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

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

- Ensure the safety of the patient in crisis by identifying and eliminating any immediate threats.
- Pull the nurse call, lock all doors, and remove all sharp objects.
- Place the patient in a private room or a unit with minimal activity.
- Encourage the patient to talk about their feelings and concerns.
- Provide emotional support and validation.
- Offer pain medication if needed.
- Encourage the patient to practice good self-care.
- Offer opportunities for social interaction.
- Provide opportunities for physical activity.
- Offer opportunities for creative expression.
- Offer opportunities for relaxation.
- Offer opportunities for spiritual or religious activities.
- Offer opportunities for occupational therapy.
- Offer opportunities for physical therapy.
- Offer opportunities for speech therapy.
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- Offer opportunities for meditation.
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

Your Intervention Strategies: Working with Clients Receiving ECT

1. Prepare the client by explaining the procedure and answering all questions as fully as possible.
2. A separate consent form for treatment must be signed by the client if required by local or institutional policy. The nurse is responsible for discussing the procedure with the client and gaining informed consent.
3. The client will be taught the importance of deep breaths and relaxation exercises to minimize anxiety and fear during the procedure.
4. The client will be taught to expect sensations such as tingling, shocks, and muscle contractions during the treatment.

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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

YOUR SELF-AWARENESS:
Potential Reactions to Working with Clients Who Have Mania

YOURSELF-AWARENESS:
Potential Reactions to Working with Clients Who Have Mania

Resources

- [http://www.cmellc.com/topics/bdfaq.html](http://www.cmellc.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.