

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.

***List two priority problems for Noreen and 3-4 nursing interventions per problem for this patient's plan of care.**

1.) Nutrition: less than body requirements, imbalanced (skyscape: nurses pocket minder)

- a. assess nutritional needs r/t age and growth phase, presence of congenital anomalies
- b. evaluate clients ability to feed self, and document presence of interfering factors
- c. determine availability and use of financial resources and support systems
- d. explore lifestyle factors such as specific eating habits, the meaning of food to the client, and individual food preferences and intolerances/aversions.

2.) Ineffective impulse control (skyscape: nurses pocket minder)

- a. Investigate causes/individual factors that may be involved in the client's situation
- b. Encourage client to identify negative consequences of behavior by expressing own feelings and anxieties regarding the adverse impact on client's life.
- c. identify counseling/therapy resources, support group, or community activities
- d. discuss the issue of hypersexuality
- e. manage milieu as appropriate

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

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

Pressured speech: A person will very quickly, erratically, without stopping.

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

Cyclothymic disorder is a mood disorder that causes emotional ups and downs that are less extreme than BPD.

Bipolar disorder is a disorder that is associated with episodes of mood swings ranging from depressive lows to manic highs.

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

To prevent toxicity and can be fatal if the lab result is not within its therapeutic range.

- 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 is (0.6 – 1.2 mEq/L). Initial s/s include GI problems like nausea, vomiting, diarrhea, and abdominal pain.

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

You would want to assess their mental status (orientation, mood, and behavior) at first and periodically during therapy. You want to initiate suicide precautions for safety. Its important to monitor I&O's, and a fluid intake of at least 2,000-3,000mL/day should be maintained. Weight should be monitored every 3 months. Its important to check labs such as renal, thyroid, WBC with diff, serum electrolytes, and glucose periodically during therapy.