bipolar individuals were not easily noticed in the society [10].

According to the World Health Organization (WHO) study, bipolar disorder is the sixth disease causing insufficiency among all other diseases [11]. According to Hayward et al. stated that the patients who are diagnosed as bipolar are not trusted by themselves and that they are labeled as being sick [12]. In the treatment of patients with bipolar disorder, pharmacologic treatment as well as non-pharmacological treatments have become widespread in recent years [13]. According to the research conducted by Akkaya et al. conducted in Turkey in 2012, the addition of psychotherapy in addition to the drug treatment is important in terms of treatment compliance and rehabilitation of the patient but it is an expensive and time consuming treatment method [7]. Patients with bipolar disorder do not want to use their medication, and their compliance with treatment is deteriorating, as their feelings are controlled by medications when medication is used, which means that their productivity decreases and medicines do not heal themselves.

In line with these indications, according to Colom et al. 64% of treatment incompatibility in bipolar disorder was reported [14]. In all the studies performed, it is seen that providing more effective healing in patients is effective treatment of the underlying condition, and that treatment is influenced by the compliance of patients with treatment [15]. Internalized stigmatization treatment in mental illnesses prevents the search for and the reduction of symptoms. This type of stigmatization leads to worsening of the psychological discomfort of the patient, especially in the insidious patient, as well as to the despair in the patient, the incompatibility of the treatment, and the loss of low self-esteem and occupational functioning [16]. Internalized stigmatization in mental health practices is not just for the public, but for the community, it creates compliance difficulties in order to treat it. Patients with stigmatization and bipolar disorder both support nursing rights to them. Patients with bipolar disorder who are subjected to stigmatization prefer to remain on their own in isolating themselves from society. Patients also lose hope of healing because the stigmatization affects the patients negatively. These drawbacks prevent the patient from taking medication and

disrupt treatment compliance. In order to prevent stigmatization in patients receiving bipolar disorder and to improve treatment compliance, the role of the healthcare staff is great. Nurses, one of the staff members, have an important duty [8].

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