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# BIPOLAR AND RELATED DISORDERS

Clearpath Webinar

## Objectives:

- Define mood, mood disorders
- Identify symptoms of depression and mania, risk factors for dx, pharm & non-pharm treatment, nursing interventions for Major Depression, Bipolar Disorder
- Assessments
- Review Careguide



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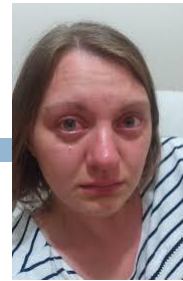
# Facts



- **0.6% of US population has Bipolar I**
- **18 y.o age of onset**
- **90% of individuals have a single manic episode go on to have recurrent mood episodes.**
- **60% of manic episodes occur before a major depressive episode.**
- **Women get more depressive episodes when compared to men**

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## Major Depression



**Defined:** when a person is sad with depressed mood or irritable or loss of pleasure or pleasure much of each day for two weeks or more. There is a clear change from previous functioning.

- **The symptoms cause significant impairment or distress in social, occupational, school, recreational, or relational functioning.**
- **The symptoms are not due to medical condition (hypothyroid), substance use or medication.**

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# Symptoms of Major Depression

## Symptoms include the following:

- ❖ Depressed mood(sad, empty, hopeless)
  - \* Anhedonia – almost ALWAYS present
  - \* Appetite changes – usually weight loss
  - \* Sleep disturbances – insomnia (more common) or hypersomnia
  - \* Restlessness or psychomotor retardations
  - \* Fatigue – decreased energy



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# Major Depression

## Symptoms (continued):

- \* Feeling worthless, guilty, hopeless or helpless
- \* Inability to think clearly or maintain concentration
- \* Difficulty with making decisions
- \* Thoughts of death or suicide: suicide attempts



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# Mania: Defined

- A distinct episode of abnormally and persistently elevated or expansive, or irritable mood which has lead to impairment in the patients functioning.

Lasts at least 1 week

Part of Bipolar Disorder I

Elevated Mood – Euphoric, unusually good, cheerful or high.

Expansive Mood –Unceasing indiscriminate enthusiasm for interpersonal interactions

Irritable Mood – Easily irritated or annoyed



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## Associated Symptoms Mania:

- Inflated self esteem
- Decreased need for sleep
- More talkative than usual or pressure to continue talking
- Flight of ideas or subjective feeling of thoughts racing.



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## Mania: Associated Symptoms

- **Distractibility**
- **Increase in goal directed activity (socially, at work or school, sexually) or psychomotor agitation**
- **Excessive involvement in pleasurable activities that have a high potential for painful consequences**
- **In severe cases, delusions & hallucinations are present**

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## Hypomanic episode

- **Distinct period of abnormally and persistently, expansive or irritable mood with increased energy for at least 4 consecutive days.**
- **During period of mod disturbance and increased energy three of the following symptoms have persisted:**
  - ▣ **Inflated self-esteem**
  - ▣ **Decreased need for sleep**
  - ▣ **More talkative than usual**
  - ▣ **Flight of ideas**
  - ▣ **Distractibility**
  - ▣ **Increase in goal-directed activity**
  - ▣ **Excessive involvement in activities that have high potential for consequences**

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## Hypomania

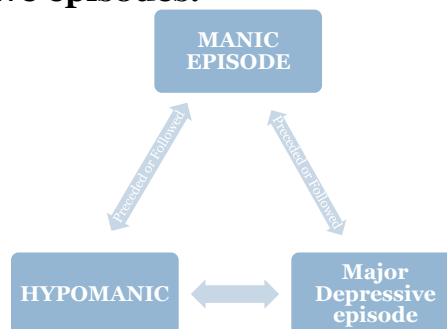
- Mild form of mania
- Less likely to cause impairment in social or occupational functioning
- No psychotic features
- Does not typically require hospitalization
- Often source of productivity
- Part of Bipolar Type II Disorder and Cyclothymic Disorder



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## Bipolar I Disorder

- When a person has experienced one or more manic episodes that may have preceded by and may be followed by hypomanic or major depressive episodes.



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# Bipolar II Disorder

- **Must meet criteria for hypomanic episode and criteria for current or past major depressive episode. Hypomania must last at least 4 consecutive days and present most of the day, nearly day.**
- **Disorder not better characterized by schizoaffective disorder or schizophrenia.**



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## RISK FACTORS

**ENVIRONMENTAL**-More common in high income than low income. Separated, divorced, or widowed individuals have higher rates.

**GENETIC & PHYSIOLOGICAL**-Family history is a strong risk factor. 10-fold increased among adult relatives with bipolar I and II.



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## Consequences of Manic Episode

- ❖ **Involuntary hospitalizations**
- ❖ **Legal involvement > Reckless behavior**
- ❖ **Financial distress**
- ❖ **Marital conflicts**
- ❖ **Loss of job**
- ❖ **High comorbidity with substance abuse (cocaine, alcohol)**
- ❖ **Suicide**



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## Types of Bipolar Disorder

- **Bipolar I Disorder** is mainly a period of Mania lasting for at least one week preceded or followed by hypomanic or major depressive episodes.
- **Bipolar II Disorder** - hypomanic episode and criteria for current or past major depressive episode. Hypomania must last at least 4 consecutive days and present most of the day, nearly day.
- **Cyclothymic Disorder, or Cyclothymia**, is a mild form of bipolar disorder. People who have cyclothymia have episodes of hypomania symptoms that shift back and forth with mild depressive symptoms for at least two years. However, the symptoms do not meet the diagnostic requirements for any other type of bipolar disorder
- Bipolar and Related Disorder Due to Another Medical Condition
- Other Specified Bipolar and Related Disorder
- Unspecified Bipolar and Related Disorder

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## Comparison of Symptom Characteristics

	Alzheimer's Disease	Major Depression	Bipolar Depression
<b>Cognitive Impairment</b>	<b>Present</b>	<b>Possible</b>	<b>Possible</b>
<b>Depressive Symptoms</b>	<b>Possible</b>	<b>Likely</b>	<b>Possible</b>
<b>Sleep Disturbances</b>	<b>Possible</b>	<b>Possible</b>	<b>Possible</b>
<b>Inappropriate Sexual Behavior</b>	<b>Possible</b>	<b>Less Likely</b>	<b>Possible</b>
<b>Progressive functional and clinical deterioration</b>	<b>Present</b>	<b>Possible</b>	<b>Possible</b>
	2014 C&V Senior Care Specialists, Inc.		SOURCE: Dr. Cheong

## Suicide Risk

### BIPOLAR I

- Lifetime risk of suicide in people with Bipolar is 15 times the general population.
- May account for 1/4 of all completed suicides.
- Past history of attempt and % days depressed are associated with greatest risk of attempts and completions.

### BIPOLAR II

- 1/3 of individuals report attempt

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# Assessments for Bipolar Disorder

- **Depression**
  - PHQ9
  - GDS
- **AIMS**
- **Mini-cog**
- **SAD Persons**
- **Mania**
  - **Young Mania Rating Scale**



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# Nursing Interventions and Treatments in Bipolar Disorder

- **Safety**
  - \*Nutrition
  - \*Rest
  - \*Hygiene
- **Limit setting**
- **Relaxation techniques**
- **Honest, but gentle feedback about “manic” behaviors**



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## Treatments in Bipolar Disorder

### □ Psychopharmacology: Mood Stabilizing Medications

#### -Lithium (Antimanic)

- \*Action largely unknown
- \*Regular Blood Tests-Narrow therapeutic range (.6 - 1.4)
- \*Requires careful monitoring
- \*Side effects vs toxic side effects

**Avoid toxicity-Take as directed, don't suddenly reduce salt, drinking fluids esp. hot weather**

*Symptoms of Bipolar II Disorder*



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## Treatments in Bipolar Disorder

### Anticonvulsants

**Valproic Acid (Depakote/Depakene)**

**Carbamazepine (Tegretol)**

**Lamictal**

**Topamax**



**\*Effective with rapid Cycling and mania**

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# Treatments in Bipolar Disorder

## □ Atypical Antipsychotics

- Abilify
- Clozaril
- Risperdal
- Zyprexa
- Seroquel
- Geodon



Often used with lithium or valproic acid

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## Nursing Interventions and Treatments in Bipolar Disorder



## □ Health teaching and psychoeducation > patient & family

## □ CBT

- There are two main goals that are met by using CBT as treatment for bipolar disorder. The first goal is to recognize manic episodes before they become uncontrollable, and consciously change how they react to the episode. The second goal is to learn techniques, reactions, thoughts, and behaviors that can help to offset depression. These goals are realized through various techniques and activities prescribed by the therapist. With CBT, the treatment of bipolar disorder rests with the patient, who is given homework in the form of exercises and reading, which helps them to understand their condition and learn methods to cope with it.

- Cognitive-Behavioral Therapy for Bipolar Disorder (Hardcover) [Monica Ramirez Basco PhD](#) (Author), [A. John Rush MD](#) (Author)

## □ Group & family therapy

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## Purpose of Bipolar CareGuide

- ❖ **Standardize Care**
- ❖ **Provide Care Planning**
- ❖ **Assessment Process**
- ❖ **Intervention**
  - ❖ **CBT**
  - ❖ **Teaching Tools**
  - ❖ **Bipolar Workbook**
  - ❖ **Medications**
  - ❖ **Telephone Assessment**
  - ❖ **Case Study**



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## CASE STUDIES



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**Any Questions???**



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