



## Case report: bipolar affective disorder type 1 in a 32 year old male

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### ABSTRACT

Issues related to mental health have recently been paid attention to by the world community, especially Indonesia. Only 8-11% of people with mental disorders in Indonesia receive treatment, especially schizophrenia, depression and bipolar disorder. Bipolar disorder is an emotional mental disorder associated with extreme mood swings. Bipolar disorder tends to relapse over a certain period of time. The aim of this study is to describe the accuracy of diagnosing bipolar disorder so that it can improve the patient's quality of life. There is a case report of a 32-year-old man with a diagnosis of bipolar affective disorder, now manic episode with psychotic symptoms, at the Prembun Regional General Hospital. The diagnosis of bipolar affective disorder type 1 is based on the history and mental status examination. From the physical examination, the internal status and neurological status were within normal limits. Psychiatric status was obtained by good appearance, cooperative, normoactive, looking happy, good verbal and visual contact, speech logorrhea, euphoric mood, increased affect, mystical experiences, magical thinking thought flow, and audiothyroid hallucinations. Current therapy plan is Haloperidol tablets 2x5 mg. Chlorpromazine 1x25 mg. Lithium Carbonate 2x400 mg. Trifluoperazine 2x5 mg. Patients were given mood stabilizers, typical and atypical antipsychotics, and the response to treatment was good and the side effects were tolerable.



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## INTRODUCTION

Mental health has recently become an issue that society needs to pay attention to. In 2018, according to the WHO World Mental Health Surveys, around 450 people had mental disorders such as depression, anxiety disorders and bipolar disorder. Bipolar disorder is one of the most common mental disorders, accounting for 1% of the world's population. Only 8-11% of people with mental disorders in Indonesia receive treatment, especially schizophrenia, depression and bipolar disorder (Ministry of Health of the Republic of Indonesia, 2018).

Bipolar disorder is an emotional mental disorder associated with extreme mood swings. Bipolar disorder tends to relapse over a certain period of time. Miklowitz and Johnson discovered the fact that before the patient experienced a manic episode, it was usually characterized by an increase in the frequency of the patient's sad life events in the last weeks (Oltmanss, 2013).

Someone who experiences bipolar disorder is not easily diagnosed with bipolar disorder. This is because there are several phases in bipolar disorder. Two-way patient and doctor communication is necessary to establish a correct bipolar diagnosis. In her research, Febrianita said that 12% of bipolar disorder sufferers adhered to taking medication and 88% did not comply with taking medication among 100 respondents with bipolar disorder at the Surakarta Regional Mental Hospital (RSJD) in 2021. This is related to the low adherence to medication in people with bipolar disorder. The aim of this study is to describe the accuracy of making a bipolar diagnosis so that it can improve the patient's quality of life.

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## RESEARCH METHODS

The research used a case study research method involving bansal patients at Prembun Regional Hospital with a diagnosis of bipolar affective disorder, currently manic episodes with psychotic symptoms. Data collection by means of observation, interviews and documentation. Data analysis by means of data reduction, data presentation, and drawing conclusions.

## RESULTS AND DISCUSSION

A man with the initials Mr. B, 32 years old, address Kebumen, Muslim religion, Javanese ethnicity, unmarried status, high school education, and daily work as self-employed. The patient came to the emergency room at Prembun Regional Hospital accompanied by his father because he often wandered around, talked to himself and was angry (30/09/2024).

The patient said that he was only acting regarding his complaint to his family because he felt annoyed that his request had not been complied with. The patient asked for Rp. 50,000,000.00 for the costs of marrying a beautiful woman the patient had met. The patient wanted a luxurious wedding party and invited a big artist so that his ex-girlfriend would feel jealous. When asked how he had been feeling lately, the patient said that in the last week he had felt very happy. Feeling uncomfortable just staying at home and not feeling tired. Patients these days often shop online and some of their shopping is not necessary. Patients often ignore meal times because they don't feel hungry. The patient said that he continued to want to do activities outside. The patient has difficulty sleeping. Apart from that, the patient has not taken mental medication for the past 2 years. When this complaint arose, the patient came to the emergency room at Prembun Regional Hospital for examination.

Apart from that, the patient said that there was often whispering so that sometimes he appeared to be talking to himself, getting emotional, and wandering back and forth. The whisper disappeared. Whispers appear when the patient remembers his ex which makes him depressed. The patient said that he heard male whispers saying "you have to meet your ex to get better". The patient still often remembers his ex and often talks about his ex.

The patient experienced sadness that lasted for several days because he suddenly thought about his ex. At that time the patient always asked himself "why did his ex leave him". Apart from that, patients are often moody and lose interest in activities. The patient attempted suicide twice.

The patient said he had been taken for mental treatment 6 times. The patient was first taken to RSJ Soerojo Magelang in 2015 because his ex, R. Then the patient was taken to RSJ Soerojo Magelang by village neighbors for treatment for 2 months. After returning from RSJ Soerojo Magelang, the patient was dumped by R. The patient went into a rage, threw things and said rude things at R's house. Then he was taken back to RSJ Soerojo Magelang for 2 weeks. While there he was sad, often gloomy alone, his life had no meaning, he wanted to commit suicide and there were whispers telling him to "plunge into the sea". The patient was hospitalized for 1 month. In 2017 the patient heard the news that R was married. The patient threw a tantrum again and threw things at him. Then the family was taken to RSJ Banyumas. While at RSJ Banyumas, the patient felt sad, gloomy, and often threw tantrums because he admitted that he had broken his heart with R. The patient was treated for 1 month at RSJ Banyumas. After returning home, patients can interact with their family and environment. In 2019 the patient heard the news that R had a child. The patient threw a tantrum again and threw things at him. The family then took them to Prembun Regional Hospital and were hospitalized for 2 weeks. In 2022 the patient interacted with his younger brother R. He remembered R because he saw his younger brother R. Then the patient went berserk and was taken by the family to the Kebumen Regional Hospital and hospitalized for 2 weeks.

The family took the patient for alternative treatment to Kyai. While there, the patient often went berserk because he heard whispers. The patient was treated for +- 6 months. Then after that he had regular check-ups with the Kyai and was often given herbal medicine. The patient said that after drinking the herbal medicine he felt very sleepy and could sleep all day. The patient has been consuming herbal medicine from Kyai Gunung for +- 1 year. After that the patient did not seek treatment.

In early September 2024 the patient said that he wanted to get married. However, the patient's parents were not able to comply with his wishes. This caused the patient to go berserk again and then he was taken to the ER at Prembun Regional Hospital by the patient's family. Several times patient complaints often arise. This is because while at home the patient never took routine medication. Sometimes the patient's complaints appear to be hopeless, such as being moody, losing self-confidence, and appearing lazy. However, sometimes patients appear happy, this is shown by frequently checking out shopping applications and playing PS all day. These complaints appear alternately.

The patient had no previous history of DM, hypertension and asthma. The patient has never had seizures, has no history of long-standing headaches and has never had an accident involving hitting his head. The patient has never consumed alcohol or drugs. The patient is an active smoker.

Based on the alloanamnesis carried out on the patient's father, aged 57, graduated from high school, works as a private employee. The patient's father said that previously the patient often wandered around, talked to himself, and was angry since 1 day of SMRS. The patient has been off medication for +- 2 years. The patient came alone to the emergency room at Prembun Regional Hospital accompanied by his father because the complaint had disrupted his daily activities. Currently, several complaints arise again when the patient remembers something about his ex. When the first symptoms appear, the patient often suddenly goes berserk, often suddenly cries alone and his life has no meaning, and there are whispers telling him to commit suicide. Patients are often hospitalized in RSJ, but after returning home patients rarely take medication, which causes patients to often relapse. Everyday patients are very cooperative, can interact with family and the environment, and can work for themselves

The patient opened a PlayStation rental service in his yard. He opened a business before he got sick. Patients can run their business and buy what they and their families need from the PlayStation rental service. The patient's father and mother always remind him to take medicine, but the patient often ignores it. Currently the patient has stopped taking medication and has not had control for +- 2 years. The patient and family know that he has bipolar disorder.

The patient is an open person and likes to tell stories. The patient works very hard so that his business runs smoothly and can meet all his and his family's needs. However, if he has a problem he doesn't tell his parents or closest friends. When he was in high school, the patient was bullied by his friends because the patient was an ambitious person. The patient always gets a good rating in his class. He also often takes part in competitions and wins. The patient has good relationships with friends and neighbors. The patient is the first child of two siblings. The patient lives with the patient's father, mother and sister. There are no family members who have a previous history of mental disorders.

From the physical examination, the internal status and neurological status were within normal limits. Psychiatric status was obtained by good appearance, cooperative, normoactive, looking happy, good verbal and visual contact, speech logorrhea, euphoric mood, increased affect, mystical experiences, magical thinking thought flow, and audiothyroid hallucinations. Good reality assessment and insight 5. The patient's multiaxial diagnosis is axis I: F31.2. Bipolar Affective Disorder, Current Episode

Manic with Psychotic Symptoms, axis II: No diagnosis, axis III: No diagnosis, axis IV: Romantic failure, axis V: GAF 80-71 Temporary and manageable symptoms, mild disability in social, work, etc. Current therapy plan is Haloperidol tablets 2x5 mg. Chlorpromazine 1x25 mg. Lithium Carbonate 2x400 mg. Trifluoperazine 2x5 mg.

Patients are motivated to take medication regularly and not reduce their own dose, and motivated to carry out daily activities. The family is given an explanation about the disorders experienced by the patient, and provides encouragement to create an atmosphere conducive to the patient's recovery.

## RESULTS AND DISCUSSION

Bipolar Disorder or Bipolar Disorder is an emotional mental disorder associated with changing and sometimes extreme mood swings, starting from the lowest phase, namely depression, to the highest

phase, namely manic. The depressive phase is characterized by feelings of extreme sadness and hopelessness. Apart from that, you feel weak, you lose your desire to do activities, you feel pessimistic, you don't have self-confidence, you have difficulty concentrating, and the worst thing is feelings of wanting to commit suicide. Meanwhile, the manic phase is characterized by the emergence of feelings of very happy or excited. In this phase, a person will feel very confident, have stamina or not feel tired, speak quickly, sometimes unclearly, and be easily distracted or sensitive. Each phase can last a matter of weeks or months (Kessler et al., 2018).

Bipolar disorder can be classified into 4, namely bipolar I, bipolar II, cyclothymic, and unspecified bipolar disorder. The difference between bipolar I and bipolar II is marked in manic and depressive episodes. Bipolar type 1 patients generally have a fully developed mania phase (full blown) and periods of depression, while type 2 bipolar patients have a hypomanic phase with periods of depressive mood that meet the criteria for major depression (Butcher, 2018).

Currently the patient is experiencing bipolar disorder type 1 because his mood often increases, he is often irritated, and now there is an increase in the level of activity carried out by the patient. His mind also often jumps back and forth, making it difficult to explain the ideas he has in mind. The patient talks a lot. Sleeping time is also reduced because patients often wander around and cannot stay at home. Patients often neglect eating and drinking. This clinic shows that the patient is experiencing manic symptoms. From autosynmnesia and alloanamnesia, the patient experienced symptoms of depression in 2015. The patient had attempted suicide twice in 2015. This is in accordance with data from the Indonesian Ministry of Social Affairs, as many as 25-30% of bipolar disorder sufferers have attempted suicide at least once during their lives.

Psychiatrists administer lithium and antipsychotic drugs as monotherapy and in combination to prevent recurrence of episodes of bipolar affective disorder in clinical practice (Mehar et al, 2019). According to the Canadian Network for Mood and Anxiety Treatments and International Society (CANMAT) in 2018 Bipolar Disorder recommended the drugs lithium/valproic acid, quetiapine, and adjunctive lamotrigine (Yatham et al, 2018). Lithium is a drug that should be considered for acute mania unless there are mixed symptoms, substance use or unresponsiveness to lithium. Combination therapy of lithium/divalproex with antipsychotics can prevent the onset of manic episodes or depressive episodes. (Yatham et al, 2018). This therapy was applied to this patient. Bipolar patients given antipsychotic drugs in combination with mood stabilizers can reduce the occurrence of relapses, even antipsychotics alone can reduce relapses.

Psychosocial and environmental problems in patients are irregularity in taking medication. Bipolar patients have quite high medication non-compliance, around 32-45%. There are several factors that cause a worse prognosis, namely bullying, psychosis, low socioeconomic status, and early onset at a young age. This matter has not received attention from various groups. Non-compliance with taking medication in bipolar disorder patients is associated with poor conditions such as expensive hospital costs, many suicide attempts, and recurrence of acute manic episodes (Bipolar Care Indonesia, 2019). Something that needs to be considered in people with bipolar disorder is to increase compliance with taking medication.

## CONCLUSION

There are several factors associated with a poor prognosis such as negotiation, psychosis, low economic status, and early onset at a young age. Patients with bipolar affective disorder type 1 given mood stabilizer drugs, typical antipsychotics can improve. Compliance with taking medication can be increased by educating patients and families. Psychoeducation for sufferers and their families needs to be consistent with medical therapy.

Suggestions for mental health practitioners to help bipolar sufferers to increase understanding and knowledge in recognizing symptoms if a relapse occurs so that sufferers can understand themselves and can anticipate them.

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