



Bipolar Disorder

For CHO/SN





LEARNING OBJECTIVES

At the end of the session, participants should be able to-

- Define bipolar disorder.
- Describe the etiology and clinical features of bipolar disorder.
- Describe the role of CHO/SN in management of bipolar disorder.
- Enlist the red flags for referral in bipolar disorder.



INTRODUCTION

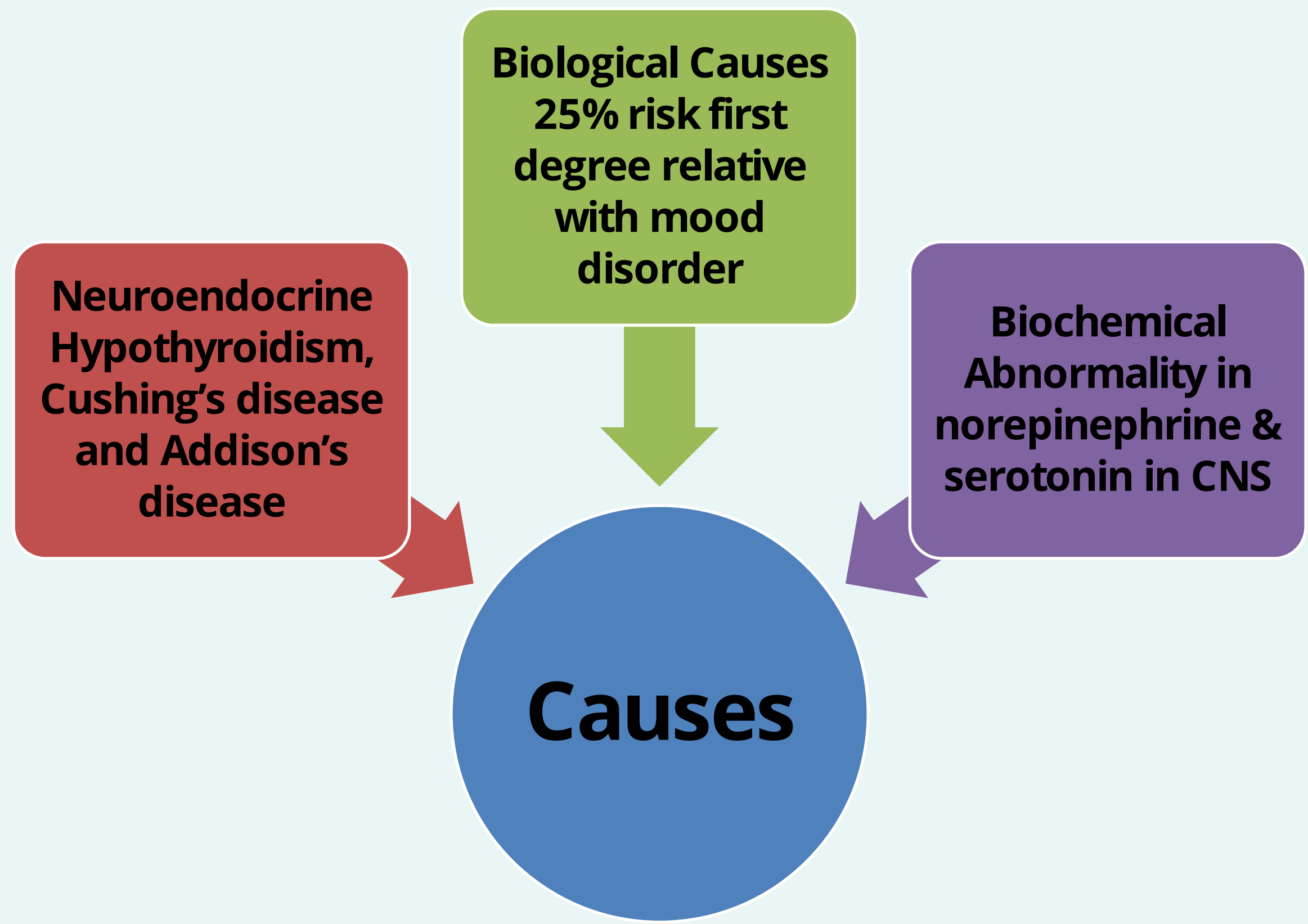
Definition:

- Bipolar disorder is a disorder of mood.
- It is characterized by episodes of mania and depression, which can appear in phases, alternating with each other.
- Episodes may last for weeks to months. The patient mostly improves in between the episodes with continued medications.
- It usually occurs in the early 20s and 30s and affects around 0.5% of the population.





ETIOLOGY





CLINICAL FEATURES

Signs and symptoms of Bipolar Disorder depend on the episodes of Mania and Depression.

Manic Episode: It is characterized by the following clinical picture which should be present for at least 1 week and cause disruption in daily living.

- **Elevated, expansive mood** – It can range from euphoria to irritability.
- **Psychomotor activity** – Characterized by over activity, restlessness, & excitement.
- **Speech and thought** – The person is more talkative, increased pressure of speech (fast and incoherent speech), use of playful language such as rhyming, joking, teasing.
- **Goal-directed activity** – There is marked increase in daily activity with more planning and at times execution of many activities.



Depressive Episode: The depressive state is mainly characterized by the following clinical features, which should be present for at least 2 weeks for the diagnosis.

- **Depressed mood** – Sadness, no interest in daily activities.
- **Depressed cognition** – Hopelessness, Helplessness & Worthlessness can lead to difficulty in thinking & concentration.
- **Psychomotor activity** – Slowed thinking & activity, decreased energy.
- **Physical symptoms** – Heaviness of head, body aches, easy fatiguability.
- **Biological symptoms** – Insomnia, loss of appetite and weight, loss of sexual drive, Risk of suicide and death wishes.
- **Psychotic symptoms** – Delusion & hallucinations, and inappropriate behaviour.



ROLE OF CHO/SN IN ASSESSMENT OF BIPOLAR DISORDER

Assessment of Bipolar Disorder at the SHC-HWC level will be made based on the clinical features. Definitive diagnosis will be made by the Medical Officer/Psychiatrist.

- More than 1 episode of Mania or
- Alternating episodes Mania and Depression
 - The episode of Mania should last at least 1 week
 - The episode of depression should last at least 2 weeks



MANAGEMENT OF BIPOLAR DISORDER AT SHC/PHC-HWC

The role of CHO/SN in management of Bipolar Disorder will be:

- Identification and referral to specialist for treatment initiation (in consultation with the Medical Officer)
- Follow up of patient for treatment continuation at the SHC/PHC-HWC
- Identification of side effects/toxicity of medication and re-referral, if present
- Psychosocial interventions



MEDICAL MANAGEMENT OF BIPOLAR DISORDER

- Medicines for SMDs can only be prescribed by a Medical Officer (MBBS) or Psychiatrist.
- Drugs used for treatment of bipolar disorders are Mood stabilizers and/or Antipsychotics for mania and Mood stabilizers and Antidepressants for depression.
- If you suspect a case of bipolar disorder, refer to the MO-PHC immediately.
- The MO will prescribe required drugs if needed.

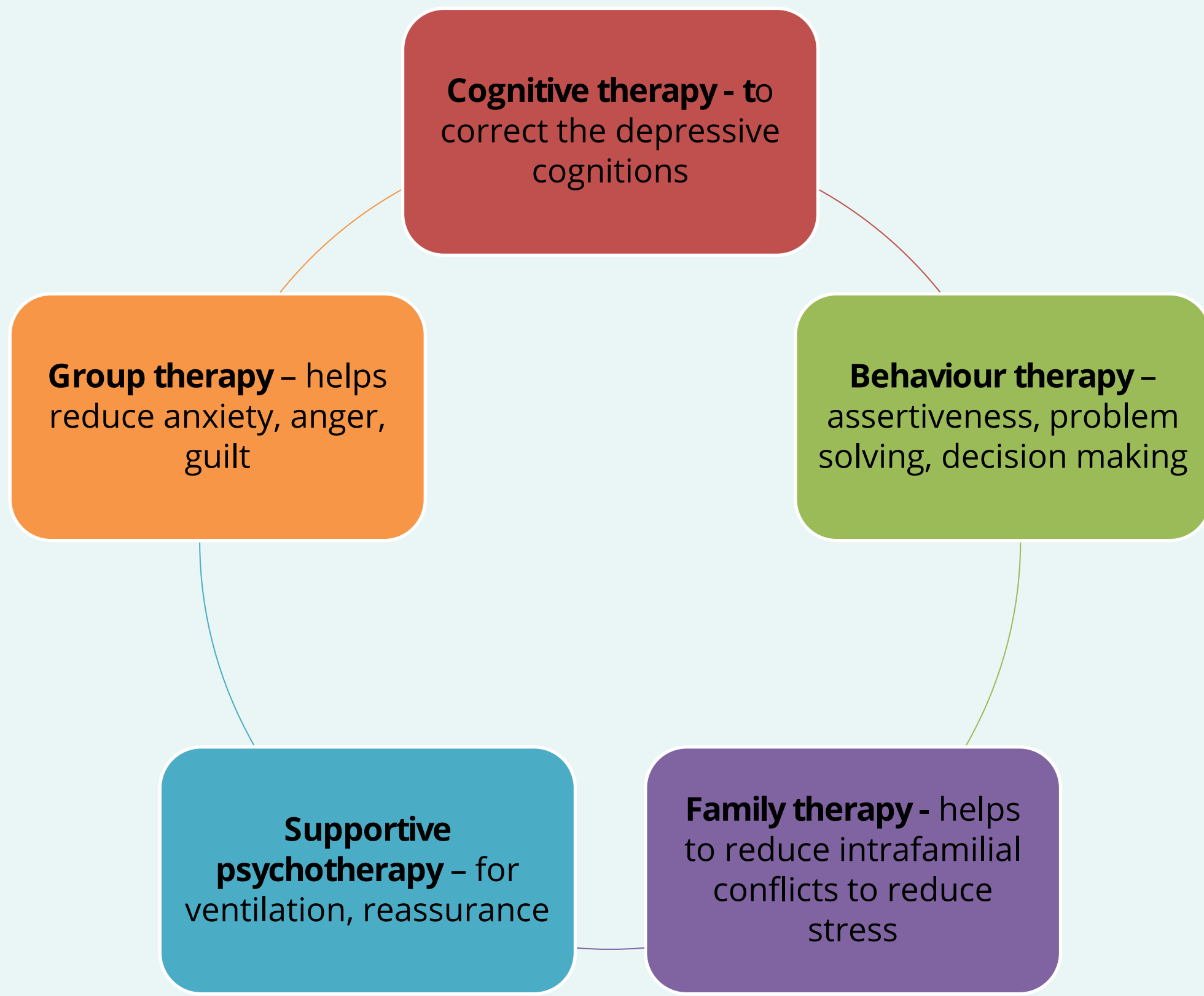




- Once the patient comes back to the community, you need to instruct him/her to use the medicine strictly as per the frequency and duration prescribed.
- You will also follow up the patient for any side effects or toxicity to the prescribed medicines.
- If any serious side effects are noted, you will refer back to the Medical Officer.



PSYCHOSOCIAL INTERVENTIONS IN BIPOLAR DISORDER



Psycho-education forms the mainstay of psychosocial management of SMDs.





The family caregivers can be educated on the following



For Mania

- Violence and aggressive behaviour patient to be handled with caution.
- Set limits for manipulative behaviour, give positive reinforcement for non-punitive behaviour.
- Never take care of violent patient alone. If the patient has sharps such as knife, blade ask him to keep it on the table or floor instead of fighting to take away.
- Provide diet with high protein, nutritious finger foods and drinks that can be taken when walking or running.
- Walk or sit with the patient when he eats.
- Give medications as prescribed.

For Depression

- Ask the patient about suicidal ideas, create and maintain the safe environment.
- Remove all potentially dangerous objects from the person's environment. Keep the patient near to the nurse's station and closely observe the patient.
- Plan daytime activities according to patient interest & closely monitor the patient's food and fluid intake.
- Ensure the patient's hygienic needs are met or assist the patient to complete the tasks.
- Provide the medications as prescribed.



RED FLAGS IN SEVERE MENTAL DISORDERS

- When there is a risk of suicide or harm to others
- Catatonic behavior symptoms (abnormal movements – no movement/ speech/ response to stimuli or excessive movements)
- Poor general health condition
- Refusal to take orally (meals & medications)



CASE STUDY

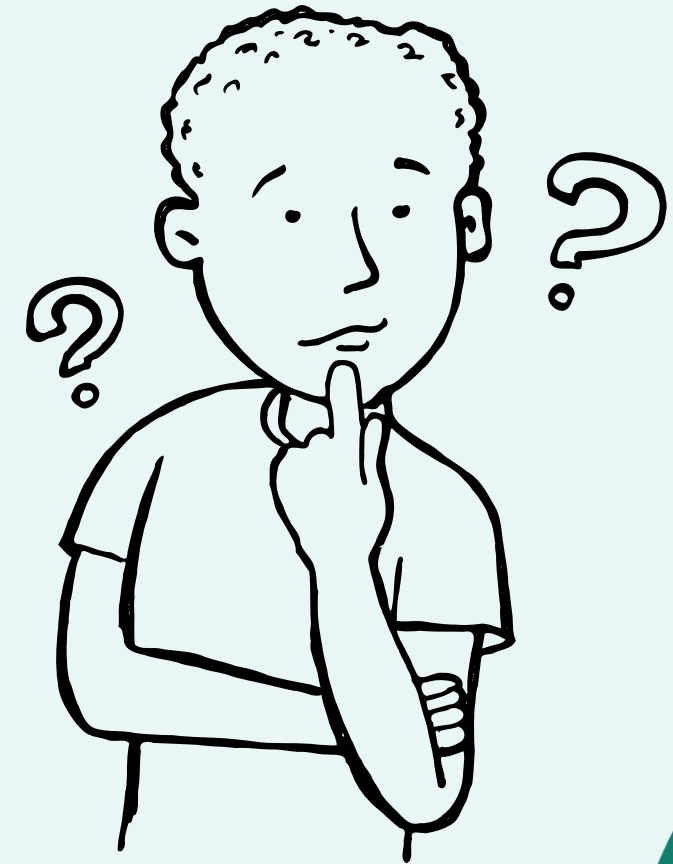
A 20-year-old man presents to the psychiatry ward accompanied by his parents, with complaints of unnecessary quarrels, excessive laughing, excessive talking, insomnia, tells that he is God etc. For the past 2 weeks, he was not attending college classes, staying awake most nights till 4 or 5 a.m., writing some things continuously. When asked by parents, he reports that he is writing 2 story books at the same time. Sometimes he roams around in the locality talking to strangers, cracking jokes. He also spent Rs 10,000 in shopping that was very unusual of him.





QUESTIONS

- What are the signs and symptoms you have observed in the case scenario?
- What can be the probable disorder in the above case?
- What are the main features that point to the disorder?
- What is your role in managing the case





EVALUATION



1. Bipolar Disorder is a disorder of thought. True/False
2. Bipolar Disorder has no genetic predisposition. True/False
3. To diagnose a patient with Bipolar Disorder, there should be a history of manic episodes lasting for at least ____.
4. CHO will initiate treatment for Bipolar Disorder at the SHC-HWC. True/False
5. What is catatonic behaviour?





ANSWERS

1. Bipolar Disorder is a disorder of thought. True/**False**

2. Bipolar Disorder has no genetic predisposition. True/**False**

3. To diagnose a patient with Bipolar Disorder, there should be history of manic episode lasting for at least one week.

4. CHO will initiate treatment for Bipolar Disorder at the SHC-HWC. True/**False**

5. What is catatonic behaviour? Abnormal movement or no movement at all, lack of communication



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Thank You

