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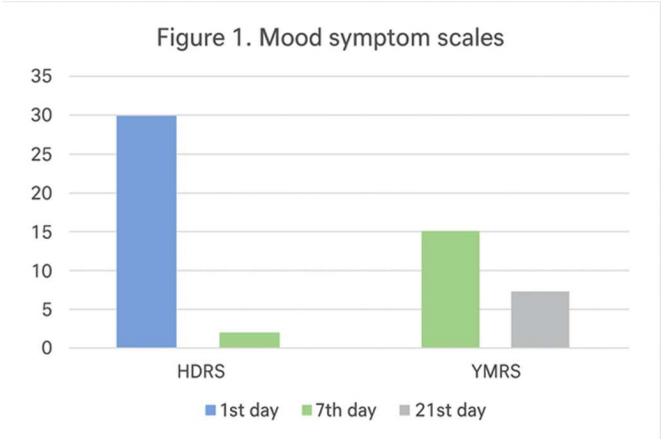
"When physical change transforms the mind: bariatric surgery and bipolar disorder." A case study

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Introduction: According to the WHO, obesity is a chronic disease characterized by excessive fat accumulation, representing a risk factor for various physical and mental disorders. Worldwide, 890 million people are obese, and in Colombia, its prevalence is 18.7%. Due to low adherence to conventional treatments, bariatric surgery has become established as an effective and lasting weight-loss option. While the physical benefits of bariatric surgery are well-documented, its psychological effects are not yet fully understood. Some studies report an increased incidence of mood disorders. Bipolar disorder, characterized by mood swings, has also been described in some postoperative cases. Our objective is to describe a clinical case where bariatric surgery is identified as a possible trigger for mental illness.
Objectives: to describe a case of bipolar disorder emerging after bariatric surgery and emphasize the need for psychiatric follow- up to prevent postoperative mood complications
Methods: A descriptive single-case study was conducted through a retrospective review of medical records, structured psychiatric interviews, and standardized psychometric assessments: Hamilton Depression Rating Scale (HDRS) for depressive symptoms and Young Mania Rating Scale (YMRS) for hypomanic symptoms.
Results: A 34-year-old woman with a history of obesity and compensatory eating behaviors since adolescence underwent gastric bypass surgery at age 26. In the following months, she experienced an untreated postpartum depressive episode, followed by mood fluctuations characterized by hypomanic periods with increased energy, impulsivity, decreased need for sleep, and hypersexuality, alternating with depressive episodes marked by anhedonia, low motivation, and generalized insomnia. During her most recent episode, she presented with depressive symptoms consistent with Bipolar II Disorder; however, during hospitalization, she developed hypomanic symptoms and showed a favorable response to quetiapine as a mood stabilizer.

Image 1:



Conclusions: This case highlights a possible association between bariatric surgery and the emergence of Bipolar II Disorder in a patient without prior major psychiatric history. Physiological and psychosocial changes after the procedure may act as triggers for affective dysregulation. The use of standardized psychometric scales facilitated the objective assessment of symptom severity and diagnostic clarification.

Disclosure of Interest: None Declared

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Polypharmacy in the Treatment of Manic Episodes with Psychotic Features: A Two-Year Retrospective Analysis from the Psychiatric Clinic

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Introduction: Treatment guidelines for bipolar disorder generally recommend monotherapy or, at most, dual therapy for acute manic episodes. However, in real-world clinical practice, patients with mania and psychotic features often require more complex pharmacological strategies. Exploring this gap is important for tailoring treatment approaches.
Objectives: To evaluate the frequency and patterns of polypharamcy in hospitalized patients with bipolar disorder, current episode mania with psyhotic features, over a two-year period at the Psychiatric Clinic, UKC Tuzla.
Methods: We retrospectively analyzed medical documentation of patients diagnosed with mania with psychotic features who were hospitalized and treated during the study period. Data collected included gender distribution and prescribed pharmacotherapy
Results: A total of 67 patients were included (43% male, 57% female). Treatment with two drugs, consistent with guideline recommendations, was observed in 31% of cases. However, polypharmacy was required in the majority: 34% of patients received three drugs, 26% received four drugs, and 9% were treated with five agents. The most frequent regimens combined a mood stabilizer with one or more antipsychotics, often supplemented with benzodiazepines. Importantly, polypharmacy was mandatory in most cases to achieve stabilization, particularly in patients with severe psychotic symptoms, pronounced psychomotor agitation, and potential aggressive behavior.
Conclusions: Despite guidelines advocating for monotherapy or dual therapy, polypharmacy was often unavoidable in treating mania with psychotic features. While effective for stabilization, such regimens may be associated with increased risk of side effects and adherence challenges. These findings underscore the complexity of real-world clinical practice and highlight the need for future guidelines to better reflect treatment strategies for patients presenting with severe symptoms.

Disclosure of Interest: None Declared