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# Bipolar Disease (Manic Depression)

Patient name: \_\_\_\_\_

Admission: \_\_\_\_\_

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- I. The client/caregiver can define bipolar disease or manic depression.**
- It is a mental health disorder characterized by mood swings from overly high and irritable to sad and hopeless.
  - The highs and lows can last from a few days to several months.
  - It usually begins in adolescence or early adulthood.
- II. The client/caregiver can list factors that increase risk.**
- Familial tendency
  - Affects men and women equally
  - Usually appears before the age of 30 years
- III. The client/caregiver can recognize signs and symptoms.**
- A. Mania
- Increased energy, restlessness, and hyperactivity
  - Irritability and distractibility
  - Decreased need for sleep
  - Racing thoughts and loud, rapid speech
  - Manipulative
  - Increased sexual drive
  - Abuse of drugs
  - Loss of appetite
  - Inflated self-esteem
  - Impractical schemes and poor judgment
  - Denial that anything is wrong
  - Unrealistic in financial and legal matters
  - Anger
  - Distractibility
  - Hallucinations/delusions
- B. Depression
- Persistent sad, anxious mood
  - Feelings of guilt and hopelessness
  - Decreased energy and fatigue
  - Loss of appetite

5. Weight gain or loss
6. Loss of interest in ordinary activities
7. Irritability
8. Thoughts of death or suicide
- IV. The client/caregiver can list measures to manage disease.**
- Limit alcohol.
  - Eat a well-balanced diet.
  - Exercise daily with rest periods.
  - Avoid competitive games.
  - Follow measures to decrease insomnia.
    - Decrease stimulating activity at bedtime.
    - Avoid caffeine.
    - Drink warm milk.
    - Avoid noise and distractions.
  - Keep follow-up appointments as scheduled.
  - Take medication as instructed. There is a need for routine blood tests to evaluate medication.
- V. The client/caregiver can list measures for management of disease.**
- Watch closely to prevent client from causing injury to self or others.
  - Define acceptable behaviors to client.
  - Stress the importance of keeping appointments and taking medications to client.
  - Be honest and consistent.
  - Encourage good nutrition.
    - Offer finger foods to increase ease of eating.
    - Offer high-calorie, nutritious foods.
    - Offer foods frequently.
  - Provide quiet atmosphere for manic stage.
  - Ask whether there is a suicide plan when in the depressed stage.
  - Have client hospitalized if severely depressed, suicidal, or at risk for injury.

(Continued)

## **Part II Diseases**

### **RESOURCES**

Emergency numbers, including therapist's number or clinic number, close to the phone.

SAMHSA's National Mental Health Information Center

<http://mentalhealth.samhsa.gov/publications/allpubs/ken98-0049/default.asp>

Depression and Bipolar Support Alliance (formerly National Depressive and Manic-Depressive Association)

800-826-3632

[www.dbsalliance.org](http://www.dbsalliance.org)

Healthy People 2010

[www.healthypeople.gov/Document/HTML/Volume2/18Mental.htm](http://www.healthypeople.gov/Document/HTML/Volume2/18Mental.htm)

### **Psychiatric Disorders: Mood Disorders**

Psychological counseling

Spiritual counseling

Support groups

### **REFERENCES**

Ackley, B. J., & Ladwig, G. B. (2006). *Nursing diagnosis handbook: A guide to planning care*. St. Louis: Mosby Inc.

Hitchcock, J. E., Schubert, P. E., & Thomas, S. A. (2003). *Community health nursing: Caring in action*. Clifton Park, NY: Thomson Delmar Learning.

Timby, B. K., & Smith, N. C. (2003). *Introductory medical-surgical nursing* (8th ed.). Philadelphia: J. B. Lippincott Williams & Wilkins.

Varcarolis, E. M. (2006). *Manual of psychiatric nursing care plans*. St. Louis: Saunders Elsevier.