

## **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.**

One priority problem for Noreen is risk for injury, and another is disturbed thought process.

**Risk for injury:** Reduce environmental stimuli to help decrease the change of agitation for the patient.

Another intervention is removing all hazardous objects. This will ensure the patient is not able to harm oneself. Having a structured schedule for the patient is another intervention that can be done to help the patient feel more structured with a schedule.

**Suicide risk:** Engage the client to openly talk about their feelings. This can help the patient find different coping skills and help manage their thoughts. Encourage the patient to engage in group therapy. This can help minimize the severity of their mood swings. Frequently assess patients behavior. By doing this it can help the prevent any harmful behaviors.

### **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?**

There are certain medications that treat somatic illnesses that have been known to trigger a manic response. Steroids are the most common medication that are used to treat SLE and multiple sclerosis that can trigger a manic episode.

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

The speech pattern of a person experiencing a manic episode is usually a more talkative manner where they keep pushing to talk.

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

A cyclothymic disorder is a chronic mood disturbance for at least 2 years involving numerous periods of elevated mood that do not meet the criteria for a hypomanic episode and numerous depression periods. The individual has not been symptom free for more than 2 months at a time. Bipolar disorder is characterized by mood swings from profound depression to extreme euphoria with intervening periods of normalcy.

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

A person on lithium therapy should have blood levels drawn regularly so that they are maintaining a therapeutic level of lithium. Especially in the initial phase of treatment of lithium it is super important to keep a stable level so they don't get lithium 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 carbonate is 0.6-1.2 mEq/L. The initial signs and symptoms of lithium toxicity is n/v, anorexia, diarrhea, muscle weakness, drowsiness, ataxia, tremors, and muscle twitching. With even higher levels of lithium it can lead to delirium, seizures, cardiovascular collapse, and even death.

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

Some nursing implications for a client on lithium therapy are the patients should be educated on getting regular blood levels drawn for lithium. Let the patient know that they should not make any significant changes to their sodium intake. Also lithium can cause drowsiness so make sure to educate patient on not operating heavy machinery when taking this medication.