

Cassandra White

Cassandra White is a 42-year-old woman with a long history of hospital admissions for bipolar disorder, with both manic and depressive episodes. When her symptoms escalate, she self-medicates with alcohol.

Mrs. White's family (husband and two teenage daughters) has given up on her, and demanded she move out. They have given her one month to find a place to live.

Mrs. White has come to the County Mental Health Clinic where you are a nurse, admitting she needs help.

Although you smell alcohol on Mrs. White's breath, she is composed and her behavior and speech are appropriate.

Mrs. White begins her interview with, "Well, I'm here. What can you do with me?" She then starts to cry and begins to tell you how guilty she feels about her life and her family, and that she is depressed.

Mrs. White admits that she has not taken her medication, lithium, for at least a week. Lithium is a mood-stabilizing drug used to treat both manic and depressive episodes of bipolar disorder. Lithium is also used as maintenance therapy to prevent or diminish the intensity of recurrent affective episodes.

Mrs. White's history reveals that she is unemployed and receives social security disability. She has rarely kept clinic appointments in the past.

You know that clients with bipolar disorder often endure a complex set of emotional, physiological, social, and behavioral problems. These problems often create major difficulties for people around them.

1. Which of the following are common signs/symptoms of bipolar disorder?

Select all that apply (3 correct answers)

- Hyperactivity**
- Manipulation**
- Ritualistic behaviors**
- Mood changes**
- Hypoactivity**

2. If untreated, bipolar disorder:

- continues with repeated cycling of depression and mania**

- leaves the client with permanent brain damage*
- requires frequent, lengthy hospitalizations*

3. You carefully consider how you will respond to Mrs. White's statements of despair and guilt. In considering how to respond you recognize that:

- Mrs. White probably has difficulty identifying and expressing her feelings***
- you don't want to precipitate an exacerbation of mania or depression*
- Mrs. White may be manipulative*
- Mrs. White may become angry and violent*

4. Which of the following responses to Mrs. White's despair is best?

- "I hear how sad and hopeless you are feeling. I believe we can work together to help you."***
- "Your sadness and guilt are signs of depression. Antidepressants will help."*
- "If you stay on your medications and keep your appointments, your condition will improve."*
- "I will help you with your problems. However, you have to want to change."*

You talk with Mrs. White regarding her noncompliance with lithium therapy.

She complains about the "funny" way it makes her feel, especially if she drinks alcohol. She says other nurses have told her "she just has to put up with it."

5. A more appropriate response to Mrs. White's complaints about her medication side effects would be:

- "I wonder if you take the medicine correctly?"*
- "Your medicine is strong and has unpleasant side effects. Do you drink too?"*
- "It must be difficult to take medicine that makes you feel bad. Let's see if we can figure out what might help."***
- "This medicine has side effects, but your wellness depends on it."*

The psychiatrist has discussed several medication options with Mrs. White.

The atypical antipsychotic drug Zyprexa (olanzapine) can be used for treatment of bipolar disorder, to moderate symptoms of depression or mania.

Also, anticonvulsant drugs such as Lamictal (lamotrigine), Depakote (divalproex sodium), or Tegretol (carbamazepine), are used for treatment of bipolar disorder.

These drugs treat symptoms of mania or depression and also help to prevent recurrences of manic/depressive symptoms.

<i>Anticonvulsant Drugs</i>
<i>Lamictal (lamotrigine)</i>
<i>Depakote (divalproex sodium)</i>
<i>Tegretol (carbamazepine)</i>

In the past, Mrs. White has experienced acute manic episodes, for which she has been hospitalized.

A recognized treatment for acute mania is a high dose of Depakote (divalproex sodium).

6. The maximum recommended dose of Depakote for treatment of an acute manic episode is 60 mg/kg/day. Mrs. White weighs 132 pounds. If Mrs. White needed Depakote, the maximum recommended dose for her would be 3600 mg/day (do not use commas in answer).

Mrs. White does not like taking lithium, but she strongly refuses to take any other medication. Her reasoning is that at least she knows about lithium and what it does. "I don't want to start over and take something new."

7. Lithium often creates a variety of uncomfortable side effects. Side effects can include: Select all that apply (5 correct answers)

- nausea**
- constipation**
- fine hand tremors**
- headaches**
- fluid retention**
- fatigue**

Mrs. White agrees she needs to take her medication but admits, "I need help in putting up with all of the side effects." Mrs. White says she is most bothered by the strange feeling of detachment she feels when she takes lithium.

Given Mrs. White's history of inconsistent compliance with lithium therapy, she will need encouragement to continue with her drug therapy.

8. It is clear to you that Mrs. White has been very uncomfortable with side effects of lithium therapy. Which of the following do you appropriately suggest? Select all that apply (3 correct answers)

- Reduce lithium dosage if discomfort is severe*
- Gentle exercise a few times a week***
- Avoid adding salt to table foods*
- Take lithium between meals instead of with meals*
- Remind yourself that most side effects diminish after several weeks of therapy***
- Elevate feet when sitting***

While on lithium, Mrs. White should maintain a moderate salt intake on a consistent basis. An adequate salt intake and a high fluid intake are needed, to prevent renal damage and avoid lithium toxicity.

Many patients experience nausea and vomiting when lithium is first prescribed. Mrs. White should be advised to take lithium immediately following or with a meal or milk, which generally helps to reduce gastrointestinal upset.

9. Mrs. White also needs to know signs of lithium toxicity. These include which of the following?

Select all that apply (4 correct answers)

- Dry mouth*
- Twitching***
- Decreasing alertness***
- Polyuria*
- Poor coordination***
- Blurred vision***

Because both side and toxic effects of lithium occur more frequently when serum lithium levels are high, you schedule Mrs. White to have her blood drawn weekly for the first month of therapy. This is agency protocol.

10. In addition to monitoring serum lithium levels, other laboratory tests are needed on a scheduled basis when a person is taking lithium. These include:

Select all that apply (2 correct answers)

- Complete blood count (CBC) with differential***
- Serum cholesterol*
- Serum iron*
- Serum thyroid panel***

Before Mrs. White restarts lithium, you arrange for her to have laboratory work done. A lithium level, thyroid panel, and complete blood count (CBC) with differential are drawn in the clinic lab.

In addition, blood urea nitrogen (BUN) and creatinine are tested. Long-term treatment with lithium can sometimes lead to a steady decline in kidney function. Lithium toxicity can lead to kidney failure. Baseline renal function tests (creatinine and blood urea nitrogen) are done when lithium is started. These studies are checked periodically, or as clinically indicated.

As you speak further with Mrs. White, she admits that she has often self-medicated with alcohol instead of taking lithium.

Mrs. White says alcohol helps her feel better and has fewer side effects than lithium. Alcohol use (although maladaptive) can reduce anxiety and blur reality in a way that psychotropic drugs often do not. And, drinking alcohol is considered by some as more socially acceptable than having mental illness and taking psychotropic medication.

You ask Mrs. White to complete the CAGE questionnaire. Her responses on this brief screening survey for alcohol abuse result in a score of 3 out of 4 points. This is considered significant.

11. The best predictor of suicide is past attempts. Mrs. White has never attempted suicide. Nevertheless, you determine that it is important to assess Mrs. White's suicide potential. This is because:

Select all that apply (3 correct answers)

- bipolar disorder is associated with risk for suicide**
- she has expressed thoughts of despair and guilt**
- she might try suicide to get her family back**
- substance abuse and depression are risk factors for suicide**

It is determined that Mrs. White is not a threat to herself or others at this time and does not require inpatient care.

An outpatient approach to Mrs. White's care is discussed. Her treatment team will include you, a psychiatrist, a family nurse practitioner, and a case manager who is a social worker.

Recently, your clinic has been approved to participate in a clinical trial for people with bipolar disorder who, like Mrs. White, have experienced difficulty in following treatment plans.

Mrs. White agrees to participate. As part of this clinical trial, Mrs. White will be guided in having increased control over her illness and her life. Healthcare providers will serve as consultants. This reflects a chronic illness approach.

12. Which of the following are appropriately included in Mrs. White's treatment plan at this time?

Select all that apply (3 correct answers)

- Daily attendance at Alcoholics Anonymous**

- Vocational rehabilitation*
- Family therapy once a week*
- Participation in a staff-led support group***
- Volunteer work at the city soup kitchen*
- Twice weekly counseling sessions with you at the clinic***

You have now been working with Mrs. White for one month. She has kept all her appointments.

Mrs. White tells you that in the past she did not continue with counseling sessions because no one seemed to really care about her. She is grateful for your "down to earth" interest in her.

Mrs. White has also been compliant with her medication therapy.

Serum lithium levels have been within therapeutic range and drug side effects have been manageable.

Mrs. White's affect is bright and her conversation is more hopeful. There are no indications that she is slipping into a manic phase.

Mrs. White's case manager has helped her find a place to live that is within her financial means.

13. Family therapy is now offered to Mrs. White and her family. Family therapy is indicated because:

- Mrs. White and other family members need to become a family unit again*
- Mrs. White and other family members need an opportunity to discuss their feelings***
- Mr. White and the White children need to understand the effects of abandoning Mrs. White*
- Mrs. White needs to confront the fact that her family will never be together again*

14. During a family therapy session, it becomes evident that Mrs. White's daughters have been spending more time with their friends. This is probably because:

- their friends are a source of support***
- they are angry with their father*
- they are rebelling against Mrs. White*
- they are experimenting with drugs*

Gradually, Mrs. White's meetings with you will become less frequent and eventually she will be discharged from the clinic. These changes in treatment will occur as she improves.

After formal counseling sessions have stopped, the case manager will make periodic phone calls to

Mrs. White, as long as she agrees. Inter-episode follow-up is part of care in a chronic illness model.

15. Which of the following can realistically be expected of Mrs. White before she is discharged from the clinic?

Select all that apply (4 correct answers)

- Verbalization of feelings about her family**
- Reconciliation with her family**
- Continued attendance at Alcoholics Anonymous**
- Compliance with medication**
- Understanding of bipolar disorder**

Mrs. White has been coming to the clinic for five months now. She has been compliant with her medications and verbalizes that she feels more confident about managing her illness.

Although Mrs. White attends Alcoholics Anonymous regularly, she admits to having one episode of alcohol abuse. This occurred after a particularly difficult family therapy session.

The White family is still in family therapy and it is too early to say if they will become a family unit again.

Meanwhile, Mrs. White is working part-time in a department store and has moved from a rooming house into a pleasant efficiency apartment. She says she is "ready to get on with my life."

