

## Case Study: Bipolar Mania

Noreen, age 32, had always been described as “moody.” Depending on what was happening in her life at the time, she could be very sad and depressed or very lighthearted and happy. During her “down” times she would feel tired, experience loss of appetite, and sleep a lot. During her “happy” times, she would party a lot, be very outgoing, and have a remarkable amount of energy. Noreen did well in college and graduated at age 26 with an MBA. Since that time, she has been employed in the administration department of a large corporation, in which she has had several promotions. Two weeks ago, management was to make the announcement of who would be fulfilling the position of vice president of corporate affairs. Noreen and a male colleague, Ted, were vying for the position. It was a choice position that Noreen desperately wanted. She became very depressed when the announcement was made that Ted had been chosen. She stayed at home, in bed, and slept a lot for several days. On about the fourth day, she got up, feeling exhilarated, and decided to go shopping. She spent over \$1,000 on clothing. She then decided to have a party for several hundred people, ordered the catering, and planned all the details. Tonight, was the party. Noreen wore a new, very expensive dress, drank a lot of champagne, was very jovial and seductive, and bragged to everyone who would listen that she would soon be getting a new job and that the people at her old organization would be sorry they had failed to promote her. She left the party with a man she hardly knew. At 3 a.m., she was picked up by the police under the grandstand at the local baseball stadium, wearing only her underclothes and high-heeled shoes and carrying a half-filled bottle of champagne. She was alone and speaking very loudly and rapidly. The police brought her to the emergency department, where she was admitted to the psychiatric unit with a diagnosis of Manic Episode.

## Symptoms of Bipolar Disorders

Next to each of the behaviors listed below, write the letter that identifies the disorder in which the behavior is most prevalent.

- a. ~~Cyclothymic disorder~~    b. ~~Bipolar I disorder~~    c. ~~Bipolar II disorder~~  
d. ~~Manic episode~~    e. ~~Delirious mania~~

  E   1. Clouding of consciousness occurs.

  A   2. Characterized by mood swings between hypomania and mild depression.

  D   3. Paranoid and grandiose delusions are common.

  D   4. Excessive interest in sexual activity.

  D   5. Accelerated, pressured speech.

  E   6. Frenzied motor activity, characterized by agitated, purposeless movements.

  C   7. Recurrent bouts of major depression with episodes of hypomania.

  B   8. Recurrent bouts of mania with episodes of depression.

*Please read the chapter and answer the following questions:*

1. What is the most common medication that has been known to trigger manic episodes?

The most common medication that has been known to trigger manic episodes are the steroids used for chronic illnesses such as multiple sclerosis and systemic lupus erythematosus. Other medications such as amphetamines, antidepressants, and high doses of anticonvulsants have the potential to trigger manic episodes as well.

2. What is the speech pattern of a person experiencing a manic episode?

The speech pattern of a person experiencing a manic episode is very accelerated due to racing thoughts, over connection of ideas. They often change focus of ideas and have pressured speech that makes conversing very difficult. They also usually become distracted easily and have a poor attention span. They can also experience hallucinations and delusions during conversating.

3. What is the difference between cyclothymic disorder and bipolar disorder?

Cyclothymic disorder is a chronic mood disturbance of at least 2 years duration involving episodes of elevated mood that doesn't meet the criteria for a hypomanic episode and numerous episodes of depressed mood that doesn't meet the criteria for major depressive episode. Individual is never without symptoms for more than 2 months. Whereas bipolar disorder is characterized by mood swings from profound depression to extreme euphoria with intervening periods of normalcy. Delusions/ hallucinations can be a symptom that occurs here as well.

4. Why should a person on lithium therapy have blood levels drawn regularly?

A person on lithium therapy should have blood levels drawn regularly because it has toxic side effects that can be fatal to the individual. It is very easy to meet these limits, so keeping an eye on levels is extremely important.

5. There is a narrow margin between the therapeutic and toxic serum levels of lithium carbonate. What is the therapeutic range? What are the initial signs and symptoms of lithium toxicity?

Lithium has a very small therapeutic range of 0.6-1.2 mEq/L. Initial signs and symptoms of lithium toxicity are persistent nausea and vomiting, severe diarrhea, ataxia, blurred vision, tinnitus, excessive output of urine, increasing tremors, and mental confusion.

6. Describe some nursing implications for the client on lithium therapy.

Some nursing implications for a client on lithium therapy would include: educating patient on taking medication on a regular basis, when feeling well, educate on not driving dangerous machinery.

Maintaining an adequate dietary sodium intake. Notify physician if vomiting or diarrhea occurs, notify health care provider if pregnancy is suspected.