

BIPOLAR AFFECTIVE DISORDER: SEVERE EPISODES OF DEPRESSION NOW WITH PSYCHOTIC SYMPTOMS ACCOMPANIED BY THRESHOLD TYPE PERSONALITY DISORDER AND SUICIDE ATTEMPTS

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ABSTRACT

Introduction: Bipolar disorder is a psychiatric disorder that falls into the category of mood disorders. Personality disorder is a pattern of inner experience and behavior that deviates from culture, and is pervasive and inflexible. Individuals with Body Dysmorphic Disorder have a significant increase in the likelihood of developing depression. According to WHO, patients with borderline personality disorder are estimated to have about 73% of patients will have about 3 suicide attempts in their lifetime, while patients with bipolar disorder have a higher risk of suicide compared to the general population. **Case report:** This paper includes a case analysis of an 18-year-old boy who was in the middle of experiencing self-injurious behavior accompanied by depressive symptoms, and suicide attempts. The patient's history of significant emotional trauma, including bullying, and family conflicts. Patients show symptoms in people with BPD, such as impulsive behavior, identity crisis, and extreme mood swings. The diagnosis in patients is that there is bipolar affective disorder, episodes of severe depression with psychotic symptoms accompanied by borderline type personality disorder and suicide attempts, then there are problems in the primary support group (family) and the Global Assessment of Functioning (GAF) Scale of patients 20-11. Manajemen yang diberikan pada pasien ini adalah kombinasi farmakoterapi berupa Escitalopram dan Aripiprazole. Serta pasien diberikan terapi perilaku kognitif (cognitive behavioral therapy). **Conclusion:** The case of bipolar affective disorder is a mood disorder characterized by depressive and manic or hypomanic episodes. The patient in this case was experiencing bipolar affective disorder with a major depressive episode with psychotic symptoms. In patients, there is a disorder on axis II, which is in the form of a threshold type personality. Borderline personality disorder (BPD) involves significant affective lability and carries a great risk for depression. Threshold type disorder, characterized by emotional instability, impulsivity and depressive disorders such as depressive affect, loss of interest and lack of energy so that it is easy to get tired. Based on suicide risk factors, patients have experienced physical and sexual abuse, patients are also victims of bullying and patients have conflicts in the family. The management provided is in the form of a combination of pharmacotherapy, such as antipsychotics and antidepressants to reduce depressive and psychotic symptoms, as well as cognitive-behavioral therapy.

Keywords: Bipolar disorder, Threshold type emotional unstable personality disorder, Borderline Personality Disorder, Dysmorphic Disorder, Body Impulsive Behavior and Cognitive Behavioral Therapy

INTRODUCTION

Bipolar Disorder is a psychiatric disorder that falls into the category of *mood disorders*. Based on the guidelines of the *Diagnostic and Statistical Manual of Mental Disorders* fifth edition (DSM-V) that bipolar disorder, placed

between the spectrum of schizophrenia and psychotic disorders, and depressive disorder as a bridge between the two diagnostic classes (Ma, 2022).

Personality disorder is a pattern of inner experience and behavior that deviates from culture, and is pervasive and inflexible. Based on the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, personality disorders are grouped into 3 groups (A, B, and C). *Borderline Personality Disorder* (BPD) is included in the Cluster-B personality disorder group (Ma, 2022). Criteria for borderline personality disorder such as instability between interpersonal relationships, self-image, and impulsive behavior. *Dysmorphic Disorder* The body has one or more perceived defects or deficiencies in their physical appearance. *Body Dysmorphic Disorder* is also linked to levels of depression (Hakim et al., 2021).

Suicide, suicide attempts, and self-harm, as well as suicidal ideation are significant public health problems in young people (Abuse, n.d.). According to WHO, around 1 million people commit suicide in the world every year. Patients with borderline personality disorder are estimated to have about 73% of patients will have about 3 suicide attempts in their lifetime (Yen et al., 2021). Patients with bipolar disorder have a higher risk of suicide compared to the general population (Liu et al., 2020).

RESEARCH METHODS

This study uses a qualitative descriptive method with a case study approach. This method was chosen to explore the experiences and symptoms experienced by patients with bipolar affective disorder, depressive episodes, now severe with psychotic symptoms accompanied by emotional personality disorder, threshold type and suicide attempts. Through this case study, the researcher will collect in-depth data related to the patient's history, emotional experiences, and social interactions that affect the patient's mental state. The subject of the study was an 18-year-old adolescent boy diagnosed with bipolar affective disorder, now severe depressive episodes with psychotic symptoms accompanied by emotional personality disorder, borderline type and suicide attempts. The selection of subjects was based on the clinical diagnosis from the psychiatrist and confirmation of comorbid conditions between bipolar affective disorder, severe depressive episodes, and psychotic symptoms accompanied by emotional unstable personality disorder, threshold type, and suicide attempts. The research was conducted at the Dr. Soeharto Heerdjan Mental Hospital, Jakarta, where patients were treated. Data collection is carried out during the patient's treatment period until the patient shows emotional stability and improvement in clinical condition. Data Collection Techniques through interviews are conducted with patients to obtain information regarding their life history, symptoms, and emotional experiences felt. In addition, interviews with the patient's family are also conducted to obtain additional information about the patient's family background and social support. Furthermore,

observation is carried out during the patient's treatment in the hospital to observe the patient's emotional state, impulsive behavior, and response to the therapy given. This observation includes the patient's interaction with medical personnel, family, and the surrounding environment.

This study uses a qualitative approach with a descriptive design, aims to provide a deep understanding of the clinical case of endothelial iridocorneal syndrome (ICE) and bipolar affective disorder with episodes of major depression accompanied by psychotic symptoms and borderline personality disorder. Through this approach, the research seeks to describe in detail the clinical aspects, management, and prognosis of the case.

Location and Time of Research

This research was carried out in two main health institutions, namely Pasar Rebo Hospital for ICE cases and Dr. Soeharto Heerdjan Hospital for bipolar affective disorder. The selection of this location is based on the completeness of diagnostic facilities and professional expertise in the field of ophthalmology and psychiatry. The research was conducted during the patient's treatment period until clinical stability was achieved, which is between 2023 and 2024.

Population and Sample

The study population included patients with a diagnosis of ICE syndrome and bipolar affective disorder who were admitted to related hospitals. The sample was taken purposively, consisting of: A 51-year-old woman with ICE syndrome who had decreased vision in her right eye for two years. An 18-year-old boy with bipolar affective disorder, severe depressive episodes accompanied by psychotic symptoms, and a suicide attempt. The inclusion criteria include patients with a diagnosis that has been confirmed through clinical examination and in-depth diagnostics, while the exclusion criteria are patients with significant comorbid conditions outside the focus of the study.

Aspects Studied

The study covers several key aspects, namely: 1) Clinical History and Anamnesis: Exploring the patient's disease history and main complaints, including relevant risk factors such as trauma, family history, or other health conditions. 2) Diagnostic Examination: Includes ophthalmology examination (slit-lamp, fundoscopy, OCT) for ICE cases, and psychiatric examination (mental status, GAF scale) for bipolar disorder cases. 3) Clinical Management: Documentation of pharmacological and non-pharmacological procedures, including drug therapy, surgical procedures, and cognitive behavioral therapy. 4) Prognosis and Follow-up: Evaluation of therapy success based on clinical parameters, diagnostics, and follow-up interviews.

Research Instruments

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Data collection was carried out through a combination of semi-structured interviews, direct observation, and analysis of medical documents. The main instruments include: 1) Interview Guidelines: To understand the subjective experience of the patient and family background. 2) Clinical Observation Form: To record the physical and emotional condition of the patient during treatment. 3) Diagnostic Tools: Ophthalmology devices such as slit-lamp and OCT for ICE cases, as well as GAF and DSM-V scoring scales for bipolar disorder cases.

Research Procedure

Subject Identification: Subjects are selected based on referrals from specialist doctors at the relevant hospitals. **Initial data** were collected through anamnesis and clinical examination. **Data Collection:** Data was obtained through interviews with patients and families, observations during treatment, and analysis of diagnostic examination results. **Data Analysis:** Data is analyzed descriptively to identify symptom patterns, management effectiveness, and prognostic factors. **Preparation of the Report:** The research findings are compiled in the form of an in-depth descriptive narrative to provide the reader with a comprehensive overview.

Ethical Approach

This research was carried out by prioritizing the principles of research ethics. Informed consent is obtained from patients and families prior to data collection. All information collected is kept confidential and used only for research purposes.

Research Strategy

This study uses a data triangulation strategy to improve the validity and reliability of the findings. Triangulation is carried out through: **Data Sources:** Combining information from patients, families, and medical records. **Methods:** A combination of interviews, observations, and analysis of diagnostic documents. **Theory:** Refers to the current clinical literature and guidelines, such as the DSM-V and ophthalmology and psychiatric journals. The data were analyzed using a thematic approach, focusing on symptom patterns, responses to therapy, and factors influencing prognosis. Each finding is compared with the literature to ensure consistency and validity.

RESULTS AND DISCUSSION

Case Illustration

An 18-year-old boy was taken by his family to the emergency room of Dr. Soeharto Heerdjan Hospital on Saturday, February 3, 2024 because he could not contain his emotions and had a desire to end his life. Based on the results of autoanamnesis, the patient said that his current feelings were very sad, and his emotions were difficult to contain. Patients also said that they were enveloped in guilt, unexcited, and felt tired easily, and that the patient felt that their presence was

useless. Patients feel that when they go about their daily activities, they feel discouraged and lose motivation to go through the day. Patients deny the existence of whispers or see something that others cannot see.

Alloanamnesis was also carried out with the patient's mother, from the results of alloanamnesis obtained, two days before the patient was taken to Dr. Soeharto Heerdjan Hospital, the patient overflowed his emotions by screaming and repeatedly saying that the patient wanted to end his life, and the patient began to hurt himself and hurt others. The patient's mother had wanted to be thrown with a scale right on her head, but the patient abandoned her intention because she saw the patient's mother crying in fear.

A week before entering the hospital, the patient had expressed that the patient was disappointed with the life he was currently living, because the patient had no friends, and a circle of friends like a teenager his age. The patient also said that he did not like the appearance of him. The patient will undergo the final school exam within the next week, the patient is afraid of not being able to enter the state university that the patient wants. In the last two weeks the patient had difficulty sleeping at night, and the patient said that every night, the mind in his head could not stop thinking negative things about him. Patients tend to be easily offended by the words of those around them and have been seen talking to themselves, patients have concerns that people around them will know that they are talking to themselves.

Currently, the patient lives separately with his parents and younger siblings, the patient lives with the patient's grandmother. When the patient's father visited the patient two weeks ago, there was a difference in arguments between the patient and his father. So far, the patient's father is rarely present at home, because he has to sail, but every time the patient's father comes home, there is always a difference of opinion between the patient and his father.

When the patient stepped on his sister's head at the elementary school, because of the incident, his father had beaten the patient, and finally the patient's father decided to remove the patient from the house. The patient has great jealousy towards his younger brother, because according to the patient, his younger brother is more proud of his parents than he is. The patient and his sister have an age gap of only one year.

Education history when the patient was in school, the patient always received poor treatment from the surrounding environment, the patient's mother said that every level of education that the patient underwent there was always an act of bullying both verbally and physically, therefore the patient's mother chose for the patient to be able to gain knowledge through *homeschooling*. When the patient is *homeschooled*, the patient feels that his adolescence is not like other normal people. Since junior high school (SMP) the patient has often beaten his mother, if something happens unexpectedly, the patient always blames other people and the surrounding environment for what happens in his life.

The patient did *his first self-harm* when he was 17 years old, by *cutting* his arm. The patient also repeatedly said that he wanted to end his life, because of *the incident of self-harm* and the patient's threat to end his life, the patient was advised

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by his mother to consult a psychiatrist, and seek help and treatment from an expert, but the patient refused because according to him there was no drug that could treat the patient.

The patient often shops for luxury goods, and the patient's mother always obeys all the patient's wishes, at the same time the patient also has the desire to always exercise excessively, the patient hopes that by exercising his weight can be reduced, because the patient hates his body shape very much, and the patient thinks that even though he regularly exercises, his body shape is not as ideal as the patient wants.

The physical examination was obtained after the patient calmed down in the children's ward of Dr. Soeharto Heerdjan Hospital. In the mental status examination, it was found that the general condition of the patient was in a state of mental composition, appearance according to age, the patient sat quietly and could answer all questions well, eye contact with the examiner was good. Patients are cooperative during the interview. The conversation is spontaneous, smooth, sufficient volume, articulation is clear, amplitude is appropriate, intonation is good, answering according to the question, quantity and quality are sufficient. In patients, depressed mood, limited affect, and quite harmonious harmony are obtained. There is a disorder of hallucinatory perception, no illusions, depersonalization and derealization. Patients' thought processes such as productivity have limited ideas, coherent continuity and no language skills. In the content of the thought, there is no understanding, obsession or phobia. The patient's intellectual functioning is within normal limits. The patient's value in the form of value test, social value and RTA is impaired. The patient has implicit control disorder and has a grade III acupuncture.

The diagnosis of multiaxial in this patient is Axis I: There is bipolar affective disorder, the current episode is severe depression with psychotic symptoms, Axis II there is borderline type personality disorder, Axis III: there is no diagnosis of Axis III, Axis IV: there is a problem in the *primary support group* (family) and Axis V: *Global Assessment of Functional (GAF) Scale* Patients 20-11 are in danger of harming others or themselves, and their disabilities are very severe in communication and self-care. The management given to this patient is Escitalopram 1x10 mg tablets and Aripiprazole 1x10 mg. Patients are given cognitive behavioral therapy to help patients manage disturbed emotional reactions and help them to be more effective in interpreting what they feel. Cognitive Behavioral Therapy can also help in reconstructing a patient's bad mindset or beliefs to be better. Furthermore, educating patients and their families about the patient's disease as well as education on taking medication and routine control. Long-term care and stable support from family and mental health professionals are essential to reduce symptoms and prevent recurrence of the condition.

Discussion

Bipolar disorder is a *mood* disorder characterized by depressive and manic or hypomanic episodes that occur repeatedly. Although mania/hypomania is a hallmark of bipolar disorder, these individuals experience depressive symptoms much more often⁶. Based on the guidelines of the fifth edition of *the Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), bipolar disorder, placed between the spectrum of schizophrenia and psychotic disorder, as well as depressive disorder as a bridge between the two diagnostic classes.

The World Health Organization (WHO) explains that 1 in 150 people (40 million, or 0.53% of the global population) suffer from bipolar disorder (Collaborators, 2022). Compared to adults, people with bipolar disorder at a young age have more diverse symptoms, more changes in mood polarity, are more frequent in symptoms and seem to have a worse prognosis. As for the course of the disease, the clinical characteristics and comorbidities of bipolar in children and adolescents are in many ways almost similar to those of adults with bipolar (Goldstein & Birmaher, 2012).

In accordance with the case illustration that has been described above. When coming to the psychiatric hospital, the patient is in an emotional state and is enveloped with sad feelings, but the patient had a phase where he could not stop shopping for luxury goods, and at the same time the patient was also diligent in exercising for a long duration, and the patient had difficulty falling asleep at night because the patient felt that he still had a lot of energy to do activities.

Depressive disorders include disruptive mood dysregulation disorders, major depressive disorders (including major depressive episodes), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/drug-induced depressive disorder, depressive disorders due to other medical conditions, other depressive disorders, and other depressive disorders. A common feature of all these disorders is the presence of a sad, empty or irritable mood, accompanied by somatic and cognitive alterations that significantly affect the individual's capacity to function.

Depression in adolescents and suicide are mental problems that are a concern in society, because almost 75% of adult mental illnesses originate in childhood and adolescence (Rikard-Bell et al., 2022). To support this view, a study of students from Tehran University also showed that depression has the greatest contribution, along with anxiety, mental health, resilience, and daily stress in predicting suicidal ideation (Dong et al., 2020).

Based on the patient above, the condition experienced by the patient is found in accordance with the explanation of depression according to DSM-V, namely the patient has a mood dysregulation disorder, in the form of feelings of sadness and irritability with the words and actions of those around him.

There are studies that link Body Dysmorphic Disorder with depression levels. There was a significant increase in the likelihood of developing depression in individuals diagnosed with Body Dysmorphic Disorder. Worrying about certain areas of the body and spending a lot of time looking in or avoiding the mirror can

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affect daily life, social life, self-esteem, and relationships, leading to mental disorders including depression (Hakim et al., 2021).

In accordance with the condition that occurs in the above case, the patient has concerns about his body shape, this is also supported by DSM V, that is, a person with Body Dysmorphic Disorder has one or more defects or shortcomings that are perceived in their physical appearance, which they believe looks ugly, unattractive, abnormal, or defective, the patient's way of dealing with it by exercising excessively, as was done in this case.

Furthermore, borderline personality disorder is a mental health condition characterized by, patterns of instability in interpersonal relationships, and self-image. People with BPD will have difficulty regulating their emotions, resulting in extreme mood swings, unstable relationships with people around them, and they will feel a crisis in their identity. Examples of *impulsive* behavior from BPD individuals are spending large amounts of money, and they have suicidal thoughts and attempts (stated that 6% of BPD sufferers die by suicide) (Leichsenring et al., 2023).

Judging from the above explanation, according to the patient's condition, where the patient begins to question his or her identity (identity crisis) the patient also finds it difficult to have relationships with other individuals, so that the patient finds it difficult to be in the public school environment, the patient also feels that he has no friends, and his adolescence is lost. Patients also have *impulsive* behavior in the form of spending large amounts of money.

Currently, suicide, suicide attempts, and self-harm and suicidal ideation are significant public health problems, especially among adolescents. Suicide is now the second leading cause of death among adolescents and young adults ages 15 to 24 in the United States, and suicide attempts are significantly higher among adolescents, compared to adults

In adolescence and young adulthood are entering a transition period, in the face of physical, hormonal, and social changes, as well as the formation of self-identity, which makes it possible to increase a person's anxiety or depression. Risk factors for individuals who can commit suicide include childhood trauma such as physical, sexual and emotional abuse, as well as being a victim of bullying. Research also shows that men are three to four times more likely to commit suicide than women (Begum, 2021).

In this case, a match was found, namely, the patient was a teenage boy and was currently going through a transition period from a teenager who was about to become a young adult, the patient had made threats and attempted suicide. Based on suicide risk factors, the patient had experienced physical and sexual abuse by his friends, the patient had also been a victim of bullying since elementary school.

Family factors are an important influence on suicide rates, there are studies that show that adolescents who end their lives by suicide have conflicts with their families. It has been observed that in adolescents who want to commit suicide, born

from indifferent families, there is a lot of rejection and unsupportive attitudes. Other significant factors reported by other studies are criticism from the father, overprotection, parental neglect of the child, excessive maternal control, low warmth of the father's figure, and corporal punishment from parents (Begum, 2021). In this case, the patient had a conflict with his family, especially with the patient's father.

It has been suggested that absenteeism that occurs during early childhood is associated with a higher risk of depression in adolescence (Culpin et al., 2022). This shows that there is a relationship between the absence of the father and depressive symptoms (Culpin et al., 2022). In accordance with the patient's condition, the patient's father is also rarely felt by the patient, because his father works as a sailor, the patient's father usually comes home twice a year.

Suicide prevention and early intervention, focusing on identifying at-risk individuals. *The National Strategy for Suicide Prevention* conducts suicide prevention and intervention by, implementing programs in environments where adolescents are at risk, and improving access to treatment. Regular screenings for mental disorders and suicide risk, suicide risk and safety assessments, and *gatekeeper* training for people most likely to encounter teens experiencing suicidal thoughts and behaviors to identify risks and respond appropriately.

The management given to the patient is Escitalopram 1x10 mg tablets and Aripiprazole 1x10 mg. Escitalopram is a drug that inhibits the reuptake of serotonin very selectively. Escitalopram is approved by the *Food and Drug Administration* (FDA) to treat major (unipolar) depressive disorder in adults and adolescents (ages 12 to 17) (Landy et al., n.d.). Aripiprazole is an FDA-approved atypical antipsychotic, primarily used for the symptomatic management of psychosis. About 50% of individuals have an inadequate response to antidepressant tests. In addition, the vast majority of patients (about 10%) become chronic (i.e., 2 years without clinical remission) which then leads to severe impairment of cognitive function as well as psychosocial disability. For certain patients, antidepressant medications may result in differences in therapeutic response and tolerability (Cuijpers et al., 2020).

It found that 50% of patients with depressive disorders had a chronic disease course, and 20% of those patients had an inadequate response to treatment despite having taken antidepressant drugs. In addition, although antidepressants have been shown to be effective in preventing sequelae from persisting, 60% of patients with depressive disorders have worse executive function. Therefore, various additional treatments in addition to antidepressant treatment have been tried to improve residual depressive symptoms and remission rates (Lee et al., 2019).

As the above explanation requires the addition of treatment recommendations for mental disorders, conventional interventions to treat depression include long-term pharmacotherapy and the addition of cognitive behavioral therapy (Lee et al., 2019).

Neurofeedback is a type of electroencephalography (EEG) training that allows individuals to change the levels of certain types of brain waves displayed on

a computer with operational conditioning. EEG studies show that neurofeedback is able to produce long-term changes. Electroencephalogram-neurofeedback (EEG-NF) training has been suggested as a non-invasive option to treat depression with minimal side effects. There were 12 studies that reported that with EEG-NF practice, patients with depression showed significant cognitive, clinical, and neurological improvements after EEG-NF training (Fernández-Álvarez et al., 2022).

CONCLUSION

Cases of bipolar affective disorder are mood disorders characterized by depressive and manic or hypomanic episodes. The patient in this case was experiencing bipolar affective disorder with a major depressive episode with psychotic symptoms. In patients, there is a disorder on axis II, which is in the form of a threshold type personality. Borderline personality disorder (BPD) involves significant affective lability and carries a great risk for depression. Borderline type disorder, characterized by emotional instability, impulsivity and depressive disorders such as depressive affects, loss of interest and lack of energy so that they get tired easily. Psychotic depressive symptoms of patients appear psychotic in the form of suicidal thoughts. Body Dysmorphic Disorder has a relationship with the level of depression. In accordance with the conditions that occurred in the above case, the patient has concerns about his body shape. Based on suicide risk factors, patients have experienced physical and sexual abuse, patients are also victims of bullying and patients have conflicts in the family. Supported by research journals that Borderline Personality Disorder can trigger patients to commit suicide or self-harm. Management is given in the form of a combination of pharmacotherapy, such as antipsychotics and antidepressants to reduce depressive and psychotic symptoms, as well as cognitive-behavioral therapy, to address harmful behaviors and distorted mindsets associated with the disorder. certain.

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