

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.

__e__ 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 steroids to treat chronic illnesses such as MS and SLE.

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

The speech pattern of a person experiencing a manic episode is a continuous flow of accelerated pressured speech.

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

Cyclothymic- chronic mood disturbance of at least 2 years duration, involving numerous periods of elevated mood (hypomanic symptoms) that do not meet the criteria for a hypomanic episode and numerous periods of depressed mood of insufficient severity or duration to meet the criteria for major depressive episode.

Bipolar- mood swings from profound depression to extreme euphoria (mania) with intervening periods of normalcy.

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

Blood levels are drawn regularly because if it is out of range, toxic levels can be reached causing toxic side effects that are potentially 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?

Therapeutic range: 0.6-1.2 mEq/L

S&S: persistent nausea and vomiting, severe diarrhea, ataxia, blurred vision, tinnitus, excessive output of urine, increasing tremors, or mental confusion.

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

Take med on a regular basis even when feeling well. Do not operate machinery until lithium levels are stabilized. Maintain an adequate intake of sodium, eating fruits and vegetables and avoiding junk food. Drink 6-8 large glasses of water a day avoiding excessive use of beverages containing caffeine. Notify if N/V occurs because it can cause a loss of sodium and increase lithium levels. Be aware of the risks of becoming pregnant and notify HCP if suspect pregnancy. Keep appointments for follow-up and have serum lithium levels checked q1-2 months.