

## **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 Electrolyte Imbalance:

- Assess specific client risk factors
- Monitor patients heart rate and rhythm
- Auscultate patients' breath sounds and assess rate and depth of respirations along with level of effort.
- Maintain fluid balance

Risk for Injury:

- Perform thorough assessment regarding safety issues
- Prevent falls
- Demonstrate and encourage patient to use techniques to reduce or manage stress and vent emotions
- Review consequences of previously determined risk factors patient may be reluctant to modify.

### **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 that are often used for treatment of chronic illnesses like MS and Lupus are the most common medication that has been known to trigger manic episodes.

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

The speech pattern of a person experiencing a manic episode is manifested as rapid, forced speech that never stops, making it difficult to have a conversation with the person

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

Bipolar disorder is characterized by mood swings that range from depression to euphoria with periods of normalcy. Cyclothymic disorder is characterized by chronic disturbances in mood that have a duration of at least 2 years that involve many periods of euphoria that do not get classified as hypomanic episodes and many periods of depression that are not classified as a major depressive episode. Symptoms of Cyclothymic disorder are never absent for more than 2 months.

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

Those who are on lithium therapy should have blood levels drawn regularly to ensure that the patient stays within the therapeutic range because it could cause lithium toxicity if lithium blood levels become too high.

**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 0.6-1.2 mEq/L. The initial signs and symptoms of lithium toxicity are nausea, anorexia, diarrhea, CNS depression, ataxia, tremors and muscle twitching.

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

Monitor serum lithium levels. Instruct patients to report all medications, herbal remedies, and caffeine use to HCP. Educate patients on the need to maintain fluid intake at 2,000-3,000mL/day. Educate patients on avoiding activities that may cause excessive sweating or fluid loss. Instruct on the importance of regular monitoring of serum lithium levels. Blood levels should be drawn 12 hours after the last dose.