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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. risk of injury

- ensure safety by conducting a thorough assessment on the patient and removing any potentially hazardous items.

- Assess the patient's orientation and level of consciousness.

- Assess the patient's emotional and behavioral response to environmental surroundings

- observe for any signs of injury or self harm, if the patient is alert and oriented do a mental health examination.

2. Risk of violence inflicted onto self or others

- Assess for any cognitive changes, assess the patient for signs of escalating agitation or potential violence

- Modify the environment to minimize risk and decrease environmental stimuli

- Maintain a non-threatening posture and keep your voice in a low and calm manner.

- Collaborate with the patient to develop an individualized crisis intervention plan.

3. Undeveloped ego and low self-esteem

- set limits on manipulative behavior

- do not argue, bargain, or try to reason with the patient

- provide positive reinforcement

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.

 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?

- Selective serotonin reuptake inhibitors (SSRIs) have been shown to sometimes trigger manic episodes and rapid cycling of mood swings in clients with bipolar disorders.

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

- Accelerated, pressured speech (loquaciousness)
- Disorganized and incoherent

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

- A diagnosis of bipolar I disorder is given to an individual who is experiencing a manic episode or who has a history of one or more manic episodes.
- The bipolar II disorder diagnostic category is characterized by recurrent bouts of major depression with episodic occurrence of hypomania.
- The essential feature of cyclothymic disorder is a chronic mood disturbance of at least 2 years' duration, involving numerous periods of elevated mood (hypomanic symptoms) that do not meet the criteria for a hypomanic episode and numerous periods of depressed mood of insufficient severity or duration to meet the criteria for major depressive episode.

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

- Lithium can have toxic side effects and is potentially fatal when exceeding the therapeutic range. Lithium has a lag period of 7 to 10 days, first-generation antipsychotics such as haloperidol may be helpful in initial treatment because of their immediate sedative effects. They also increase the effects of lithium, so monitoring blood serum levels is especially important in the initial phase of treatment when these two drugs are used in combination. Serum lithium levels should be monitored once or twice a week after initial treatment until

dosage and serum levels are stable, then monthly during maintenance therapy. Blood samples should be drawn 12 hours after the last dose.

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 of lithium is 0.6-1.2 mEq/L. At blood levels >1.2 mEq/L early signs of toxicity include vomiting and diarrhea. At blood levels >1.5 mEq/L gastrointestinal (increasing nausea, anorexia, diarrhea) and CNS effects (muscle weakness, drowsiness, ataxia, coarse tremor and muscle twitching) occur. At blood levels >2 mEq/L: increasing disorientation and seizures can occur

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

- Instruct patient to report all medications, herbals, and caffeine use to physician or nurse practitioner to evaluate for drug interactions
- Encourage patient to maintain fluid intake at 2,000–3,000 mL/day and to avoid activities that cause excessive sweating or fluid loss because inadequate fluid intake can impact lithium levels
- Instruct patient about the importance of regular monitoring of serum lithium levels
- Blood levels should be drawn 12 hours after the last dose