Introduction

- 12% of US suffers from Mood Disorders
  - MD are a group of psychiatric DO characterized by physical, emotional and behavioral patterns
  - The affect (Mood) patterns:
    - Elation & agitation
    - Extreme depression
    - Serious potential for suicide

Introduction

- Many with MD are never seen for tx bc:
  - They do not realize they have a problem
  - Others do not realize they have a treatable problem
  - Physical complaints are dealt with and thought to be medical problems
  - Health insurance is not covering MH problems.
### 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” feeling helpless.
- Clients with bipolar disorder also experience a depressed mood.

### Major Depressive Disorder*

- Single episode or recurrent major depression
- Average age of onset 20’s
- Risk of developing during lifetime higher for females
- First degree relatives 3x as likely as general pop.
- Symptoms usually develop over a period of time.
  - May experience anxiety and mild depression for several days, weeks, or months before onset of full major dep episode
- If untreated lasts 6 or more months.

### Dysthymic Disorder*

- Often occurs in childhood, adolescence or early adulthood—tends to be chronic
- Chronic depression for the majority of most days for at least 2 years.
- Throughout those 2 years no more than 2 months can be described as symptom free
- Less severe than major depression
  - Fewer physiologic symptoms
### Seasonal Affective Disorder (SAD)

- A depressive disorder that occurs in relation to the seasons, usually during winter months
- Treatment involves light therapy
- Bupropion (Wellbutrin ER) is approved by FDA for tx.

### 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.

### Bipolar Disorders

- Mania (per DSM IV)
  - Abnormal and persistently elevated, expansive or irritable mood lasting 1 week.
  - Impairing social or occupational functioning
  - Generally requires hospitalization
  - Must be accompanied by at least 3 additional symptoms
    - Such as grandiosity, flight of ideas, distractibility, psychomotor agitation, increased involvement in goal-directed activities
Bipolar Disorders cont.

Hypomania
- Less extreme form of mania
- Not severe enough to impair functioning or require hospitalization
- No psychotic features
- Mixed episode
  - Symptoms of both mania and depression are present nearly everyday in rapidly alternating succession x1 week

Bipolar Disorders cont.

- Cyclothymic Disorder
  - Suffering at least 2 years from "chronic fluctuating mood disturbances involving many periods of hypomania with many periods of depressive symptoms." (DSM IV)

Figure 17-3 Comparison of affect (mood) in major depressive disorder, bipolar disorder, dysthymia, and cyclothymia.
Question #2

The major difference between hypomania and mania is that in hypomania the client:

1. Does not require hospitalization
2. Has psychotic features.
3. Is more extreme.
4. Behavior is excessive.

Mood Disorders due to other conditions

- Postpartum Mood Episodes
  - Symptoms that meet criteria for any of the mood disorders
  - Onset occurs within 4 weeks of giving birth but may occur anytime during the first year following childbirth.
Mood Disorders due to other conditions*

- 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.*

Question #4

Each year two sisters fly to their hometown to meet at the gravesite on the anniversary of their mother's death. They are exhibiting:

1. Anticipatory grief.
2. Normal grief.
3. Dysfunctional grieving.
4. Bereavement.
Question #3

What question should a nurse ask in order to obtain information needed to support a diagnosis of major depressive disorder? “Have you ever had within a two-week period:

1. Distractibility every day?”
2. Increase in goal directed activity or psychomotor agitation every day?”
3. Feelings of worthlessness or excessive or inappropriate guilt every day?”
4. A decreased need for sleep every day?”

Biopsychosocial Theories (cont’d)

- Psychological Factors
- Sociocultural Factors
Biopsychosocial Theories*

- Psychoanalytic Theory
- Cognitive Theory
- Object Loss Theory
- Biologic Theory

Biologic Therapies*

- Psychotropic medications
- Electroconvulsive treatment
- Circadian rhythms

Depressive Disorders: Subjective Data*

- Feelings of sadness
- Fatigue and decreased energy (anergy)
- Lack of interest in relationships and activities that were previously pleasurable (anhedonia)
- Feelings of worthlessness
- Impaired concentration
### Depressive Disorders: Subjective Data (cont'd)*

- Impaired decision-making ability
- Sleep disturbances (insomnia)
- 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 (cont'd)*

- 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
Box 17-2: A Sample Process Recording With a Client Who Is Depressed

<table>
<thead>
<tr>
<th>Client</th>
<th>Nurse</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I don't think I can take this anymore—it's too much for me.&quot;</td>
<td>&quot;You sound so overwhelmed. How long have you felt this way?&quot;</td>
<td>Validating, Exploring</td>
</tr>
<tr>
<td>&quot;I've been like this for as long as I can remember. It just never ends.&quot;</td>
<td>&quot;How have you handled these feelings over the long time you’ve had them?&quot;</td>
<td>Opening the topic of client's successes in managing</td>
</tr>
</tbody>
</table>

Box 17-2 (continued): A Sample Process Recording With a Client Who Is Depressed

<table>
<thead>
<tr>
<th>Client</th>
<th>Nurse</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I just put one foot in front of the other. It doesn't make it better, though.&quot;</td>
<td>&quot;It does seem to work to some extent. You've made it through this long.&quot;</td>
<td>Refreshing the effort as a success</td>
</tr>
<tr>
<td>&quot;I guess, I just don't know how I can keep doing it.&quot;</td>
<td>&quot;It can be tiring. Keep in mind you're not alone in this effort. You have people who support you and care about you.&quot;</td>
<td>Validation, Reinforcing the social supports in place</td>
</tr>
<tr>
<td>&quot;As long as I have some help.&quot;</td>
<td>&quot;There is help you can depend on.&quot;</td>
<td>Reassurance</td>
</tr>
</tbody>
</table>

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Question #1

The nurse would expect the client with major depressive disorder to have:
Question #1

1. Flight of ideas.
2. Euphoria or irritability.
3. Anergia.

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 (cont'd)*

- Hallmark of mania is constant motor activity
- Disordered sleep patterns
- Flight of ideas
- Pressured speech
- Poor judgment

Bipolar Disorders: Objective Data (cont'd)*

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

Bipolar /Mood videos

- [http://www.youtube.com/watch?v=GbIFLT9r9g8](http://www.youtube.com/watch?v=GbIFLT9r9g8)
- [http://www.youtube.com/watch?v=ZwMIHkWKDwM](http://www.youtube.com/watch?v=ZwMIHkWKDwM)
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.*

Suicide Prevention (cont’d)

- Suicidal clients should be placed under suicide precautions.*

YOUR INTERVENTION STRATEGIES: Preventing Inpatient Suicide and Promoting Safety

- Assess risk of suicide for each client and adequately document the results.
- Be sure to check the policy and procedures of the individual health care treatment facility and implement these guidelines as well.
- Evaluate the level of suicide risk regularly, and review with appropriate level of staff supervision following a suicide attempt.
- Suicide clients need to know that the environment is safe for them. Reinforce them by removing sharp objects, scissors, knives, glass items, Venetian blinds, and ropes or belts, and confine clients to their rooms and limit their freedom of movement.
- Place suicidal clients in a centrally located room near the nurse’s station to facilitate ease of observation.
- Admit clients in a group treatment setting using a multidisciplinary approach.
- Provide direct supervision of other clients who might be at risk for suicide.
- Establish a predictable pattern of observation during the day and especially at night.
- Observe suicidal clients for suicide-related behaviors on other times when placing is limited, and during times of abstraction, sleep disturbances, and withdrawal.
- Supervise and observe by staff and receiver for safety.
- The nurse-coordinator, discharge planning.
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### 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 (cont'd)

- Give instructions verbally and in writing.
- Include family members or significant others if they will supervise home administration.
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

- Continuing Medical Education
  - The Continuing Medical Education site offers answers to frequently asked questions about bipolar disorder.

Resources (cont’d)

- Depression and Bipolar Support Alliance
  - This is the website for the Depression and Bipolar Support Alliance, a national organization run by patients for patients.
Resources (cont’d)

• International Foundation for Research and Education on Depression
  – 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 (cont’d)

• Postpartum Support International
  – 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.

Resources (cont’d)

• Seasonal Affective Disorder Association
  – 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.