

Elizabeth McCloy

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.

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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, B 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?

Certain medications used to treat somatic illnesses have been known to trigger a manic response. The most common of these are the steroids frequently used to treat chronic illnesses such as MS and SLE. Amphetamines, antidepressants, and high doses of anticonvulsants and narcotics also have the potential for initiating a manic episode.

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

Accelerated thinking to racing thoughts, over connection of ideas. They talk and laugh a great deal, usually very loudly and often inappropriately. When flight of ideas is severe, speech may be disorganized and incoherent.

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 numerous episodes of hypomania and depressed moods of insufficient severity or duration to meet criteria for either bipolar I or II disorder, they are never without symptoms for 2 months. Bipolar disorder is a diagnosis given to an individual experiencing or has experienced a manic episode. The patient may also have experienced episodes of depression.

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

Lithium like all other medication has side effects, and this specific medication has a very narrow therapeutic range that must be followed and it below or under could be very toxic to the individual or 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?**

The therapeutic range is 0.6-1.2 mEq/L. S/S of lithium toxicity include blurred vision, ataxia, tinnitus, persistent nausea, and vomiting, and severe diarrhea.

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

Take medication on a regular basis, even when feeling well. Discontinuation can result in return of symptoms. Not to drive or operate dangerous machinery until lithium levels are stabilized d/t drowsiness and dizziness and can occur. Teach patient not to skimp on sodium intake, avoid junk foods. Drink 6-8 large glasses of water each day and avoid caffeine. Teach patient to report N/V/D, blurred vision, tinnitus, excessive output of urine, increasing tremor, or mental confusion to physician as these can be s/s of toxicity.