

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. Priority problems #1 Ensure patient safety/risk for injury #2 ineffective coping. For**

ineffective coping nursing interventions would be to use therapeutic communication, provide emotional support, and encourage nutrition, determine any stressors, evaluate the patients decision making ability, develop client centered plan of care using shared decision approach between client and the interprofessional healthcare team. Nursing interventions for ensuring patient safety risk for injury, Monitor patient vitals Q4h, Set up seizure precautions, educate patient on dangers of alcohol.

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?

An antidepressant taken alone can trigger a manic episode

2. What is the speech pattern of a person experiencing a manic episode? An individual's speech pattern may be disorganized and incoherent. They may have pressured speech

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

Cyclothymic disorder is a chronic mood disturbance of at least 2 years duration involving numerous periods of elevated mood that do not need the criteria for hypomanic episodes and numerous periods of depressed mood of insufficient severity or duration to need the criteria for major depressive disorder while bipolar disorder is characterized by mood swings from profound depression to extreme euphoria with intervening periods of normalcy. Delusions or hallucinations may be a part of the clinical picture and onset of symptoms may reflect seasonal patterns.

4. Why should a person on lithium therapy have blood levels drawn regularly? A patient on lithium therapy should have blood levels drawn regularly to monitor for toxicity.

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 lithium is 0.6-1.2

Signs and symptoms for 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.

You want to administer with food or milk to minimize GI irritation. Assess mental status, Initiate suicide precautions if indicated. Monitor intake and output ratios. Fluid intake should be at least 2000-3000 mL/Daily. Monitor serum lithium levels twice weekly during initiation of therapy and every 2 months during chronic therapy. Assiss for lithium toxicity.