

Bipolar disorder

Bipolar one: mania 1wk or need for hospitalization
Bipolar two: two episode of mild mania (can last longer)
cyclothymia: milder lows/highs, cycles over a period of two years

Pathophysiology

acute mania
 - extreme highs | **depression**
 - extreme lows

high energy high activity
 elevated mood
 - more energy manic

low mood, low energy &
 low motivation ↑ high risk
 for suicide
 think declined mood

Clinical Manifestations

M: mood energy & mood swings: euphoric energy, impulsive generosity
 hallucinations & delusions
A: agitation: set limits / structured environment
N: non-stop talking / flight of ideas colorful bizarre clothing choices
I: insomnia
A: attention span poor: easily distracted = reduce stimuli

RISK FACTORS

- Genetic: family member x10 times more likely to get it
- SSRIs can trigger a manic episode
- deficits in grey matter

Diagnostic Tests

Nursing Intervention

Acute manic episode

- Reduce stimulation (aim / quiet environment)
 - ↳ limit group contact
 - Physical exercise
 - Set structure & limits on aggression
 - diet
 - ↳ high cal / protein / fluids
- * always want to assess suicide level *

Complications

Treatment

Anxiolytics
 Parliam

ECT

Anti depressants
 SSRIs

mood stabilizers

- carbamazepine**
 - ↳ side effects: neutropenia ↑ risk infection, contraceptive effects
- Valproic acid**
 - ↳ side effects: liver toxic & low platelets
 - ↳ not pregnancy safe / no abrupt stop
- lithium (long term)**
 - 0.6 - 1.2 normal range
 - caution in kidney impairment / elderly

Teaching