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Understanding Bipolar Disorder

Tisha Perreira
Otterbein University, tisha.perreira@otterbein.edu

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Pathophysiological Processes. Signs and Symptoms.

According to McFerrin, Huether, and Brachers (2016), bipolar disorder is classified as bipolar I and bipolar II mood disorder. Bipolar I disorder causes extreme mood swings of manic episodes (emotional highs) or hypomanic (emotional lows) or emotional lows (depression). Manic disorder symptoms include: excessive risk-taking, inflated self-esteem, racing thought processes, decreased need for sleep, and goal-directed activity. Symptoms of depression include: loss of interest/pleasure, weight gain or loss, fatigue/loss of energy, feeling of worthlessness or guilt, blunted affect, changes in appetite, thoughts of death/suicide, decreased libido/frame of reference, problems in concentration/attention, and psychomotor agitation. Bipolar II disorder has repetitive depressive symptoms and past or present hypomanic episode (p. 645).

According to the American Psychiatric Association (2013), for diagnosis of bipolar II, it is necessary to meet the following criteria (previous mentioned) for a manic episode. The manic episode may have been preceded by and may be followed by hypomanic or major depressive episode. To be diagnosed Bipolar II it is necessary to meet the following (above) criteria for a current or past major depressive episode and the following criteria for a current or past hypomanic episode and there has not been a manic episode (pp. 123-134).

Understanding Bipolar Disorder

Tisha Perreira RN BSN
Otterbein University, Westerville, Ohio

Underlying pathophysiology.

The exact cause [and pathophysiology] of bipolar disorder is not known, but there may be several factors involved, such as:

- Biological differences: There are images of bipolar brains that show significant physical changes. Researchers are still uncertain if these changes may prompt the cause of bipolar.
- Neurotransmitters: An imbalance in naturally occurring chemicals in the brain called neurotransmitters play a significant role in bipolar disorder and other mood disorders.
- Inherited traits: Bipolar disorder has a higher incidence in people who have a first-degree relative, such as a sibling or a parent, with the condition. Researchers are trying to find the gene or genes that are involved in causing bipolar disorder (Mayo Clinic Staff, 2015).

Significance of pathophysiology.

Significance of pathophysiology theories of bipolar disorder are explained by Kuwatsuka,T.,Ting, Z., Yang, Z., Nowinski, S., and Sun (2015). Abnormalities in glutamate signaling and glutamate毒性 are thought to be important in the pathophysiology of bipolar disorder (BD). Previous studies have found brain white matter changes in BD, but there has never been a manic episode or past major depressive episode criteria for a current or past hypomanic episode and the following criteria for a current or past major depressive episode. Bipolar disorder is treatable, but patients often have relapses and cannot completely control the disorder (p. 2). In general, people do not want to be labeled with another mental disorder, because society has created a negative stigma on bipolar disorder. This is why most people do not seek help, but when they may be difficult because of the extreme side effects of medications and the stigma behind the disorder.

Implications for Nursing Care.

Treatment for bipolar disorder is a combination of medication therapy and psychotherapy. According to Boland (2013), implementing care that involves helping patients gain insight on bipolar disorder and her/his current treatments. Increasing knowledge about how bipolar medications work and how well patients manage their medication is a primary role for the nurse. Nurses need to stress the importance of the appropriate follow up with blood work and setting down all side effects that occur on medication therapy. It is important to educate patients on signs and symptoms of lithium toxicity, such as: altered speech, weakness, and disorientation. Nurses need to stress getting routine blood work. One main side effect and complaint of medication therapy is weight gain.

Weight gain can affect the patient’s self-image, lower his/her self-esteem, which may reduce interactions with society. It is also important to recognize existing strategies/retaining medication non-adherence. Therefore it is imperative to have a thorough understanding of medication induced weight gain, including the incidence between bipolar medication therapies, and the pharmacological cause for adverse effects. Nurses can create different clinical strategies to avoid or manage the adverse effects. Nurses can discuss nutrition and exercise programs to assist with weight control. Education in magazines and television can be a broad awareness of this disorder. Being aware of a disorder will break the negative stigma, thus creating willingness for those who suffer to seek help from their family or other support staff (nurses) can encourage and reinforce the importance of staying on track with the appropriate medication and psychosocial therapy.

Mayo clinic staff members (2015) state bipolar disorder can affect work/school performance and relationships because of the ups and downs of depressions and mania. Bipolar disorder is treatable, but patients often have relapses which affects his/her quality of life (p. 3). Relapses occur due to side affects of the medications. Nurses can offer information on affordable prescription plans to aid in compliance of treatment.

Society has created a negative stigma on bipolar disorder. This negative stigma is potentially why most people afflicted with bipolar disorder do not want to seek help. Treatment is difficult because of the extreme side effects of the medications (primarily weight gain). Education in magazines and television can be a broad awareness of this disorder. Being aware of a disorder will break the negative stigma, thus creating willingness for those who suffer to seek help from their family or other support staff (nurses) can encourage and reinforce the importance of staying on track with the appropriate medication and psychosocial therapy.


Note: Adapted from Psychotropic-Induced Weight Gain: A Review of Management Strategies. P. 1, by White, W., Elmolo, L., Latthi, O., and Gates, M. (2013). Reference

Table 1 – Relative incidence of weight gain with selected psychotropics: psychological medicine

<table>
<thead>
<tr>
<th>Antidepressant</th>
<th>Relative Incidence</th>
<th>Antipsychotic</th>
<th>Relative Incidence</th>
<th>Mood stabilizer</th>
<th>Relative Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxapine</td>
<td>++</td>
<td>Aripiprazole</td>
<td>++</td>
<td>Carbamazepine</td>
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<tr>
<td>Desipramine</td>
<td>++</td>
<td>Asenapine</td>
<td>++</td>
<td>Lamotrigine</td>
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<tr>
<td>Clomipramine</td>
<td>+</td>
<td>Chlorpromazine</td>
<td>++</td>
<td>Lithium</td>
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<tr>
<td>Dothiepin</td>
<td>++</td>
<td>Clozapine</td>
<td>+</td>
<td>Valproate</td>
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<td>++</td>
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</tbody>
</table>


References


Additional Sources


Understanding Bipolar Disorder and the role of support workers. British Journal Of Healthcare Assistants, 10, 172-175.