# Computerized Teaching Model Analysis: Diagnostic and Therapeutic Systems for bipolar disorder and economic analysis

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*Abstract:* Bipolar disorder you have seen a dramatic increase in the number of patients in recent years. We studied strategies of computer teaching models and tried to resolve the clinical features of bipolar disorder that are difficult to diagnose and treat. We also studied the existing research system and,in light of the current economic development in china, made strategic studies of marketing. The author summarized,analyzed,and reported the results.

*Keywords:* Computer Science; Education; Psychomedicine; Bipolar Disorder; Economics

## Introduction

There is an indistinguishable link between the contents, forms and measures of computer education, the professional development of students and the personalized development of students are questions that should be considered in computer education. Current advances in social computer technology are rapid, and the range of computer technology and mode of application are increasingly diversified. Computer education also requires focusing on the training of diverse talent. Individual students vary in their focus on professional computer technology, and the deepening of educational computer education requires attention to individualized development, focusing on students' learning needs and maximizing the satisfaction of students' personalized growth. Because students vary in their interest in the application of computer technology, it is easy for some students to lack interest in learning, limit the attainment of the goals of computer education, and limit the training of high-level technical talent, if they adopt integrated teaching content and teaching methods. Computer teaching reform should achieve computer technology education and informationization in line with social development trends.

In a contemporary context, where teachers have increasingly extensive access to educational information, teachers should actively collect educationally valuable computer technologies through a variety of channels, while enabling students to use them in a practical way. Reforms in computer education need to focus on innovations in teaching concepts and forms, assist students with an integrated knowledge setup, and foster students' sense of innovation and awareness and improve the quality of computer education.

Bipolar disorder is defined as either manic or manic attacks or depressive episodes since the onset of the disease. The following are separately described: manic states are abnormally happy, relaxed, carefree, full of smiles, elated and exuberant (elevated emotions), some may present with a slight or mildly involuntary tantrum (irritability), and impulsive behavior may occur in severe irritability. The patient feels that he or she has become very alert, clever, and responsive. Feel good about yourself, exaggerate your abilities, finances and prestige, think you have the ability to do big things and make big money (hyperthink). Patients have a lot of activity, good communication, good leisure, a lot of work to do, and a lot of work to do (increased willing behavior). With great energy,sleep needs to be reduced and tired. Working without a head or tail can easily be distracted by what happens around them (as a result of shifting circumstances) and overoptimistic, hasty, and reckless, regardless of the consequences of the outcome. It's money, it's hedonistic, it's profligacy. It tends to clash with the surroundings and produce impulsive behavior. Increased libido and sexual impotence. In a manic state,the patient feels well and usually has no awareness of his condition,that is,no awareness of his own disease. Emotional hyperplasia or irritability is

a characteristic manifestation of a manic state with increased free-thinking and will-behavior behavior. It manifests as a coordinated psychomotor excitation, that is, coordinating mood, inner experience, and will behavior, and coordinating with the surroundings. Symptoms of incoherence, verbal confusion, behavioral disturbances, hallucinations, delusions, and so on may appear when severe. Depression, mood depression, mood depression, mood depression, sadness, sadness, unhappyness, hopelessness, even pessimism and hopelessness, self-inflicted suicidal ideas and behavior. 2 Patients are less interested in nothing and less in things that were previously of interest to themselves, and live lazily, passively, and out of group. 3 Loss of pleasure, absence of a relaxed and pleasant feeling in the patient's heart, and inability to experience from life to pleasure. Fatigue, weakness, weakness. Anxiety associated with other psychological symptoms 1 is a very common symptom of depressive disorder, characterized by excessive anxiety, biliary fear, nervousness, hesitation, irritability, palpitation, chest stupor, and dyspnea. 2 In psychomotor delay, mental retardation, and behavioral retardation. The 3 irritation manifests itself by thinking incessantly, being extremely irritable, resting, and uncontrollable. 4 Self-culpability, poor self-evaluation, and the belief that he has many mistakes, can do nothing, is a useless person, and a burden on family members. 5 Pessimistic despair, self-injury suicidal thoughts and behaviors, hallucinations, delusions, and other psychotic symptoms at severe severity. 6 Diminished attention and memory. Physical symptoms, sleep disturbances, severe insomnia (dyssomnia, early awakening, shallow sleep, multiple dreams), disordered appetite, lack of appetite, lack of energy, fatigue and weakness, loss of sexual function, weight loss, various physical discomforts, and worsening of symptoms in the morning. The mixed state refers to the presence of manic and depressive manifestations during the same period (at least two weeks), such as increased speech and activity in depressed mood, dysrhythmias in manic state, lack of energy, and sometimes rapid shifts in manic and depressive behavior in a single day.

Computerized online medical education is a good way to teach. And, after a while of practice, we saw the advantages of online teaching, students becoming more autonomous, and we always advocated for students to learn on their own, but students still had to follow their teachers in the classroom. Online teaching made up for this. Many schools in medical colleges do not have a schedule, and students can do what they want to learn first. Many schools have a schedule, but online teaching is basically a program, and even live, you can look back. So there's a rare case in which a student can't watch it in time and can look back. In addition, students are able to read courses according to their own understandings. If there's anything you don't understand, if there's nothing you can hear, students can read it over and over until they understand it. This is all the more altering students' academic initiative, something that we cannot do in our traditional classrooms. Online questions are freer and more convenient than lines. On-line teaching students can ask questions in groups, teachers can answer questions at once, and students' problems can be solved more promptly. Traditional classrooms are difficult to achieve. To boost the balance of educational resources, we want students to attend school, to become famous teachers, and to get students to have good educational resources. This time on the line, there are lots of places where they can be recorded, mostly by excellent teachers, and where students can see the same videos and enjoy the same resources. This is a rare undertaking for most students. Parents are more involved in their students' learning, and we often argue that education should be a collaborative effort. But in normal times, parents work hard and spend less time on their students. This time, because many parents have not returned to work, there is more time to focus on their students' learning, there is no change, there is no progress without thinking, and the use of advantages to compensate for their weaknesses is a good way to increase them.

Bipolar disorder, therefore, has broad prospects as a complex disorder in computer online education.

An economic analysis of an online medical educational platform: B2B2C, with its large volume of liquidity, requires a number of other tertiary educational institutions or individual IP lecturers to stay on the platform when the supply of self-made courses is no longer sufficient to meet users' needs, often in the form of commissioning. In this model, some of the shape of giant online educational platforms and offline Shopping MAL is very similar. Based on the developer's background and the shopping mall's business management model, here we give an example of the linked molar shopping mall MALL. The online educational platform CCtalk, boasts a high level of self-employment, while other industries are extremely well prepared for one-stop learning. There's got to be something akin to the pattern. So we have a business-to-business model of B2B2C education that makes sense to refer to the Shopping Mal model of leasing.

Strategy and Conclusion: For medical students, the following teaching objectives are required:

More understanding, more contact, and more observation. In such patients, especially in their first encounters, one must be kind, warm, sincere, patient, calm, stalwart, and smile to make them feel warm, so that they can trust and work together.

To supervise and ensure quality of life. In such patients it is necessary to supervise the bathing, cutting, and changing of clothing; it is necessary to incorrupt lice at all times; and it is necessary to supervise the timing, timing, and method of eating on schedule. Every meal must be monitored to prevent binge eating,bulge eating,shutting,doing or eating less,ensure adequate quantities of water and food,maintain nourishment,and prevent bad business or failure. Observe regular sleep,get out of bed and exercise;for those who sleep less at night,the day allows them to attend more simple activities,shorten sleep time,and ensure the quality of sleep at night. For those who live lazily, slowly teach them simple hassles such as clothing, watering, sweeping, and scrubbing a table, and gradually develop good habits to ensure quality of life. 3. To supervise the participation in entertainment activities. It is helpful to encourage and supervise the patient to take part in the entertainment activities of the affected area, such as taking them to walk, patting ball, batting hand, and so forth. During contact, these patients must be better understood and mastered, and efforts must be made to help with the problem. iv. stresses communication methods. The directest and most common means of communication are direct contact and observation of their dynamics, and, by observing their expressions, analysis of what they need, providing as much help and satisfaction as possible, enabling them to feel the warmth of the large family, so that they can gradually relax their stress, fear, and thus live happily with therapy. 5. Changes in lifestyle. In order to treat the patient well and gradually educate him or her about his or her general living ability, the modeling blocks of computer teaching should, in general, design more of the functions required by the medical students to accomplish the purpose of teaching.

# References

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