

## **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.**

- Risk for injury

1. Administer medications properly as ordered
2. remove anything that the patient could use to hurt herself or others once admitted
3. Reduce stimuli as needed
4. Stay with the patient when the patient is having a manic episode

-Risk for self-directed violence

1. Observe and listen to the patient to determine what is causing the manic episodes
2. Observe for signs of suicidal intent as needed
3. Ask directly if the patient is thinking of acting on any thoughts or feelings on admission
4. Assess the patients coping behaviors that are currently present

### **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 are the most common medication that have been known to trigger manic episodes.

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

Pressured speech may occur for a person experiencing a manic episode.

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

Cyclothymic disorder is a chronic mood disturbance of at least two years. During these two years the patient may experience periods of elevated mood that do not meet the criteria for a hypomanic episode or major depressive episode. Bipolar disorder is when someone is diagnosed with cycles of mania and depression.

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

This ensures the patients' lithium levels remain at a therapeutic level. If the levels are high the patient will have toxic levels. This is dangerous and can be deadly.

**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 to 1.2mEq/L. The initial signs and symptoms of lithium toxicity would be muscle weakness, tremors, and speech problems.

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

The patient should take the medication regularly even when they are feeling good. The patient should not drive until the lithium levels are at a therapeutic range. The patient should maintain an adequate sodium intake. Finally, I would recommend the patient carry a card identifying all the medications that they take.