

## Two Faces of Chronic Mental Disorders in a Changing World: Schizophrenia and Bipolar Disorder

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**S**chizophrenia and bipolar disorder are two of the most important disorders in the clinical and scientific practice of psychiatry. As of September 2021, the date this supplement is complete, a search for the terms “schizophrenia” and “bipolar disorder” on the PubMed yield more than 150.000 and 55.000 entries, respectively. Those numbers would certainly be much higher with the inclusion of looser definitions like “psychosis” or “affective disorder”.

Schizophrenia is a neurodevelopmental disorder that starts in adolescence or young adulthood and is brought about by the interplay of several pathophysiological mechanisms. Genetic factors underlying the biological and clinical features are heterogenous, and a high degree of pleiotropy is involved (1). The lifetime prevalence is roughly 1%. The likelihood of being employed with a regular income is estimated to be as low as 10-15% (2).

Bipolar disorder is a relapsing psychiatric disorder with the core features of fluctuations in mood and energy. Similar to schizophrenia, genetic and environmental factors act together in etiology and clinical course. The prevalence is about 2%, although this figure increases to as high as 5% when milder forms on the bipolar spectrum are included (3). The World Health Organization surveys identify bipolar disorder as the second most common cause of absenteeism. The burden of bipolar disorder on the health care system has been increasing, paralleling the increase in the incidence and the associated disability-adjusted life years (4).

The burden of severe mental disorders has grown with the increase in the world population and higher life expectancy. Furthermore, the recent COVID-19 pandemic has swirled the world into a period of “mental pandemic” for the last two years. We have been witnessing a higher incidence of psychiatric disorders and symptom exacerbations, resulting in an increased demand for mental support, further expanding the burden on health system. Mitigating the negative effect of COVID-19 pandemic on mental health was recently announced as a public health priority (5).

In a changing and transforming world, access to treatment and public acceptance of those currently disadvantaged groups have come to be even more difficult. Stigmatization, obstacles on physical and mental health engagement, low income, negative factors associated with life style and poor social support have contributed to the adverse impact of the pandemic. Social isolation, quarantine and lockdown regulations have added to the stress factors, increasing the frequency of relapses (6).

A common feature of schizophrenia and bipolar is that they constitute the major diagnostic entities of what are collectively called as severe mental disorders. In addition to this, there is considerable overlap between the genetic, pathophysiologic and psychopathologic features of these disorders. Above all, we are currently far behind our expectations regarding their treatment. The prevailing view centralizes pharmacotherapy as the major treatment modality for both schizophrenia and bipolar disorder, however psychotherapeutic management including individual psychotherapy and other psychosocial methods (i.e., family interventions and rehabilitation) are also essential components of treatment (7).

In this supplemental issue we intended to present an up to date referential source for clinicians, inviting authors whose clinical and academic specialty is schizophrenia or bipolar disorder.

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We opted against linguistic restrictions for the sake of adopting a common terminology. The reader will therefore find varying terminology for similar constructs, as in the examples of “episode” and “attack”, or “treatment” and “therapy”. We do value the use of original Turkish language in scientific writing. Nonetheless, experts of the field chose to use the original English term when they felt that the exact equivalent of the expression would be lost in an effort of translation.

We hope the reader will find a comprehensive review of the several approaches in the life-time treatment of schizophrenia and bipolar disorder in this issue.

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