

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?

Antidepressants are known to trigger manic episodes

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

Speech patterns of a person during a manic episode are accelerated and pressured speech (loquaciousness). They have flight of ideas, racing thoughts, and an over connection of thoughts.

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

A cyclothymic disorder last at least 2 years with periods of hypomania and minor depressive symptoms. These symptoms are present at least half of the time but not without symptoms for 2 months. According to our text this type of disorder has not met the criteria's needed for manic, major depression, or hypomania.

Bipolar comes as bipolar I and bipolar II. Type I has hypomanic episodes that alternate with major depression. They have at least 1 episode. Type 2 has one or more occurrences of this alternating episodes

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

There are many different complications that a person can experience when taking lithium. Lithium can cause renal toxicity (BUN, creatinine), hypothyroidism (T₃, T₄, TSH), lithium toxicity (lithium levels) hypotension/brady dysrhythmias/and electrolyte imbalances (EKG, electrolytes). The actual lithium levels should also be checked to make sure they are within the therapeutic range and then be assess for the effectiveness of the medication.

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?

For maintenance therapeutic levels of lithium, the range is 0.6-1.2 mEq/L. During acute mania the therapeutic levels are 1.0-1.5 mEq/L. Lithium can have some adverse effects (1.5 mEq/L and below) that include GI issues (N/V/D), thirst, polyuria, slight tremors of the hands, slurred speech, muscle weakness, and lethargy. After use and at these lower levels, the manifestations should go away and symptoms should improve. At 1.5-2.0 mEq/L, early toxicity manifestations include: confusion, sedation, poor coordination, tremors, and GI distress (N/V/D). As the Lithium levels increase so does the toxicity levels. Advanced toxicity (2.0-2.5mEq/L) symptoms include: extreme polyuria, tinnitus, jerking movements, giddiness, blurry vision, ataxia, seizures, stupor, severe hypotension, respiratory issues that could lead to death. The most severe toxicity has lithium levels of 2.5mEq/L and greater. At this level the manifestations rapidly progress and lead to coma and death

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

Nursing implications and interventions include obtaining bloodwork and labs (lithium levels, BUN, creatinine, T3, T4, TSH, urine sample for dehydration/pregnancy), completing vital signs, EKG, and assessments of the different body systems.

Lithium levels need to be completed twice weekly during the beginning until therapeutic levels are reached. Education about diet (adequate sodium intake, low calorie diet, and 2-3 L fluids per day), monitoring I/O, prevention of weight gain (may use spironolactone) and dehydration, signs and symptoms of toxicity and when to call the doctor.

This medication can dry your mouth so encourage sugar free candy and gum, frequent sips of water and ice, and adhere to strict oral hygiene.

This medication can cause GI distress so give with meals or milk to help reduce this upset. It can also cause drowsiness, dizziness, and headache