

# Bipolar Disorder




# Bipolar mood disorder

**BIPOLAR DISORDER**


**Yvonne**

MANIC	DEPRESSIVE
<ul style="list-style-type: none"><li>* ONSET BEFORE AGE 30</li><li>* MOOD: ELEVATED EXPANSIVE IRRITABLE</li><li>* SPEECH: LOUD-RAPID PUNNING RHYMING CLANGING VULGAR</li><li>* ? WT. LOSS</li><li>* GRANDIOSE</li><li>* DELUSIONS</li><li>* DISTRACTED</li><li>* HYPERACTIVE</li><li>* ↓ NEED FOR SLEEP</li><li>* INAPPROPRIATE</li><li>* FLIGHT OF IDEAS</li><li>* BEGINS SUDDENLY ESCALATES OVER SEVERAL DAYS</li></ul>	<ul style="list-style-type: none"><li>* PREVIOUS MANIC EPISODES</li><li>* MOOD: DYSPHORIC DEPRESSIVE DESPAIRING</li><li>* ↓ INTEREST IN PLEASURE</li><li>* NEGATIVE VIEWS</li><li>* FATIGUE</li><li>* ↓ APPETITE</li><li>* CONSTIPATION</li><li>* INSOMNIA</li><li>* ↓ LIBIDO</li><li>* SUICIDAL PREOCCUPATION</li><li>* MAY BE AGITATED OR HAVE MOVEMENT RETARDATION</li></ul>




C. MILLER

# Classification

- F31.0 –Bipolar affective disorder current episode hypomania
  - F31.1- BPAD ,current episode mania without psychotic symptoms
  - F31.2-BPAD, current episode mania with psychotic symptoms
  - F31.3-BPAD, current episode mild or moderate depression.
  - F31.4-BPAD, current episode severe depression without psychotic symptoms
  - F31.5-BPAD, current episode severe depression with psychotic symptoms
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## **Bipolar mood disorder-(BPMD,BPAD,MDP)**

- This is characterized by recurrent episodes of mania and depression in the same patient at different times.
  - Onset between ages 20-30. Symptoms sometimes appear in late childhood or early adolescence.
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Mania with or without clinical depression

clinical depression with spontaneous episodes of hypomania

Hypomania induced under antidepressant treatment

clinical depression with antimanic (hyperthymic) treatment

## TABLE 1. The Bipolar Spectrum<sup>13,14</sup>

### Type Bipolar I Disorder

Episodes of mania with or without clinical depression. Possible presence of psychotic symptoms, and schizoaffective variants

### Type Bipolar II Disorder

Clinical depression + spontaneous episodes of hypomania. The criteria to be met for the episode of hypomania is 2 days (against 4 days in the *DSM-IV*)

Clinical depression + brief episodes of hypomania (1 day) recurrent (> 1 episode/month)

Clinical depression + cyclothymic personality

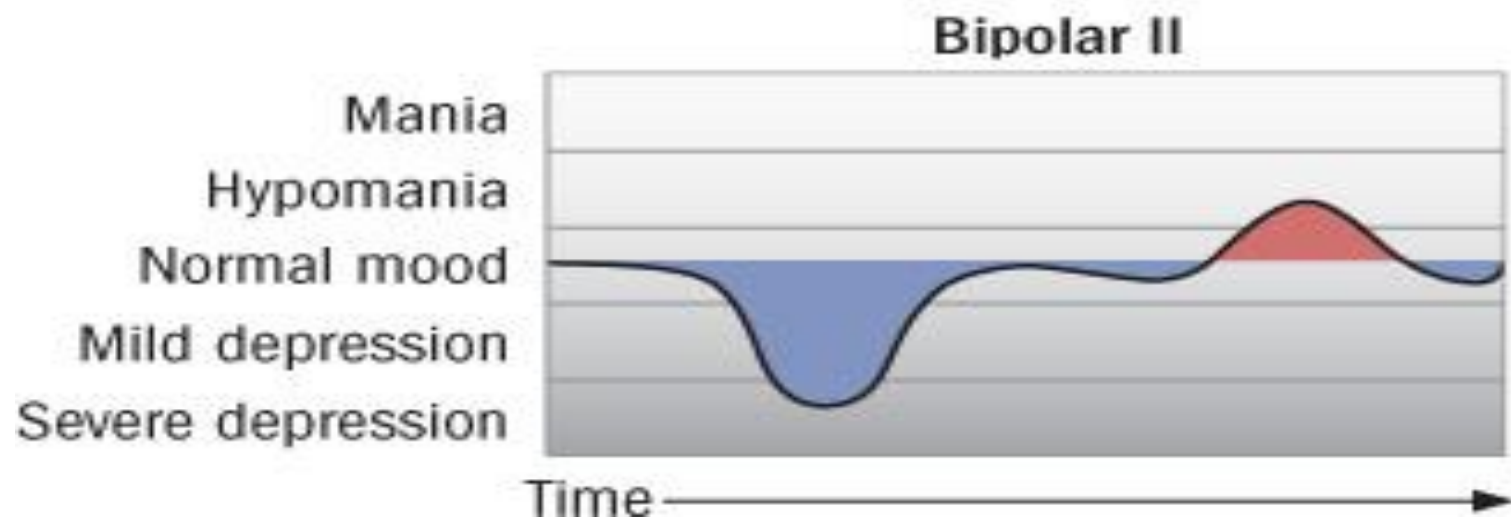
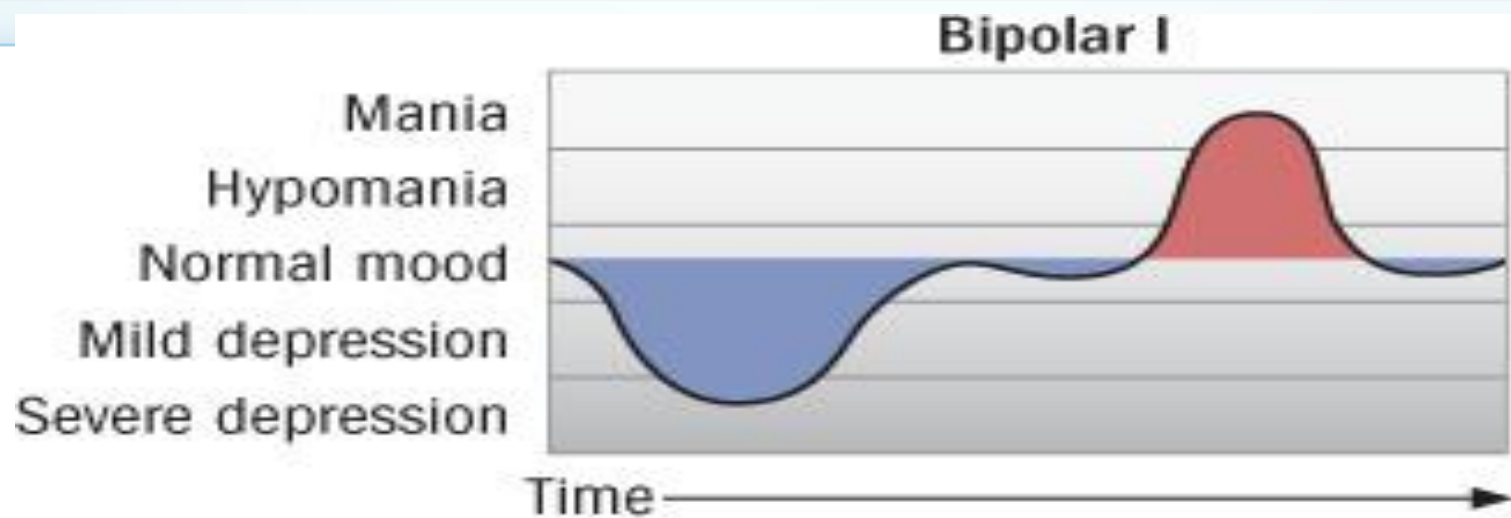
### Type Bipolar III Disorder

Hypomania induced under antidepressant treatment

### Type Bipolar IV Disorder

Clinical depression superimposed on hyperthymic temperament

Dorey JM, Beauchet O, Ant erion CT, Rouch I, Kralok-Salmon P, Gaucher J-F, Gonthier R, Akiskal HS. *CNS Spectr.* Vol 13, No 9. 2008.



# Symptom Domains of Bipolar Disorder

## Manic Mood and Behavior

- Euphoria
- Grandiosity
- Pressured speech
- Impulsivity
- Excessive libido
- Recklessness
- Social intrusiveness
- Diminished need for sleep

## Dysphoric or Negative Mood and Behavior

- Depression
- Anxiety
- Irritability
- Hostility
- Violence or suicide

**Bipolar Disorder**

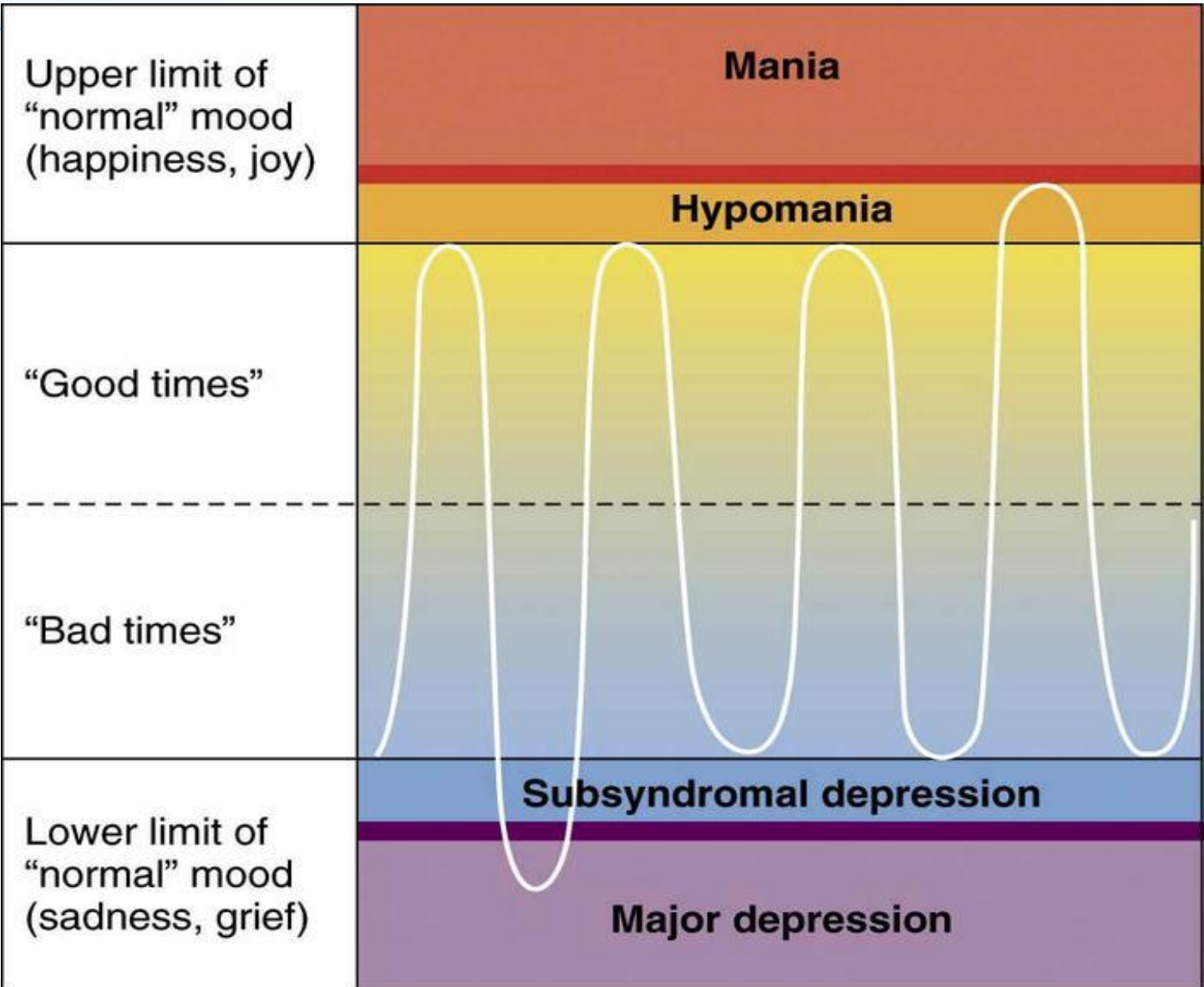
## Psychotic Symptoms

- Delusions
- Hallucinations
- Formal thought disorder

## Cognitive Symptoms

- Racing thoughts
- Distractibility
- Disorganization
- Inattentiveness








## Recurrent depressive disorder

- This disorder is characterized by recurrent depressive episodes. The current episode is specified as mild, moderate, severe, severe with psychotic symptoms.

# F 34 Persistent mood disorder

- **Persistent mood** symptoms that last for more than 2 years.
  - **F 34.0-Cyclothymia**;- It is refers to persistent instability of mood in which short periods of mild depression alternating with short periods of hypomania: between the depressive and manic episodes, brief periods of normal mood occur.
  - **F 34.1-Dysthymia**;-(neurotic /reactive depression) It is a chronic ,mild depressive state persisting for months or years.
  - **F 34.8-Other persistent mood disorders**
  - **F34.9 – Unspecified persistent mood disorders**
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# TREATMENT

- **Maniac episodes:**

antipsychotics

mood stabiliser

olanzapine

parenteral antipsychotics

# DRUGS

- **LITHIUM:**

Main stay of Rx – acute mania

prophylactic agent

600-900mg/day, initially

TR 0.5- 1mEq/l

Monitor for hypothyroidism

■ **SODIUM VALPROATE:**

TR 50 – 100 mcg/ml

20mg/day in divided doses

SE: thrombocytopenia

^ transaminase levels

Pre Rx: CBC

LFT



■ **CARBAMAZEPINE:**

400-600mg/day

TR: 4-12mcg/l

SE: SJ syndrome

Pre Rx : CBC

LFT

Enzyme inducer, lowers blood levels of  
haloperidol



- **LAMOTRIGINE:**

Adv. Doesn't require blood level monitoring

Dose 25mg/day X 2wks

Incremental doses, 25mg further

# Nursing Process/Assessment

- Symptoms may be categorized by degree of severity
  - **Stage I—Hypomania:** Symptoms not sufficiently severe to cause marked impairment in social or occupational functioning or to require hospitalization
    - Mood: cheerful and expansive
    - Cognition and perception: self-exultation; easily distracted
    - Activity and behavior: increased motor activity; extroverted; superficial




# Assessment

- **Stage II—Acute mania:** intensification of hypomanic symptoms; requires hospitalization
  - Mood: euphoria and elation
  - Cognition and perception: fragmented, disjointed thinking; pressured speech; flight of ideas; hallucinations and delusions
  - Activity and behavior: excessive psychomotor behavior; increased sexual interest; inexhaustible energy; goes without sleep; bizarre dress and make-up



## Assessment (cont.)

- **Stage III—Delirious mania:** A grave form of the disorder, characterized by severe clouding of consciousness and representing an intensification of the symptoms associated with acute mania.
    - Has become relatively rare since the availability of antipsychotic medication
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## Nursing Diagnosis

- **Risk for Injury related to:**
  - Extreme hyperactivity
    - **Evidenced by:**
      - Increased agitation and lack of control over purposeless and potentially injurious movements

## **Nursing Diagnosis (cont.)**

- **Risk for violence: Self-directed or other-directed related to:**
  - Manic excitement
  - Delusional thinking
  - Hallucinations

## Nursing Diagnosis (cont.)

- **Imbalanced Nutrition less than body requirements related to:**
  - Refusal or inability to sit still long enough to eat
  - **Evidenced by:**
    - Loss of weight, amenorrhea



## **Nursing Diagnosis (cont.)**

- **Disturbed thought processes related to:**
  - Biochemical alterations in the brain
    - **Evidenced by**
      - delusions of grandeur and persecution

## **Nursing Diagnosis (cont.)**

- **Disturbed sensory perception related to:**
  - Biochemical alterations in the brain and to possible sleep deprivation
    - **Evidenced by:**
      - auditory and visual hallucinations

## **Nursing Diagnosis (cont.)**

- **Impaired social interaction related to:**
  - Egocentric and narcissistic behavior
- **Insomnia related to:**
  - Excessive hyperactivity and agitation




# Criteria for Measuring Outcomes

- **The client:**
  - Exhibits no evidence of physical injury
  - Has not harmed self or others
  - Is no longer exhibiting signs of physical agitation



# Criteria for Measuring Outcomes (cont.)

- **The client (cont.):**

- Eats a well-balanced diet with snacks to prevent weight loss and maintain nutritional status
  - Verbalizes an accurate interpretation of the environment
  - Verbalizes that hallucinatory activity has ceased and demonstrates no outward behavior indicating hallucinations
- 

# Criteria for Measuring Outcomes (cont.)

- **The client (cont.):**

- Accepts responsibility for own behaviors
- Does not manipulate others for gratification of own needs
- Interacts appropriately with others

# Planning/Implementation

- Nursing interventions are aimed at:
  - Maintaining safety of client and others
  - Restoring client nutritional status
  - Encouraging appropriate client interaction with others
  - Assisting client to define and test reality
  - Meeting client's self-care needs



# Client/Family Education

- **Nature of illness**
  - Causes of bipolar disorder
  - Cyclic nature of the illness
  - Symptoms of depression
  - Symptoms of mania



# Client/Family Education (cont.)

- **Management of illness**
  - Medication management
  - Assertive techniques
  - Anger management



# Client/Family Education (cont.)

- **Support services**
  - Crisis hotline
  - Support groups
  - Individual psychotherapy
  - Legal/financial assistance



# Evaluation

- Evaluation of the effectiveness of the nursing interventions is measured by fulfillment of the outcome criteria.





## Evaluation (cont.)

- Has the client avoided personal injury?
- Has violence to client or others been prevented?
- Has agitation subsided?



## Evaluation (cont.)

- Have nutritional status and weight been stabilized?
- Have delusions and hallucinations ceased?



# Treatment Modalities for Mood Disorders

- **Psychological treatment**
  - Individual psychotherapy
  - Group therapy
  - Family therapy
  - Cognitive therapy



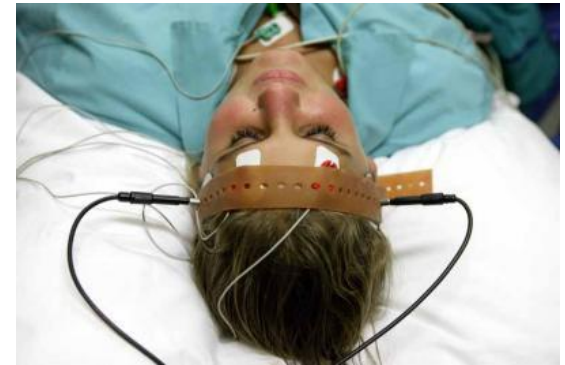
# Treatment Modalities for Mood Disorders (cont.)

- **Psychopharmacology (cont.)**
- **For mania:**
  - Lithium carbonate
  - Anticonvulsants
  - Verapamil
  - Atypical antipsychotics



# Treatment Modalities for Mood Disorders (cont.)

- **Electroconvulsive therapy**
- **For depression and mania**
  - Mechanism of action: thought to increase levels of biogenic amines
  - Side effects: temporary memory loss and confusion
  - Risks: mortality; permanent memory loss; brain damage
  - Medications: pretreatment medication; muscle relaxant; short-acting anesthetic



# ELECTRO CONVULSIVE THERAPY.ppt

