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.

__E__ 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 used to treat MS and SLE are the most common to trigger manic episodes.

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

A person who is experiencing a manic episode tends to be more talkative than usual and speaks at a faster rate. Their speech is pressured and the person has a flight of ideas, meaning they cannot stay on a topic for very long.

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

Bipolar disorder involves extreme periods of mania and depression. Cyclothymic disorder also involved periods of mania and depression, but mania levels are not high enough to be classified as a hypomanic episode and depression levels are not low enough to be classified as a major depressive episode.

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

Blood levels should be drawn regularly for a person on lithium because of the risk of toxicity. If levels are not maintained at a therapeutic range, it can 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?**

The therapeutic range of lithium is 0.6-1.2 mEq/L. The initial signs and symptoms of lithium toxicity include 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.**

A nurse caring for a patient on lithium therapy should monitor sodium levels and ensure adequate sodium intake, inform the patient to avoid driving or operating heavy machinery until lithium levels are stabilized, and encourage plenty of fluid intake (6-8 glasses a day). They can also monitor for signs of lithium toxicity and educate the patient to avoid caffeinated beverages. Monitoring for weight gain is another nursing implication that involves monitoring the diet; educate the patient to avoid junk foods and try to decrease number of calorie intake to help maintain weight. Lithium is not pregnancy safe, so educating about notifying the provider on planned or suspected pregnancy is extremely important.