

Bipolar Disorder

Cycles of mania and depression

Affects 2.6% of US population

Affects men and women equally

Occurs more frequently in people of higher socio-economic status

Delusions and hallucinations may occur

Psychosis may be present

Hypomania

Milder degree of symptoms

Not as severe; no hospitalization

No psychotic features

Well: 53% of time

Depressed: 32% of time

Manic: 9% of time

Cycling: 6% of time

Etiology of Bipolar Disorders

Twin Studies

60-80% monozygotic, 10-20% dizygotic

Family Studies

1 Parent with BPD, 28% risk of child developing BPD

both parents with BPD 2-3x greater risk of child

Biochemical factors

Norepinephrine and dopamine high during mania, low during depression

Serotonin remains low in both states

Neuroanatomical Factors

MRI reveal large third ventricles and subcortical white matter and periventricular hyperintensities

Lithium Carbonate

Client Teaching

Increase fluid intake - up to 2L/day

May be swelling in extremities

Metallic taste in mouth is normal

Monitor blood levels regularly

Signs and symptoms decrease longer client is on drug

Always report side effects

Bipolar I Disorder

Recurrent disorder where person has 1+ manic episodes with depressive episodes

More manic than depressive episodes

Mania is usually time-limited

Bipolar II Disorder

Recurrent major depressive disorders with hypomania

More depressive episodes than hypomanic episodes

Client never experiences full manic episode

More common in women than men

Cyclothymic Disorder

Mood disturbance of at least 2 years

Numerous episodes of elevated mood

Do not meet criteria of hypomanic episode

Depressed mood not severe enough to meet MDD

Treatment for Bipolar Disorders

Medication, education, support

Antimanic Agents

ie. Lithium

Anticonvulsant Agents

Carbamazepine

Clonazepam

Valproic acid

Lamotrigine

Effective for clients who are cycling

Manage mania/hypomania

Antidepressant augmented with antipsychotics

Risperidone

Olanzapine

Psychotherapy

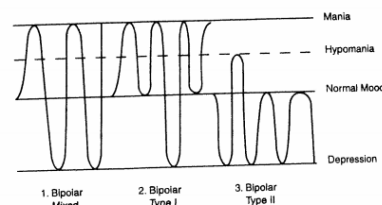
Individual/group/family therapy

6-8 sessions reduce rate of relapse by 50%

ECT

Used with lithium to treat mania

Cycling Bipolar Disorder



1. Bipolar Mixed—Cycles alternate between periods of mania, normal mood, depression, normal mood, mania, and so forth.

2. Bipolar Type I—Manic episodes with at least one depressive episode

3. Bipolar Type II—Recurrent depressive episodes with at least one hypomanic episode

Psychopharmacology for Bipolar Disorder

Antimanic agents

Lithium Carbonate

Affects neurotransmitters

Maintained by serum levels

Must remain between 0.9-1.4mEq/L

Toxic if above therapeutic range

Side Effects

Fluid retention, weight gain, metallic taste, fine tremors, thirst

Slurred speech, abdominal pain, convulsions, incontinence, coma

Signs of Toxicity

Vomiting, slurred speech, blurred vision, weakness, tinnitus, poor coordination, diarrhea, poor coordination

Side effects are reversible if drug is stopped and serum levels decrease

Substance-Induced Bipolar Disorder

Mood disturbance r/t physiological effects of substance

Elevated, expansive or irritable mood

Inflated self esteem

Decreased need for sleep and distractibility

Alcohol, opioids, inhalants, hypnotics, anesthetic, analgesics, anti-convulsants, cardiac medications, anti-parkinsonian agents, anti-ulcer agents, oral contraceptives, muscle relaxants, steroids, sulfonamides



By **[deleted]**

cheatography.com/deleted-29701/

Published 9th November, 2016.

Last updated 9th November, 2016.

Page 1 of 2.

Sponsored by **Readable.com**

Measure your website readability!

<https://readable.com>