

Chronic Disease Intervention in Hacienda Heights, Los Angeles County, California (CA)

Mahdi Esmaeilzadeh

Scientific Research Publishing House, Shirvan, Iran

Mehdi_dna@yahoo.com

Abstract

Internally, if the proposed idea of diet and lifestyle adjustment is implemented through a legislative approach (as a solution to the issue of chronic diseases in Los Angeles County), there might be added short-term costs, but long-term, beneficial effects are poised to outweigh these costs. For example, there would be a dramatic decrease in medical expenditures associated with chronic disease treatment via co-payments, out-of-pocket payments, and user-paid insurance. This decrease in expenditure is expected to arise from a reduction in diseases incidence and severity. Also, the reduction in costs might arise from reduced expenditure on addictive goods (such as alcohol and cigarettes) due to lifestyle adjustment. It is also expected that labor supply and productivity in Los Angeles would improve due to reduced cases of early retirement and work absenteeism, eventually yielding an increase in general economic productivity at the regional level. It is also notable that the proposed idea might come with added costs associated with research, training and prevention initiatives, but long-term benefits might arise in the eventuality, including reductions in avoidable re-hospitalization, reduced risks of comorbidities associated with chronic diseases (which increase individual and family annual expenditure on health care), and reduced lengths of hospital stays, as the idea also seeks to minimize disease severity for persons who already have chronic diseases in the region.

Introduction

The selected community is Hacienda Heights, Los Angeles County, California State. The selected problem involves the prevalence of chronic diseases. This problem comes at a time when the Los Angeles County Health Department has sought to reduce its budgetary allocation. According to Chatterjee, Khunti and Davies (2017), Los Angeles' majority of the urban neighborhoods have experienced crippling levels of chronic conditions such as heart disease, obesity, asthma, lung cancer, and diabetes, with the community in Hacienda Heights unexceptional. Ingelfinger and Jarcho (2017) documented that for the majority of the population constituting Latino immigrants, most of them are unable to access proper care for the illnesses. Johnson and Melton (2016) affirmed that the high number of uninsured people aggravates the situation, with Los Angeles County's statistics suggesting that its number of uninsured people is almost twice the national average. For adults, Mayer-Davis, Lawrence and Dabelea et al. (2017) stated that the County also hosts one of the smallest numbers of adults who engage in minimal exercise levels. From recent statistics, the consequences of this prevalence of chronic health conditions in Los Angeles are troubling. For example, the highest number of deaths arising from lung cancer, heart disease and diabetes has been reported in the South-Central neighborhood. Olsen, Wilson and Green et al. (2018) observed that other effects

include co-morbidities and reduced life expectancy. Should the issue continue or go unchecked, it is projected that the community in Hacienda Heights and the larger Los Angeles County would experience a significant economic loss via chronic disease effects on productivity, treatment costs, and mortality.

Methods

To address the issue of chronic diseases, the recommended idea involves stakeholders such as the ministry of health, school administrators and teachers, civil society, and employers and other employment stakeholders. For the ministry of health, recommended actions include formulating and adopting a county, integrated policy on the management and prevention of chronic diseases, developing a comprehensive community strategy to promote physical activity and healthy diet, and implementing a comprehensive policy for tobacco control. For school administrators, recommended policies include banning the use of tobacco in school buildings and grounds, providing healthy foods such as vegetables and fruits in dining areas and vending machines, scheduling time for school personnel and students to engage in physical activity, conducting period school-wide surveys towards chronic disease monitoring, and developing and implementing family education programs for parents regarding risk factors and the prevention of chronic diseases. For civil society organizations, the recommended ideas include advocating for policy-maker increased investment in the control and prevention of chronic diseases, organizing community events and campaigns to sensitize members about the control and prevention of chronic diseases, and establishing local and county networks towards exchanging and disseminating information. For employers and other development agencies, response to the prevalence of chronic diseases in Hacienda Heights in Los Angeles County, California is recommended to include encouraging physical activity via walking and cycling to work, offering employee awareness training and sensitivity on chronic disease, banning the use of tobacco on grounds and in indoor environments, providing surveys on risk assessment among workforces to gain data and encourage healthy behaviors, and providing health insurance coverage to employees, especially relative to the management and prevention health care services. Overall, legislation is the best course for advocacy because the recommended ideas require a multi-disciplinary and well-coordinated approach and through legislation, success would be realized in such a way that each group will be better placed to understand their role, as well as some of the consequences that might follow any contraventions of the set local and county policies on chronic disease control and prevention.

Results

Evidence 1

The proposed ideas above translate into diet and lifestyle modifications. Indeed, the US Preventive Services Task Force (2018) reported that when a strategy such as quitting smoking is embraced, risks of serious health problems such as lung diseases, type 2 diabetes, cancer, and heart disease tend to reduce significantly. Sharma, Nazareth and Petersen (2016) contended that tobacco cessation as a lifestyle modification

<i>Evidence 2</i>	<p>strategy towards chronic disease prevention is an informative step because it lowers the rate of premature death.</p> <p>Regarding healthy eating, Chatterjee, Khunti and Davies (2017) observed that chronic conditions such as type 2 diabetes and heart diseases tend to be managed successfully, with Ingelfinger and Jarcho (2017) documenting that when healthy eating is observed, the strategy tends to delay or prevent the onset or occurrence of these diseases. Also, Johnson and Melton (2016) suggested that by following a balanced diet that constitutes food products such as low-fat dairy products, lean meat, whole grain, vegetables, and fruits, there is likely to be a delay in type 2 diabetes onset because the decision curbs possible overweight.</p>
<i>Evidence 3</i>	<p>Mayer-Davis, Lawrence and Dabelea et al. (2017) focused on the relationship between regular physical activity and the incidence and prevalence of chronic diseases. In the findings, it was observed that when individuals engage in regular physical activity, there is a likelihood of a delayed onset of chronic diseases. These findings were similar to those documented by Olsen, Wilson and Green et al. (2018), who noted that through moderate activities such as gardening and brisk walking (that could last at least 150 minutes in each week), the management of chronic diseases tends to be successful.</p>
<i>Evidence 4</i>	<p>Some studies have also examined this subject of the perspective of the efficacy of making healthy choices in the community, at work, and in school relative to the prevention and control, as well as the delay of the onset of chronic diseases (US Preventive Services Task Force, 2018). From the findings, it has been observed that when healthy behaviors are adopted in one's daily life, some of the predictors of chronic diseases are prevented, including conditions such as obesity and high blood pressure.</p> <p>Indeed, some of the states where similar legislation concerning diet and lifestyle modifications as solutions to chronic disease incidence and prevalence include comprehensive smoke-free laws in Ohio, Hawaii, Washington, Colorado, and Minnesota. Also, there has been legislation on childhood obesity policy options regarding school wellness, physical education, physical activity, and school nutrition in Massachusetts and Rhode Island (Sharma, Nazareth and Petersen, 2016).</p>
<i>Stakeholder(s) Supporting 1</i>	<p>School administrators and employees are projected to support the proposed idea. In Los Angeles County, these stakeholders' predicted support to the idea is poised from a trend in which their expectation is that upon implementing the idea</p>

successfully, the presence of healthy workplaces in their workplaces might translate into improved productivity and, for workplaces, an increase in firm profitability. For both groups, Chatterjee, Khunti and Davies (2017) concurred that their support for ideas aimed at chronic disease prevention and control emanates from the affirmation that these actions strive to minimize school and work absenteeism, attributes that have been associated with adversities such as a decline in academic performance in schools and delayed role performance and task completion in workplaces.

Stakeholder(s) Supporting 2

Community leaders and members are projected to support this idea because it strives to reduce the incidence, prevalence, and severity of chronic diseases. According to Ingelfinger and Jarcho (2017), such community groups tend to support ideas aimed at disease prevention and control because of the projected long-term and short-term benefits such as reduced healthcare expenditure at the individual and family levels, increased life expectancy, reduced mortality rate, and reduced co-morbidity.

Stakeholder Opposition

Discuss the stakeholders who would oppose the proposed idea. Explain why they would be in opposition and how you would prepare to debate or converse about these considerations.

Stakeholder(s) Opposed 1

One of the groups of stakeholders predicted to oppose the proposed idea of diet, and lifestyle adjustment entails business organizations. In particular, beverage companies are likely to oppose this idea because it seeks to minimize the use of sugar-sweetened drinks, as well as drinking alcohol and smoking. As such, the business institutions might oppose the idea because it seeks to curb the sale of products such as tobacco at the regional level, threatening their profitability. To counter this opposition, sensitization campaigns will be conducted by holding meetings with company representatives shed light how the proposed idea, although seeking to regulate the sale of their products, might turn out to be beneficial to their business goals. In particular, the representatives will be sensitized that the proposed idea seeks to regulate the amount of sugar and fat they should include in their products. They will also be informed how the presence of healthy employees in their workplaces, having embraced the proposed idea, would improve firm productivity and increase profitability, especially via reduced rates of absenteeism due to chronic diseases affecting their workforces. Hence, they will be informed that even their team members are affected health-wise and that by supporting this idea, short-term and long-

term benefits might outweigh the perceived threats to their business profitability.

Stakeholder(s) Opposed 2

Local public authorities might also oppose the idea of developing facilities and recreational zones for physical activity in neighborhoods. For this group, the opposition might stem from the financial demands of developing new facilities such as additional gyms and walkways. Thus, it is projected that these groups are likely to be reluctant to embrace the proposed idea. For such groups, the opposition will be countered by holding regular seminars and conferences to unearth statistical trends in the prevalence and incidence of chronic diseases in Hacienda Heights and the rest of the Los Angeles County's community, as well as some of the risk factors accounting for the high rates of chronic diseases and the resultant adversities accruing from lack of enough physical activity. Particular emphasis will be on the correlation between lack of adequate recreational facilities and the dominance of a sedentary lifestyle that translates into the risk of chronic disease. In so doing, it is predicted that the stakeholders would understand the efficacy of the proposed idea and consider facilitating the same, especially from a legislative perspective.

Conclusion

Internally, if the proposed idea of diet and lifestyle adjustment is implemented through a legislative approach (as a solution to the issue of chronic diseases in Los Angeles County), there might be added short-term costs, but long-term, beneficial effects are poised to outweigh these costs. For example, there would be a dramatic decrease in medical expenditures associated with chronic disease treatment via co-payments, out-of-pocket payments, and user-paid insurance. This decrease in expenditure is expected to arise from a reduction in diseases incidence and severity. Also, the reduction in costs might arise from reduced expenditure on addictive goods (such as alcohol and cigarettes) due to lifestyle adjustment. It is also expected that labor supply and productivity in Los Angeles would improve due to reduced cases of early retirement and work absenteeism, eventually yielding an increase in general economic productivity at the regional level. It is also notable that the proposed idea might come with added costs associated with research, training and prevention initiatives, but long-term benefits might arise in the eventuality, including reductions in avoidable re-hospitalization, reduced risks of co-morbidities associated with chronic diseases (which increase individual and family annual expenditure on health care), and reduced lengths of hospital stays, as the idea also seeks to minimize disease severity for persons who already have chronic diseases in the region.

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Bipolar Disorder Investigation: Towards Understanding the Effectiveness of Therapy and Medication Combination

Mohd Armi Abu Samah

Kulliyyah of Science,
IIUM Kuantan, Pahang.
Email: marmi@iium.edu.my

Abstract

Major types of bipolar disorder include Bipolar I Disorder, Bipolar II Disorder, Cyclothymic Disorder and other unspecified and specified bipolar. Signs and symptom of the condition include depressive episodes such as little energy and trouble in sleeping. Additionally, manic episodes imply that patients feel elated, “high,” or “up,” experience increased activity, have a lot of energy, experience an increase in activity levels, and have trouble sleeping. In relation to the causes and risk factors of bipolar disorder, most of the past scholarly studies point to the role of genetics, brain structure and functioning, and family history or the role of heredity. Additionally, triggers include alcohol or drug abuse and periods of high stress in situations such as traumatic events or the death of a close person. Medications include antidepressants, typical antipsychotics, and mood stabilizers. Notably, psychotherapy has been documented to play an important role in complementing medications. Specific approaches include psychoeducation, social and interpersonal rhythm therapy, family-focused therapy, and cognitive behavioral therapy. Effects of the illness range from physical health to relationships, school, and work life. The implication for healthcare practitioners, providers, and families with bipolar disorder patients is that early intervention and regular monitoring of symptoms (via life charts) play crucial roles in ameliorating adversities associated with the condition.

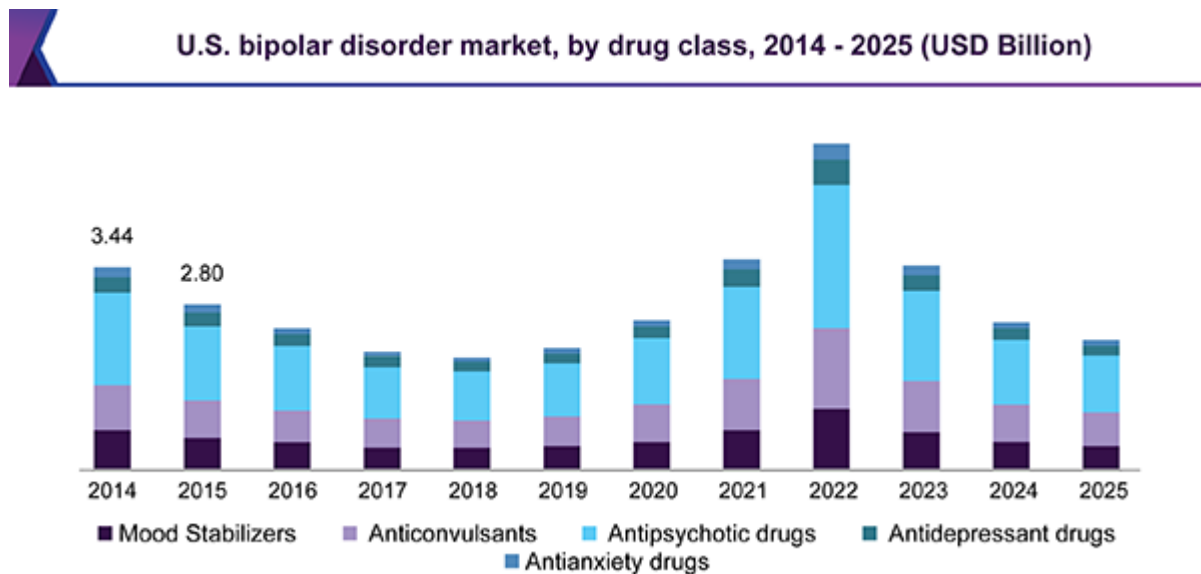
Introduction

Formerly referred to as manic depression, bipolar disorder constitutes a brain condition causing unusual shifts in activity levels, energy, and mood. According to Bourne, Aydemir and Balanza-Martinez *et al.* (2013), bipolar disorder alters a person’s ability to conduct daily tasks or activities. It has also been documented that bipolar disorder occurs in four basic types. These types involve clear alterations in the patients’ activity levels, energy, and mood. In the study by Di Florio, Craddock and van den Bree (2014), the main aim was to establish specific changes in the variables mentioned above, with individuals suffering from bipolar disorder on focus. In the findings, it was highlighted that mood changes range from situations involving energized, elated, and extremely “up” behaviors (that translate into manic episodes) to situations of hopelessness in which patients are “down” and sad, translating into depressive episodes.

Methods

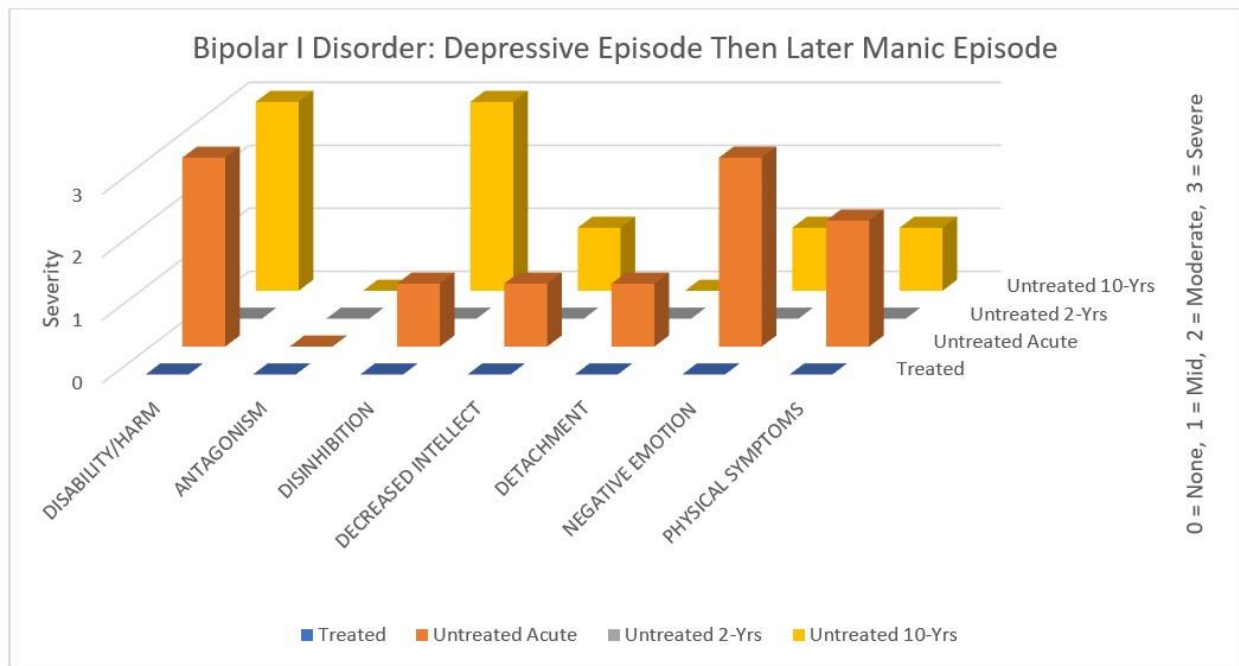
This paper focused on bipolar disorder, with specific insights gained regarding types, causes, signs and symptoms, treatment or management and intervention approaches, as well as the effects of the condition on patients, their families, and the larger community. The study relied on secondary sources of data, which were selected randomly in terms of institutional and government reports, as well as journals and e-books.

Results



One of the types documented is Bipolar I Disorder. In the study by Faedda, Marangoni and Serra *et al.* (2015), it was highlighted that this condition involves manic episodes. In particular, the episodes last seven or more days and their severity demands hospital care. Other studies contend that depressive episodes that last over two weeks accompany this type of bipolar disorder (Hayes, Miles and Walters *et al.*, 2015). The implication is that Bipolar I Disorder involves depressive episodes with possible mixed features such as the concurrent occurrence of manic symptoms and depression. Another type of bipolar disorder is Bipolar II Disorder. According to Kessing, Vradi and Andersen (2015), this condition entails patterns of hypomanic episodes and depressive episodes but deviates from Bipolar I Disorder, which involves full-blown manic episodes. The third category involves Cyclothymic Disorder, also referred to as cyclothymia. Indeed, this condition involves numerous periods of depressive symptoms and numerous periods of hypomanic symptoms. In particular, the periods last over two years. However, Miller, Dell'Osso and Ketter (2014) observed that for adolescents and children, this condition is likely to last one year. The fourth category involves other unspecified and specified bipolar, as well as related or associated disorders. According to Parker, McCraw, Hadzi-Pavlovic and Fletcher (2013), the latter conditions involve symptoms that do not belong to the three categories mentioned above.

According to Tsitsipa and Fountoulakis (2015), patients diagnosed with bipolar disorder experience unusual behaviors, changes in activity levels and sleep patterns, and periods of unusually intense emotion. Pompili, Gonda and Serafini *et al.* (2013) concurred that these periods constitute mood episodes that exhibit a drastic difference from behaviors and moods typical for the patient. In particular, extreme alternations in sleep, activity, and energy are documented to occur concurrently with the mood episodes (Miller, Dell'Osso and Ketter, 2014). For bipolar disorder patients having depressive episodes, they are likely to feel hopeless, empty, down, and sad. In addition, these patients experience decreased activity levels, have very little energy, and experience trouble in sleeping in such a way that they may sleep too much or too little (Bourne, Aydemir and Balanza-Martinez *et al.*, 2013). These patients are also documented to lose interest in group activities, feel worried, experience poor concentration, remain forgetful, eat too little or too much, feel "slowed down" or tied, and think about adversities such as suicide or death (Di Florio, Craddock and van den Bree, 2014).



Other studies have documented specific symptoms linked to bipolar disorder patients experiencing manic episodes. Specifically, these patients tend to feel elated, “high,” or “up,” experience increased activity, have a lot of energy, experience an increase in activity levels, and have trouble sleeping. Additionally, these patients experience fast-paced thought processes, tend to be “touchy,” irritable, and agitated, talk fast about numerous issues, and engage in risky activities such as too much expenditure (Faedda, Marangoni and Serra *et al.*, 2015). For patients experiencing mixed-feature episodes that involve both depressive and manic symptoms, they are likely to feel hopeless, empty, and sad and, simultaneously, extremely energized. In other circumstances, it has been observed that a person may be suffering from bipolar disorder even when less extreme mood swings are observed. A specific example is the case of hypomania. In such a case, Hayes, Miles and Walters *et al.* (2015) documented that the affected persons may function well and be highly productive and even fail to realize that something is wrong. However, friends and family members are likely to recognize mood alterations or altered activity levels. Should such a state be left without proper treatment, Kessing, Vradi and Andersen (2015) cautioned that the person experiencing hypomania is likely to experience severe depression or mania.

Indeed, most of the studies concur that there is no single cause of bipolar disorder. Instead, many factors have been documented to account for increased risk or the illness. According to Ostergaard, Bertelsen and Nielsen *et al.* (2013), brain structure and functioning forms one of the causes or risk factors for bipolar disorder. Specifically, the study indicated that brains of healthy persons are different from those of patients suffering from bipolar disorder. Other scholarly observations contend that individuals suffering from or diagnosed with other mental disorders have different brains from those of persons diagnosed with bipolar disorder (Parker, McCraw, Hadzi-Pavlovic and Fletcher, 2013). Other reports suggest that bipolar disorder is linked to the role of genetics. For example, Tsitsipa and Fountoulakis (2015) observed that bipolar disorder is associated with individuals with certain genes. However, some studies caution that the role of genes in accounting for the occurrence of bipolar disorder is worth analyzing because the presence of the condition in one of the identical twins may not necessarily imply that the remaining twin is likely to suffer from this condition (Pompili, Gonda and Serafini *et al.*, 2013). Lastly, Miller, Dell’Osso and Ketter (2014) documented that family

history plays a leading role in shaping trends in the occurrence of bipolar disorder. In particular, the study suggested that children with siblings or parents with a history of bipolar disorder stand high chances of developing the illness when compared to their counterparts whose family histories do not reveal the presence of the disorder in parents or siblings. Thus, bipolar disorder is linked to three major causes or risk factors. These causes include the role of genetics, brain structure and functioning, and family history or the role of heredity. Despite the criticality of these affirmations, the emerging trend is that mixed outcomes accrue from these observations. Therefore, the examination of causes or risk factors for bipolar disorder remains an ongoing debate and specific and precise causes are yet to be documented vividly. From the risk factor perspective, Bourne, Aydemir and Balanza-Martinez *et al.* (2013) observed that several issues may act as triggers or increase the risk for developing the condition, especially for first episodes. Specific risk factors that were documented include alcohol or drug abuse and periods of high stress in situations such as traumatic events or the death of a close person.

From the treatment perspective, the study by Di Florio, Craddock and van den Bree (2014) indicated that the control motivation is to gain better control of the patients' symptoms, inclusive of mood swings. Other studies contend that effective treatment plans meant for bipolar disorder patients ought to combine talk therapy or psychotherapy with medication. According to Faedda, Marangoni and Serra *et al.* (2015), this combination is informed by affirmations that bipolar disorder remains one of the renowned lifelong illnesses; with episodes of depression and mania coming back or recurring over time. Whereas some people may experience lingering symptoms between episodes, others tend to be free from mood changes (Hayes, Miles and Walters *et al.*, 2015). Hence, the need for treatment and therapeutic application to persons suffering from bipolar disorder cannot be overemphasized.

From the perspective of medications, Kessing, Vradi and Andersen (2015) observed that those that are used include antidepressants, typical antipsychotics, and mood stabilizers. In relation to psychotherapy, proponents hold that it is worth combining the practice with medications. Through psychotherapy, healthcare providers and practitioners offer guidance, education, and support to patients and their families. Common practices that psychotherapists embrace include psychoeducation, social and interpersonal rhythm therapy, family-focused therapy, and cognitive behavioral therapy (Ostergaard, Bertelsen and Nielsen *et al.*, 2013). Other treatment options have also been documented. For example, Tsitsipa and Fountoulakis (2015) reported that electroconvulsive therapy (ECT) has proved successful when applied to patients diagnosed with bipolar disorder. Specifically, ECT assures relief for individuals experiencing severe symptoms and even failed to recover in response to other treatments. The study by Parker, McCraw, Hadzi-Pavlovic and Fletcher (2013) indicated further that ECT as a treatment option for bipolar disorder gains applications in situations where taking medications is deemed risky due to the presence of other medical conditions; inclusive of pregnancy. In another observation, Pompili, Gonda and Serafini *et al.* (2013) focused on some of the side effects arising from ECT as a treatment option for patients suffering from bipolar disorder. The study highlighted that ECT is likely to cause side effects such as memory loss, disorientation, and confusion. Hence, the need for qualified health professionals to discuss with patients about risks and benefits of ECT cannot be overemphasized.

Sleep medications have also been observed to constitute other treatment options at the disposal of patients diagnosed with bipolar disorder. However, a failure to improve in sleeplessness requires a change in medication; with sedatives prescribed in situations where the problem continues (Di Florio, Craddock and van den Bree, 2014). Supplements have also been documented as other medications for treating bipolar disorder. However, Bourne,

Aydemir and Balanza-Martinez *et al.* (2013) observed that in-depth research is yet to be received regarding the effectiveness of natural or herbal supplements in treating bipolar disorder. From the management perspective, Miller, Dell'Osso and Ketter (2014) observed that patients or their families ought to keep life charts. In particular, this recommendation arose from affirmations that mood changes could still occur even in the wake of proper treatment. Thus, the decision to keep a life chart implies that the patient or their families are better placed to monitor life events, sleep patterns, treatments, and daily mood symptoms that aid in tracking and treating the condition most effectively.

According to Faedda, Marangoni and Serra *et al.* (2015), effects associated with bipolar disorder are far-reaching and may stretch from the patients' lives to those of families, communities, or persons around them. In particular, the illness affects one's physical health, relationships, school, and work life. From the economic and community-based view, bipolar disorder has been affirmed to yield significant reductions in productivity. However, suicide remains the most severe and dominant effect of bipolar disorder. Specifically, it has been reported that 25-50 percent of individuals diagnosed with bipolar disorder are likely to attempt suicide; with an average of about 11 percent of the patients committing suicide (Kessing, Vradi and Andersen, 2015). Physical effects of bipolar disorder have also been documented. These effects include diabetes, heart problems, blood pressure, weight gain, poor overall health, unexplained crying spells, aches and pains, persistent lethargy, and social withdrawal. Co-occurring disorders have also been observed to be present in patients suffering from bipolar disorder. In the study by Hayes, Miles and Walters *et al.* (2015), it was revealed that some of the co-occurring disorders linked to bipolar disorder include migraine headaches, metabolic syndrome, disruptive disorders, and conduct disorders. Others were noted to include ADHD, anxiety disorders, alcoholism, and substance abuse. Ostergaard, Bertelsen and Nielsen *et al.* (2013) concurred that bipolar disorder could lead to secondary effects such as economic ruin arising from job loss, self-harm (in terms of self-mutilation, burning, and cutting), and sexually transmitted diseases arising from risky and unprotected sexual escapades.

Conclusion

In summary, this paper has examined issues such as the causes, signs and symptoms, effect, treatment, and types of bipolar disorder. Notably, the condition is a mental illness demonstrated by one or more episodes of mania, multiple episodes of depression, and intense mood swings. Should the illness go untreated, it is likely to worsen. The worsening state is reflected by an increase in the severity and frequency of the length and number of cycles. This paper has established further that most of the treatment and therapy practices involving individuals diagnosed with bipolar disorder are likely to delay due to the failure to recognize symptoms in time. Furthermore, delayed treatment, as revealed by the majority of studies, tends to arise from the patients' reluctance to seek treatment or therapy. Major types of bipolar disorder include Bipolar I Disorder, Bipolar II Disorder, Cyclothymic Disorder and other unspecified and specified bipolar. Signs and symptom of the condition include depressive episodes such as little energy and trouble in sleeping. Additionally, manic episodes imply that patients feel elated, "high," or "up," experience increased activity, have a lot of energy, experience an increase in activity levels, and have trouble sleeping. In relation to the causes and risk factors of bipolar disorder, most of the past scholarly studies point to the role of genetics, brain structure and functioning, and family history or the role of heredity. Additionally, triggers include alcohol or drug abuse and periods of high stress in situations such as traumatic events or the death of a close person. Medications include antidepressants, typical antipsychotics, and mood stabilizers. Notably, psychotherapy has been documented to

play an important role in complementing medications. Specific approaches include psychoeducation, social and interpersonal rhythm therapy, family-focused therapy, and cognitive behavioral therapy. Effects of the illness range from physical health to relationships, school, and work life. The implication for healthcare practitioners, providers, and families with bipolar disorder patients is that early intervention and regular monitoring of symptoms (via life charts) play crucial roles in ameliorating adversities associated with the condition.

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Contemporary Medical Complications due to Adolescent Pregnancy

Ayad F. Alkaim

University of Babylon -college of science for women / Iraq
alkaimayad@gmail.com

Abstract

In contemporary society, one of the social problems that have been documented to be distributed globally involves adolescent pregnancy. The social problem is not only distributed around the world but also comes with many significant challenges both for the mother and the baby, with developing countries observed to be the worst hit. It is also notable that the outcome and risk of adolescent pregnancy forms one of the undeveloped and developed regions' major public health problems, especially in terms of neonatal and maternal mortality and morbidity. Hence, the recommendation that this paper makes involves some of the means on how to make adolescent pregnancy safer, especially after discerning that it is associated with several risks and complications both on the side of the mother and that of the baby. Particularly, the study recommends the need for community, family, and individual care. As indicated earlier, most of the adolescent mothers are seen to lack power, income, experience, education, and knowledge when compared to their adult counterparts. As such, the study recommends that programs that should be embraced are those that should be out to respond to these challenges that many adolescent mothers face.

Introduction

In contemporary society, one of the social problems that have been documented to be distributed globally involves adolescent pregnancy. According to Kirbas, Gulerman and Daglar (2016), the social problem is not only distributed around the world but also comes with many significant challenges both for the mother and the baby, with developing countries observed to be the worst hit. It is also notable that the outcome and risk of adolescent pregnancy forms one of the undeveloped and developed regions' major public health problems, especially in terms of neonatal and maternal mortality and morbidity (Assefa, Abiyou and Yeneneh, 2015). In adolescent groups aged between 15 and 19, recent statistics demonstrate that complications that occur during labor and pregnancy account for the second most frequent causes of death and that most of the babies born to the documented age group also stand a higher risk of dying – compared to their counterparts born of women aged between 20 and 24 years (Ayele, Gebregzabher and Hailu et al., 2018). This paper seeks to examine the high risk of adolescent pregnancy and complications, with a motivation to recommend some of the strategies that, if implemented, might reflect feasible solutions to the perceived prevalence of adolescent pregnancy and its associated complications on the mothers' and babies' sides.

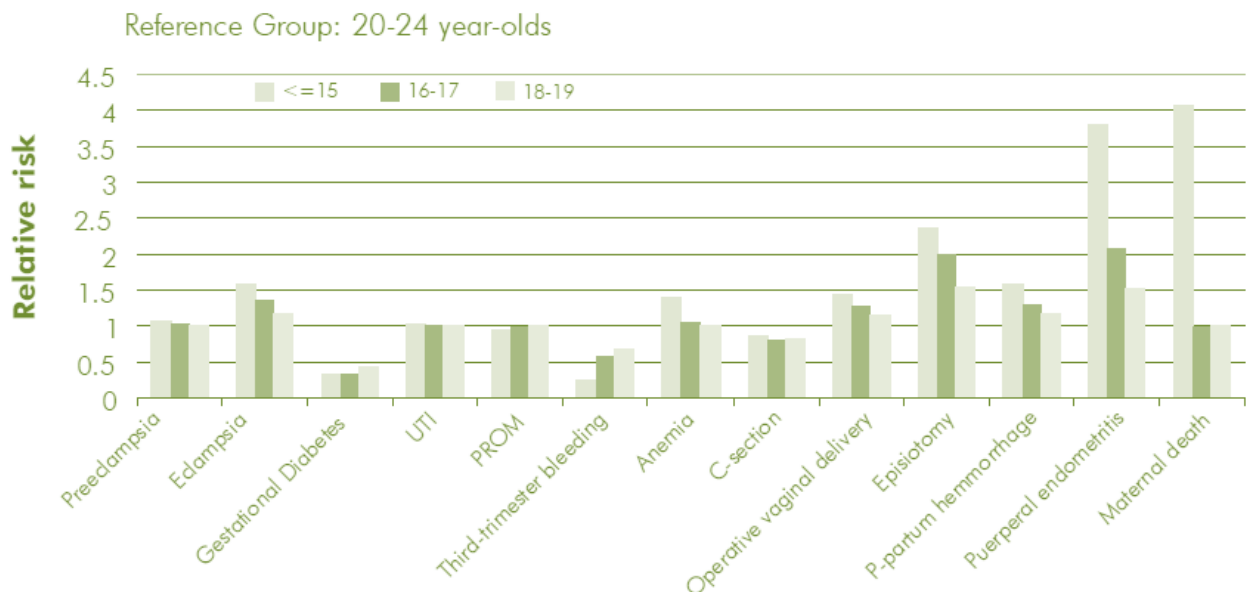
From some of the recent scholarly studies, findings demonstrate that adolescent pregnancy is not only a public health concern but also a medical issue that is likely to pose negative consequences on the physical and social development of the mother (Azevedo, Diniz and Fonseca et al., 2015). For these studies, these effects, upon accumulation (if adolescent pregnancy trends, prevalence, and incidents are not checked), could alter a given society's reproductive quality (Kawakita, Wilson and Grantz et al., 2016). From these observations, it is evident that adolescent pregnancy comes with physical and social challenges and that the studies are informative and contributory to literature. Particularly, the assertions sensitize audiences regarding complications surrounding adolescent pregnancy in relation to subjects about risk factors, preterm births, labor and delivery, and nutrition and weight. However, it is

also notable that most of the literature fails to address several issues. Some of the issues that are yet to receive in-depth analysis in relation to the subject of adolescent pregnancy and complications include current trends in adolescent pregnancy in different regions, specific risks and complications that different adolescents of different ages and exhibiting different demographic characteristics experience, how socio-demographic variables shape adolescent pregnancy, and feasible solutions that could be adopted to address the incidence and prevalence of adolescent pregnancy, as well as its associated complications.

Methods

- ✓ The central research question is, what are some of the risks and complications experienced in adolescent pregnancy? The study's specific research questions are stated as follows:
 - ❖ What are the current statistical trends in the prevalence of adolescent pregnancy in various demographic groups?
 - ❖ What is the relationship between gestation during adolescence and birth weight among children born of teenage mothers?
 - ❖ What are some of the feasible solutions that healthcare systems could adopt and implement to minimize high risks and complications of adolescent pregnancy?

Results



Whereas most of the pregnancies are associated with maternal anemia, most of the recent primary research outcomes suggest that pregnant adolescents are more likely to, or exhibit a significantly higher rate of having anemia, outweighing their adult counterparts (Kirbas, Gulerman and Daglar, 2016). Geographically, these statistical outcomes have been reported by cross-sectional, prospective, and retrospective studies in regions such as Uruguay, Sri Lanka, and Australia (Leftwich and Alves, 2017). More statistical outcomes demonstrate that most of the pregnant adolescents likely to have anemia have the majority of the population coming from developing countries, with the risk documented to be lower in developed regions.

Compared to adult mothers, adolescent mothers have been found to stand a higher chance of having infections such as pyelonephritis, chorioamnionitis, and urinary tract infections (UTIs) (Maly, McClendon and Baumgartner et al., 2017). Narukhutrpicai,

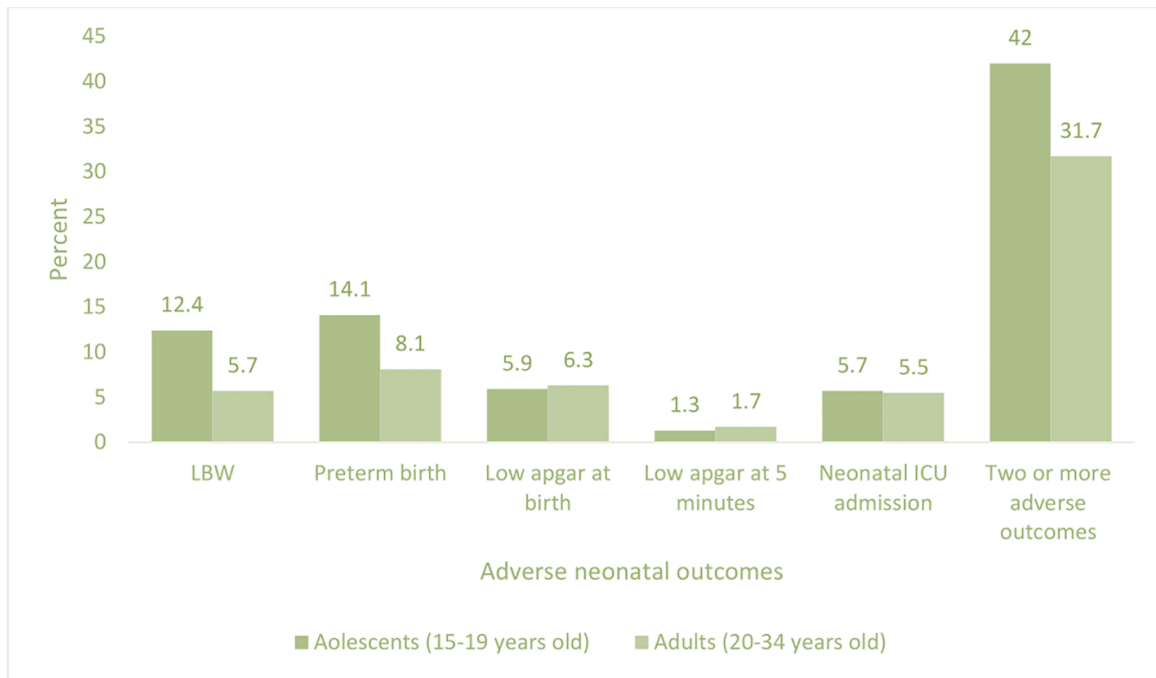
Khrutmuang and Chattrapiban (2016) observed further that compared to mothers aged 20 to 46, those who are aged between 15 and 19 are more likely to have *Plasmodium falciparum* malaria, with Usynina, Postoev and Odland et al. (2018) documenting further that most of the adolescents aged 14 to 18 are more likely to have *Chlamydia trachomatis*.

With many studies establishing that most of the pregnant adolescents experiencing excessive weight gain and an elevated pregnancy body mass index (Yuce, Aker and Seval et al., 2015), primary research outcomes hold that there is an increased risk of postpartum febrile morbidity. For these studies, there is a significant association between postpartum febrile morbidity and morbid obesity (Assefa, Abiyou and Yeneneh, 2015), with Ayele, Gebregzabher and Hailu et al. (2018) documenting that the latter condition dominates most of the pregnant adolescents in developing regions.

In pregnant adolescents, most of the retrospective primary investigations that have been conducted in developed and developing regions suggest that there is likely to be a significant increase in eclampsia and preeclampsia. For example, Azevedo, Diniz and Fonseca et al. (2015) observed that in young mothers, there is likely to be an elevation in preeclampsia, especially in the group aged between 13 and 16.



Thorough primary investigations reveal consistent data outcomes relative to the adolescent mothers' modes of delivery. Particularly, very young adolescent mothers are more likely to undergo higher rates of cesarean delivery. It is also notable that in developing countries such as Nigeria and India, the risk of operative vaginal delivery (OVD) is higher (Kawakita, Wilson and Grantz et al., 2016). Insights regarding the subject of postpartum depression demonstrate that most of the pregnant adolescents are at high risk to experience postpartum depression, both in the second and third month of postpartum and during pregnancy (Kirbas, Gulerman and Daglar, 2016).



For both the neonate and the mother, risks have been documented to be incurred in relation to preterm deliveries. For example, Leftwich and Alves (2017) observed that most of the pregnant adolescents are likely to have preterm deliveries, with country economic status found to play a less significant moderating role. As such, it can be inferred that for pregnant adolescents, chances of experiencing preterm deliveries remain high regardless of whether they are in developing or developed countries (Maly, McClendon and Baumgartner et al., 2017).

In young maternal age, especially that which involves pregnant adolescents, primary studies have demonstrated that there is a significantly higher risk of low birth weights compared to their adult counterparts (Narukhutrpicchai, Khrutmuang and Chattrapiban, 2016). The situation involving low birth weights has been observed to be compounded further by the factor of being a single mother (Usynina, Postoev and Odland et al., 2018).

In the offspring, many primary research outcomes contend that children who are born of adolescent mothers are more likely to be at risk for Pervasive Developmental Disorders (Yuce, Aker and Seval et al., 2015). Indeed, these disorders entail delays in many basic skills' development, including the use of one's imagination, the ability to communicate, and the ability to socialize with others (Assefa, Abiyou and Yeneneh, 2015). Additional insights demonstrate that in infants of adolescent mothers, the frequency of neonatal respiratory distress syndrome is higher. For investigations that have focused on congenital malformations, evidence points to increased risks of fetal malformations (Ayele, Gebregzabher and Hailu et al., 2018).

Based on the results documented above, this research paper infers that adolescent pregnancy poses an increase in the risk for both the infant and the mother. Particularly, most of the pregnant adolescents are at risk of conditions such as postpartum depression, emergency cesarean delivery, preeclampsia and eclampsia, and anemia. Also, most of these young mothers are likely to experience inadequate breastfeeding initiation. Another common theme that this study has established involves an increase risk of low birth weight and preterm birth in the neonate and mother, respectively. Also, adolescent pregnancy is seen to pose a significantly higher risk of respiratory distress syndrome.

During pregnancy, adolescent mothers are seen to be associated with an increase in the risk for such complications due to several reasons, both social and biological. For example, adolescents might not be fully grown and developed, implying that most of those who are pregnant are neither at an ideal pre-pregnancy height nor pre-pregnancy weight (Azevedo, Diniz and Fonseca et al., 2015). In such circumstances, many primary studies contend further that such mothers are unlikely to gain the recommended weight during pregnancy. It is also notable that most of the adolescent mothers are less likely to access financial means of attaining higher education levels of education, a social problem that exacerbates the aforementioned problems because the majority could end up engaging in cases of drug use and smoking while also having inadequate prenatal care, poor nutrition, and more cases of poverty (Kawakita, Wilson and Grantz et al., 2016). Indeed, the latter factors account for the documented higher risks of obstetrical problems.

Conclusion

Indeed, the recommendation that this paper makes involves some of the means on how to make adolescent pregnancy safer, especially after discerning that it is associated with several risks and complications both on the side of the mother and that of the baby. Particularly, the study recommends the need for community, family, and individual care. As indicated earlier, most of the adolescent mothers are seen to lack power, income, experience, education, and knowledge when compared to their adult counterparts. As such, the study recommends that programs that should be embraced are those that should be out to respond to these challenges that many adolescent mothers face. For example, knowledge about recognizing signs of complications and regarding forms of pregnancy complications needs to be disseminated to communities, families, and pregnant adolescents. In so doing, many of the pregnant adolescents might deliver while being assisted by skilled health care providers. Also, sexuality education and life skills education should be provided to adolescent mothers to increase their decision-making abilities. Through clinical and outpatient care via skilled health workers, it is projected that many lives of newborns and adolescent mothers would be saved, especially by diagnosing and treating anemia and reducing low birth weight and other adverse outcomes. In the future, scholarly studies ought to focus on the impact of the recommended interventions on shaping the incidence and prevalence of complications among adolescent mothers or pregnant adolescents in different geographical and demographic environments.

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