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.**

Ineffective coping

- **Determine specific stressors**
- **Determine use of defense mechanisms (alcohol, drug use, smoking, etc.)**
- **Ask pt directly if they are having difficulty dealing with the situation, and if they have had thoughts of harming themselves or others**

Ineffective denial

- **Determine stage/duration of denial and any defense mechanisms used by the patient**
- **Provide a safe-nonthreatening environment**
- **Encourage pt to express feelings, thoughts, and beliefs accepting the pt's view of the situation without confrontation or arguing with the pt**

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___5. Accelerated, pressured speech.

__D___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?**

Medications that are used to help treat somatic illness which include steroids, as well as antidepressants, amphetamines, and high doses of anticonvulsants.

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

Speech may be accelerated, pressured, disorganized, and incoherent.

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

The biggest difference between cyclothymic disorder and bipolar disorder is that bipolar disorder tends to have more severe symptoms, including episodes of mania and depression. One the other hand cyclothymic disorder has both of these symptoms but they are less severe.

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

Blood levels should be drawn regularly to monitor the lithium serum levels to hopefully prevent lithium toxicity from occurring.

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?**

Range= 0.6-1.2 mEq/L
S+S:

- Persistent N+V
- Diarrhea
- Ataxia
- Blurred vision
- Tinnitus
- Excessive urine output
- Increasing tremors
- Mental confusion

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

- Do not drive until lithium levels are stabilized due to potential drowsiness

- Maintain adequate sodium intake → low sodium can lead to increase risk of lithium toxicity

- Have lithium levels checked every 1-2 months or prn

- Carry a card with you that have all of the medications you are taking

- Be aware of risks of becoming pregnant while on lithium therapy