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.**

A priority problem for this patient would be Decreased activity tolerance/risk for decreased acitivty tolerance. A few interventions that could be performed are to note the presence of an acute or chronic illness, ask the client about their usual level of energy, and assess emotional and psychological factors that affect the current situation. Another priority problem for this patient would be imbalanced energy field. Interventions that could be performed for this problem are to review the current situation and concerns of the client, note use of medications or other drugs used, and shorten duration of treatments 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.

__D__ 3. Paranoid and grandiose delusions are common.

___B_ 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?**

The book did not state the exact medication; however, it stated that the most common medications to trigger the manic episodes are steroids used in the treatment of chronic illnesses as multiple sclerosis or SLE. Page 450.

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

Accelerated thinking will proceed to racing thoughts, over connection of ideas, and flight of ideas. There may also be pressured speech.

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

In bipolar there can be recurrent bouts of depression or mania. The difference is that in cyclothymic disorder, there is a chronic mood disturbance for a minimum of two years and can involve hypomanic symptoms but not meet the criteria of hypomanic episodes. The individual will not be without the symptoms for more than two months.

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

Patients receiving lithium therapy should have their blood levels drawn regular due to such a narrow range with this drug. Out of the range or toxicity can lead to extrapyramidal side effects and can

actually be fatal, so maintaining this therapeutic range is very critical not only for the treatment of the disorder but for patient safety.

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 for this drug ranges from 0.4 mEq/L to 1.0 mEq/L. Some of the initial signs of lithium toxicity include vomiting, diarrhea, slurred speech, lightheadedness, decreased coordination, drowsiness, muscle weakness, tremor, and twitching.

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

Some implications are to provide this drug with milk or a meal to decrease GI effects. Monitor blood levels regularly and differentiate the toxic effects from adverse effects. Monitor thyroid functioning once a year. Monitor for coarsening of a tremor if tremor occurs.