Major Depression

- Characterized by a change in several aspects of a person's life and emotional state consistently throughout at least 14 days.
- Mood state described as down, sad, or feeling "blah."
- Clients with bipolar disorder also experience a depressed mood.

Bipolar Disorder

- The bipolar disorders are a group of mood disorders that include manic episodes, hypomanic episodes, mixed episodes, depressed episodes, and cyclothymic disorder.
- Only clients with Bipolar Disorder experience the elevated mood symptoms seen in mania and hypomania.
Major Depression

Click here to view a video of an “Interview with Josh”, who was diagnosed with bipolar disorder.

Dysfunctional Grieving

- Bereavement is a term that refers to the state of loss.
- Dysfunctional grieving is a term that describes the failure of an individual to follow the course of normal grieving to a point of resolution.

Biopsychosocial Theories

- Psychoanalytic Theory
- Cognitive Theory
- Object Loss Theory
- Biologic Theory
Biopsychosocial Theories - continued

- Psychological Factors
- Sociocultural Factors

Biologic Therapies

- Psychotropic medications
- Electroconvulsive treatment
- Circadian rhythms

Depressive Disorders: Subjective Data

- Feelings of sadness
- Fatigue
- Lack of interest in relationships and activities that were previously pleasurable
- Feelings of worthlessness
- Impaired concentration
Depressive Disorders: Subjective Data - continued

- Impaired decision-making ability
- Sleep disturbances
- Appetite changes; weight loss or weight gain
- Excessive sleep
- Somatic concerns
- Suicidal ideation

Depressive Disorders: Objective Data

- Females under the age of 40
- Prior episodes of depression
- Family history of depression or bipolar disorder
- A history of a recent stressful event
- Lack of social support

Depressive Disorders: Objective Data - continued

- Psychomotor agitation or retardation
- Family may report client agitation or apathy and anhedonia
- Pattern of social withdrawal
- Lack of social participation
- Be alert to a change in behavior
Bipolar Disorders: Subjective Data

- Changes in thought processes
- Inflated self-esteem
- Delusions of persecution
- Ignore fatigue and hunger
- Inability to concentrate
- Distracted by the slightest stimulus
- Hallucinations

Bipolar Disorders: Objective Data

- Young people in their twenties
- Little gender specificity
- Initial episode is likely to be manic in males and depressive in females
- No documented evidence of the effect of race or ethnicity

Bipolar Disorders: Objective Data - continued

- Hallmark of mania is constant motor activity
- Disordered sleep patterns
- Flight of ideas
- Pressured speech
- Poor judgment
Bipolar Disorders: Objective Data - continued

- Appearance may be unusual
- Absence of personal hygiene
- Impairment in occupational functioning
- Interpersonal chaos

Suicide Prevention

- Assess for suicide risk by direct questioning about suicidal thinking, history of suicide attempts, and whether the client has a specific suicide plan.
- The more organized the plan is, the more concern it generates as safety is a priority.
- Suicidal clients should be placed under suicide precautions.

YOUR INTERVENTION STRATEGIES:
Preventing Inpatient Suicide and Promoting Safety

1. Assure all suicide risk assessments are complete.
2. Place the client in a secure room.
3. Use suicide precautions.
4. Use suicide-proofing techniques.
5. Ensure the treatment team is working with the client on suicide prevention.
6. Implement safety plans.
7. Educate the client about suicide prevention.
8. Provide interventions to reduce suicide risk.
9. Monitor the client for suicidal thoughts and behaviors.
10. Ensure the client has access to appropriate resources.
11. Ensure the client has a support network.
13. Provide ongoing monitoring and evaluation.

YOUR INTERVENTION STRATEGIES:
Preventing Inpatient Suicide and Promoting Safety

- Review the plan for suicide prevention with the client.
- Ensure that the plan is specific and measurable.
- Ensure that the plan is feasible and achievable.
- Ensure that the plan is time-bound.
- Ensure that the plan is reviewed and updated regularly.
- Ensure that the plan is followed by the client and the treatment team.
- Ensure that the plan is revised if necessary.
Improving Self-Esteem

- Provide distraction
- Explain importance of doing things
- Recognize accomplishments
- Help clients identify personal strengths
- Be accepting
- Teach assertiveness techniques

Medication Teaching

- Proper client education enhances the effectiveness of medication therapy and can improve client adherence and diminish non-adherence.
- Client education begins when medication therapy begins and is repeated during the course of the client’s hospitalization.

Medication Teaching - continued

- Give instructions verbally and in writing.
- Include family members or significant others if they will supervise home administration.
### PARTNERING WITH CLIENTS AND FAMILIES: TEACHING ABOUT ANTIDEPRESSANT THERAPY

#### Teaching About Antidepressant Therapy

**Clients on MAOIs**
- Teach the client's family and make sure no sympathomimetic agents are offered. (Sympathomimetics may precipitate hypertensive crisis.)
- Monitor the client closely for headaches and rebound blood pressure without medication, and report these signs to the healthcare provider if they occur.
- Teach the client to avoid substances, such as alcohol, that may precipitate hypertension or other adverse effects.

**Initiating Antidepressant Therapy**
- Make sure the client knows the name and dose of the medication being taken. (This is the best information every client should have.)
- Teach the client to stay away from a setting or place he/she has felt stress or anxiety in the past.
- Teach the client to avoid substances, such as alcohol, that may precipitate hypertension or other adverse effects.
- Encourage the client to stay on the medication, regardless of the side effects. (Make sure side effects are as expected.)
- Teach the client to stay away from substances that may precipitate hypertension or other adverse effects.

**Follow-Up Care**
- Teach the client to stay on the medication, regardless of the side effects. (Make sure side effects are as expected.)
- Teach the client to stay away from substances that may precipitate hypertension or other adverse effects.

### YOUR INTERVENTION STRATEGIES: Working with Clients Receiving ECT

1. Prepare the client by explaining the procedure and answering questions as fully as possible.
2. A separate consent for treatment must be signed because ECT requires the administration of anesthetic. This is the patient's responsibility. This is the patient's responsibility. This is the patient's responsibility.
3. Clients are kept NPO (nothing by mouth) for at least 4 hours before treatment.
4. Anticonvulsant medications may be administered to reduce the risk of seizures. These medications are administered to reduce the risk of seizures. These medications are administered to reduce the risk of seizures.
5. The patient must be artifactually ventilated and the muscle relaxant is fully administered, usually in 2 to 3 minutes. The patient must be artifactually ventilated and the muscle relaxant is fully administered, usually in 2 to 3 minutes. The patient must be artifactually ventilated and the muscle relaxant is fully administered, usually in 2 to 3 minutes.
6. An electrocution current is passed through the brain by means of electrodes placed on the temples. This causes a generalized (or tonic-clonic) seizure, the effects of which are minimal. The patient must be artifactually ventilated and the muscle relaxant is fully administered, usually in 2 to 3 minutes. The patient must be artifactually ventilated and the muscle relaxant is fully administered, usually in 2 to 3 minutes.

### YOUR INTERVENTION STRATEGIES: Working with Clients Receiving ECT - continued

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Self-Awareness

- The process recording method will help to promote self-awareness.
- A process recording usually consists of three columns—
  - One for the nurse’s statements
  - One for the client’s statements
  - One that identifies the process or action taking place

Resources

- [http://www.cmelc.com/topics/bdfaq.html](http://www.cmelc.com/topics/bdfaq.html)
  The Continuing Medical Education site offers answers to frequently asked questions about bipolar disorder.
- [http://www.ndmda.org](http://www.ndmda.org)
  This is the website for the Depression and Bipolar Support Alliance, a national organization run by patients for patients.
- [http://www.ifred.org](http://www.ifred.org)
  The International Foundation for Research and Education on Depression is dedicated to researching causes of depression, supporting those dealing with depression, and combating the stigma associated with depression.
Resources - continued

- [http://www.postpartum.net](http://www.postpartum.net)
  Postpartum Support International is a nonprofit organization whose mission is to eradicate the ignorance related to pregnancy-related mood disorders and to advocate, educate, and provide support for maternal mental health worldwide.

- [www.sada.org.uk](http://www.sada.org.uk)
  The Seasonal Affective Disorder Association is a voluntary organization in the UK that informs the public and health professions about SAD and supports and advises sufferers of the illness.