

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.**

One priority problem for Noreen is impaired mood regulation. One nursing intervention is to assess causative or contributing factors. Another nursing intervention is to assist client to regulate mood changes effectively. Another nursing intervention is to promote wellness for the client when it comes to their physical and emotional health. A second priority problem for this client is risk for suicidal behavior. One nursing intervention for this client is to assess the degree of risk for this client. Another nursing intervention is to assist client to accept responsibility for their own behavior and prevent suicide. Another nursing intervention is to assist client to plan course of action to correct or deal with existing situations.

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.

_____ 3. Paranoid and grandiose delusions are common.

_____ 4. Excessive interest in sexual activity.

_____ 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?

The most common medication to cause manic episodes are steroids that are commonly used to treat chronic illnesses like MS and SLE.

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

Someone having a manic episode might have accelerated and pressured speech. Speech may also be disorganized and incoherent if they are having flight of ideas.

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

Cyclothymic disorder is a mood disturbance that lasts at least two years. It involves episodes of hypomania and depression. This individual will never be without symptoms for 2 months. Bipolar disorder, the individual experiences periods of mania and depression that are more severe than cyclothymic disorder.

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

A person on lithium should have blood levels drawn regularly because if lithium goes above therapeutic range, it can cause toxic side effects including death.

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. The initial symptoms of lithium toxicity is 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.

Some nursing interventions for a patient on lithium therapy is to assess their mental status periodically while on the medication and to initiate suicide precautions if needed. Also, to monitor their serum lithium levels every two months during chronic therapy to be sure they stay in therapeutic range. Also, the nurse should educate the patient to take the medication as directed and to not stop taking it suddenly. Also, be sure the patient watches their sodium levels. Large changes can disrupt the medication.