

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 physical trauma

- o Provide adequate supervision and frequent observation.
- o Review patient's therapeutic regimen under direct care.
- o Demonstrate and encourage use of techniques to reduce or manage stress and vent emotions such as anger or hostility.

Ineffective impulse control

- o Investigate causes/ individual factors that may be involved in the patient's situation.
- o Collaborate with treatment team and patient regarding the plan of care.
- o Encourage patient to identify negative consequences of behavior by expressing own feelings and anxieties regarding the adverse impact on patients' life.

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.

1. What is the most common medication that has been known to trigger manic episodes?

Steroids

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

Rapid, pressured speech with abrupt changes from topic to topic

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

Cyclothymic disorder is a milder form of the disorder with mood cycles of hypomania and depressed mood of insufficient severity or duration to meet the criteria for bipolar disorder.

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

There is a narrow margin between the therapeutic and toxic levels of lithium. Because lithium toxicity is a life-threatening condition, regular monitoring of lithium levels is critical.

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?

Therapeutic range: 1 to 1.5 mEq/L for acute stage; 0.6 to 1.2 mEq/L for maintenance. Initial signs and symptoms of lithium toxicity are blurred vision, ataxia, tinnitus, persistent nausea and vomiting, and severe diarrhea.

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

- Give lithium with food to minimize GI upset.
- Ensure that the client gets adequate sodium in his or her diet.
- Ensure that the client drinks 2,500 to 3,000 mL of fluid per day.
- Check for lithium levels before administering the next dose.
- Monitor patient's intake and output.
- May need to instruct patient on proper diet to prevent weight gain.