

15-06-2020

GNM 2nd year (Mental Health Nursing)

Nursing Management of Patient with Mood Disorders

Mood Disorders

Mood disorders are characterized by a disturbance of mood, accompanied by a full or partial Depressive Syndrome or Manic or

Classification of Mood Disorders

- Manic episode
- Bipolar affective disorder
- Depressive episode
- Recurrent Depressive Disorder
- Persistent Mood Disorder
- Other Mood Disorder
- unspecified mood disorder.

Manic Episode

Mania refers to a syndrome in which the central features are over-activity, mood change (which may be towards elation or irritability) & self important ideas.

Causes

Excessive levels of Norepinephrine & dopamine

② Monozygotic (Identical) twins have a higher rate of incidence than Normal siblings.

③ Fault family dynamic during early life are responsible for manic behaviour in later life.

Clinical features

Elevated, Expansive or Irrepressible mood

Elevated mood in Mania has four stages.

① Euphoria :- (Stage I)

Increased sense of psychological well-being & happiness not in keeping with ongoing events

② Elation (Stage II)

Moderate elevation of mood with increased psychomotor activity.

③ Exaltation :- (Stage III)

Intense elevation of mood with delusions of grandeur.

④ Ecstasy (Stage IV)

Severe elevation of mood, intense sense of rapture or blissfulness seen in delirious or stuporous mania.

o Increase in Psychomotor activity

• Speed and Thought

→ Flight of ideas

→ Pressure of speech

→ Clang association

→ Delusion of grandeur

→ Delusions of persecution

→ Irritability

Other Features

(a) Increased sociabilities

(b) Impulsive Behaviour

(c) Disinhibition

(d) Hypersexual & promiscuous Behaviour

(e) Poor judgement

(f) High-risk activities

(g) Dressed up in gaudy & flamboyant clothes

(h) Decreased attention & concentration

(i) Absent insight

(j) Decreased Need for sleep

Diagnosis

- ① ICD10 Diagnostic Criteria
- ② Based on signs & symptoms

Treatment Modalities

- Lithium 900-2100 mg/day
- Carbamazepine ~ 600-1800 mg/day
- sodium valproate :- 600-2600 mg/day
- Electroconvulsive Therapy

Objective signs & subjective symptoms of manic patient

Objective Signs	Subjective Symptoms
<ul style="list-style-type: none">◦ Disturbance of speech◦ Rapid speech◦ Loud, pressured speech◦ Easily Distracted◦ over-activity◦ Mood lability◦ weight changes	<ul style="list-style-type: none">◦ Feelings of joys◦ Rapid Mood swings◦ sleeps Disturbance◦ Delusions and hallucination.

Nursing Diagnosis

- ① High Risk for injury Related to extreme Hyperactivity & impulsive behaviours
- ② High Risk for violence
- ③ Imbalanced Nutrition, less than body Requirement
- ④ Impaired Social Interaction Related to egocentric & Narcissistic Behaviors.
- ⑤ Self-esteem Disturbance Related to unmet dependency Need,
- ⑥ Interrupted family process Related to euphoric-mood & grandiose ideas,
- ⑦

Nursing Care Plan



<u>Assessment</u>	<u>(NSG)</u>	<u>(Goal)</u>	<u>(Intervention)</u>	<u>(Evaluation)</u>
<p>1) Check his/her vital signs.</p> <p>2) Assess the general condition of the patient</p> <p>3) Assess the behaviour pattern of the Nto</p> <p>4) Assess the forming an opinion about the causes.</p> <p>5) Assess the severity of the disorder</p>	<p>High-Risk Face injury Related to extreme Hyper-activity & impulsive behaviour.</p>	<p>Patient will Not injure self.</p>	<p>1) Keep environmental stimuli to a minimum & under control.</p> <p>2) Remove hazardous objects & substances caution the patient</p> <p>3) Stay with patient as hyperactivity increases</p> <p>4) Administer medication as prescribed by physician</p> <p>5) Assist patient to engage in activities, such as writing, exercise.</p>	<p>Though this (my) intervention patient may feel better & reduce the injury.</p>

(Assessment)	(Nsg)	(Goal)	(Intervention)	(Evaluation)
<p>① Assess the vital signs of the pt.</p>	<p>High - Risk For violence self directed or directed at others</p>	<p>Patient will Not harm self or others</p>	<p>○ Observe patient behavior at least every 15 mins</p>	<p>Thought this intervention patient may reduce their activities</p>
<p>② Assess the general condition</p>	<p>related to Mental excitement</p>		<p>○ Remove all sharp objects</p>	
<p>③ Assess the behavior pattern of the pt.</p>			<p>○ Redirect violent behavior with physical outlet</p>	
<p>④ Assess the forming an opinion about the course</p>			<p>○ Encourage verbal expression of feeling</p>	
<p>⑤ Assess the severity of the disorder</p>			<p>○ Administer Therapeutic Medication</p>	
			<p>○ Remove Restraints gradually once at a time.</p>	

Assessment	Nsg	Goal	Intervention	Evaluation
<p>1) Check vital signs</p> <p>2) Assess the general condition of the patient</p> <p>3) Assess the Behaviour pattern of the pt.</p> <p>4) Assess the hearing and opinion about the causes.</p> <p>5) Assess the severity of the disorder</p>	<p>Nursing intervention to improve Nutritional status of Main patient</p>	<p>Patient will Not exhibit signs & symptoms of malnutrition</p>	<ul style="list-style-type: none"> o Provide high calorie, Nutritious High protein food. o Find out patient's like & dislikes & provides favourite foods o Provide 6-8 glasses of fluids per day o Maintain accurate Record of intake, output & Caloric count. o Supplement Diet with vitamins & minerals o work on sit with pt while he eats. 	<p>Though this interventions pt able to eat food in proper manner.</p>