

## **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. Priority Problem: ineffective coping**

**~Ask the patient if they have difficulty dealing with their situation has led them to thoughts of harming self or others?**

**~Assist the patient to recognize when their behavior is inappropriate. This will enhance the patients safety while client recognizes their maladaptive coping and learns self-control**

**~Determine the client's readiness to change thinking for a healthier lifestyle. If the client is not willing to participate in interventions, you want to know to make sure that what you are doing is beneficial for the patient.**

## **2. ineffective impulse control**

**~Encourage the client to identify negative consequences of behavior by having them express their own feelings and anxieties regarding the adverse impact on their life. This will help the patient to begin understanding the problems of impulse behavior.**

**~Assess the degree of anxiety the client experiences when having an impulse to act on the desire. Not being able to act on the impulse can create a sense of anxiety, whereas engaging in the behavior would produce a release of anxiety.**

**~Document negative consequences that occurred by the patient's impulsive actions. Those that have a lack of control will engage in the behavior even if the individual knows that there will be a negative consequence.**

## 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?

The most common medication that has been known to trigger manic episodes would be steroids used frequently to treat chronic illnesses such as multiple sclerosis and systemic lupus erythematosus.

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

The speech pattern of a person experiencing a manic episode would be accelerated thinking proceeding with racing thoughts, over connection of ideas and flight of ideas, may be manifested by a continuous flow of accelerated, pressured speech to the point where trying to have a conversation may be difficult

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

The essential feature of cyclothymic disorder is a chronic mood disturbance of at least 2 years duration, involving numerous periods of elevated mood that does not meet the criteria for a hypomanic episode and numerous periods of depressed moods of insufficient severity or duration to meet the criteria for major depressive disorder. For bipolar disorder the person is always with the symptoms for 2 months.

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

The reason lithium therapy has blood levels drawn regularly is because of its narrow therapeutic range. Most notably is therapeutic range is (0.6-1.2 mEq/L) can have toxic side

effects and is potentially fatal when exceeded. Lithium is a salt and is potentially can be influenced if one takes in too much salt or withholds salt so with that can come adverse side effects easily so one must make sure their checking their labs regularly

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 would be (0.6-1.2 mEq/L). Lithium toxicity is seen in levels greater than 1.5 mEq/L and can come with symptoms of blurred vision, tinnitus, tremors, nausea, vomiting and diarrhea

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

Some nursing implications for a patient on lithium therapy would be to avoid caffeine, take medications on a regular basis even when they are feeling well, Educate on not driving or operating dangerous machinery until lithium levels are stabilized, Drink 6-8 glasses of water each day, and maintain adequate dietary sodium intake.