

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?

Steroids are the most common type of meds that trigger the onset of manic episodes.

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

Accelerated thinking turns into racing thought, over connection of ideas. Also, rapid change from one thought to another, also called "flight of ideas." Continuous accelerated, pressured speech which makes it difficult to have a conversation with that person. Speech will often be disorganized, and incoherent if severe.

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

Cyclothymic disorder is relatively mild mood disorder with periods of depression and mania. Many times, it goes undiagnosed, however for a diagnosis a person must have experienced several episodes of mild depression and elevated moods. Cyclothymic disorder is technically a type of bipolar disorder. Bipolar I disorder is when a person's manic episode lasts at least 7 days and requires hospitalization- these symptoms will generally occur throughout the majority of the day. Bipolar II is when there are hypomanic episodes- less severe- and last around 4 days at a time with periods of depression. Generally the main difference is the severity of similar symptoms.

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

When levels get above the therapeutic range a client can manifest toxic side effects and can potential side effects and can potentially be fatal.

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 narrow therapeutic range of 0.5-1.5mEq/L during acute therapy and 0.6-1.2mEq/L for chronic therapy. Toxicity manifests as blurred vision, ataxia, tinnitus, persistent, n/v, and severe diarrhea.

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

Provide sugarless candy, ice, frequent sips of water for dry mouth/thirst

Administer meds with meals to decrease GI upset

Maintain an adequate intake of sodium

Drink 2000-3000mL of fluid per day

Teach patient to report n/v/ and diarrhea to doctor

Teach them to use caution when using dangerous machinery