

# Bipolar Disorder

**Definition:** Bipolar disorders are mood disorders characterized by mood swings from profound depression to extreme euphoria (mania), with intervening periods of normalcy.

## Types of Bipolar Disorder

- **Bipolar I disorder** is the diagnosis given to an individual who is experiencing, or has experienced, a full syndrome of manic or mixed symptoms; the client may also have experienced periods of depression.
- **Bipolar II disorder.** Bipolar II disorder is characterized by recurrent bouts of major depression with the episodic occurrence of hypomania; this individual has never experienced a full syndrome of manic or mixed symptoms.
- **Cyclothymic disorder.** The essential feature is a chronic mood disturbance of at least 2 years' duration, involving numerous periods of depression and hypomania, but not of sufficient severity and duration to meet the criteria for either bipolar I or bipolar II disorder.
- **Bipolar disorder due to general medical condition.** This disorder is characterized by a prominent and persistent disturbance in mood (bipolar symptomatology) that is judged to be the direct result of the physiological effects of a general medical condition (APA, 2000).
- **Substance-induced bipolar disorder.** The bipolar symptoms associated with this disorder are considered to be the direct result of the physiological effects of a substance (e.g., use or abuse of a drug or a medication, or toxin exposure).

## Causes:

- **Biological.** Twin studies have indicated a concordance rate for bipolar disorder among monozygotic twins at 60% to 80% compared to 10% to 20% in dizygotic twins.
- **Biochemical.** Just as there is an indication of lowered levels of norepinephrine and dopamine during an episode of depression, the opposite appears to be true of an individual experiencing a manic episode.
- **Physiological.** Right-sided lesions in the limbic system, temporobasal areas, basal ganglia, and Thalamus have been shown to induce secondary mania.
- **Medication side effects.** Certain medications used to treat somatic illnesses have been known to trigger a manic response; the most common of these are the steroids frequently used to treat chronic illnesses.

## Clinical Manifestations:

These are the symptoms of bipolar disorder:

- **Heightened, grandiose, or agitated mood.** The effect of a manic individual is one of elation and euphoria- a continuous “high”.
- **Exaggerated self-esteem.** Usual inhibitions are discarded in favour of sexual and behavioural indiscretions.
- **Sleeplessness.** Sleep patterns are disturbed; client becomes oblivious to feelings of fatigue and rest and sleep are abandoned for days or weeks.
- **Pressured speech.** Loquaciousness, or pressured speech, is so forceful and strong that it is difficult to interrupt maladaptive thought processes.
- **Flight of ideas.** There is a continuous, rapid shift from one topic to another.
- **Reduced ability to filter out extraneous stimuli; easily distractible.** There is inability to concentrate because of a limited attention span; the individual is easily distracted by even the slightest stimulus in the environment.
- **Increased number of activities with increased energy.** Motor activity is constant; the individual is literally moving at all times.
- **Multiple, grandiose, high-risk activities,** using poor judgement; with severe consequences.

## Assessment and Diagnostic Findings

**-Complete blood count.** A complete blood count with differential is used to rule out anaemia as a cause of depression in bipolar disorder.

**-Erythrocyte sedimentation rate.** The erythrocyte sedimentation rate (ESR) is determined to look for underlying disease process such as lupus or an infection; an elevated ESR often indicates an underlying disease process.

Fasting glucose: In some cases, a fasting glucose level is indicating to rule out diabetes.

**-Electrolytes:** Serum electrolyte concentrations are measured to help diagnose electrolyte problems, especially with sodium, that are related to depression.

**-Proteins.** Low serum protein levels found in patients who are depressed may be a result of not eating

**-Thyroid hormones.** Thyroid tests are performed to rule out hyperthyroidism (mania) and hypothyroidism (depression).

**-Creatinine and blood urea nitrogen. Kidney** failure can present as depression; treatment with lithium can affect urinary clearances, and serum creatinine and blood urea nitrogen (BUN) levels can increase.

**-Substance and alcohol screening.** Alcohol abuse and abuse of a wide variety of drugs can present as either mania or depression.

**-MRI.** The total value of performing MRI in a patient with bipolar disorder remains unclear; however, a couple of reasons do exist for performing an imaging study.

**-Electrocardiography.** Many of the anti-depressants, especially the tricyclic agents and some of the antipsychotic can affect the heart and cause conduction problems.

## **Medical Management of Bipolar Disorder:**

The treatment of bipolar disorder is directly related to the phase of the episode (i.e. depression or mania) and the severity of that phase.

- **Psychotherapy.** Psychotherapy helps patients with bipolar disorder but does not cure the disorder itself;
- **Electroconvulsive therapy.** Electroconvulsive therapy (ECT) is useful in a number of instances in patients with bipolar disorder, such as when rapid, definitive medical/psychiatric treatment is needed; when the risks of ECT are less than that of other treatments.
- **Diet.** Patients should be advised not to make significant changes in their salt intake, because increased salt intake may lead to reduced serum lithium levels and reduced efficacy, and reduced intake may lead to increased levels and toxicity.
- **Activity.** Patients in the depressed state are encouraged to exercise; these individuals should try to develop a regular daily schedule of major activities, especially times of going to bed and waking up.

## **Pharmacological Management**

Appropriate medication for managing bipolar disorder depends on the stage the patient is experiencing.

- **Anxiolytics, benzodiazepines.** By binding to specific receptor sites, benzodiazepines appear to potentiate the effects of gamma-aminobutyric acid (GABA) and facilitate inhibitory GABA neurotransmission and the action of other inhibitory neurotransmitters.
- **Mood stabilizers.** Lithium is the drug commonly used for prophylaxis and treatment of manic episodes.
- **Anticonvulsants** Anticonvulsants have been effective in preventing mood swings associated with bipolar disorder, especially in those patients known as rapid cyclers.
- **Antipsychotics, 2nd generation.** Second generation, or atypical, antipsychotics are increasingly being used for treatment of both acute mania and mood stabilization in patients with bipolar I disease.
- **Antipsychotics, 1st generation.** First-generation antipsychotics, also known as conventional or typical antipsychotics, are efficacious in treating both psychotic and nonpsychotic manic and mixed episodes, as well as hypomania.
- **Antipsychotics, phenothiazine.** Phenothiazine antipsychotics, which are classified as first-generation antipsychotics, are efficacious in treating both psychotic and nonpsychotic manic and mixed episodes, as well as hypomania.
- **Antiparkinsons agents, dopamine agonists.** Dopamine agonists are non-ergot agents that bind to D2 and D3 dopamine receptors in the striatum and substantia nigra.

## **Nursing Management for Bipolar Disorder:**

- Nursing management of a patient with bipolar disorder include the following:
- Nursing Assessment

Assessment of a patient with bipolar disorder include:

- **History.** Taking a history with a client in a manic phase often proves difficult; obtaining data in several short sessions, as well as talking to family members, may be necessary.
- **General appearance and motor behaviour.** Client with mania experience psychomotor agitation and seem to be in perpetual motion; sitting still is difficult; this continual movement has many ramifications; clients can be exhausted or injure themselves.
- **Mood and affect.** Mania is reflected in periods of euphoria, exuberant activity, grandiosity, and false sense of well-being.
- **Thought process and content.** Cognitive ability or thinking is confused and jumbled with thoughts racing one after another, which is often referred to as flight of ideas; clients cannot connect concepts, and they jump from one subject to another.

## **References:**

Sreevani R. A guide to mental health and psychiatric nursing. New Delhi: Jaypee Brothers Medical Publishers; 2016.

Townsend MC. Psychiatric Mental Health Nursing. 8th ed. Jaypee Brothers Medical Publisher (P) Ltd;

PGPathshala [Internet]. e. [cited 2023May4]. Available from: <https://epgp.inflibnet.ac.in/>

Psychiatric Nursing Archives [Internet]. Nurseslabs. [cited 2023May4]. Available from: <https://nurseslabs.com/category/nursing-notes/psychiatric-nursing>