



Mental Health Nursing: Mood Disorders

By Mary B. Knutson, RN, MS, FCP

A Definition of Mood

- Prolonged emotional state that influences the person's whole personality and life functioning



Adaptive Functions of Emotions

- Social communication
- Physiological arousal
- Subjective awareness
- Psychodynamic defense
 - At both conscious and unconscious level



Emotional Response Continuum

- Adaptive responses

Emotional responsiveness ⇐

Uncomplicated grief reaction ⇒

⇐ Suppression of emotions ⇒

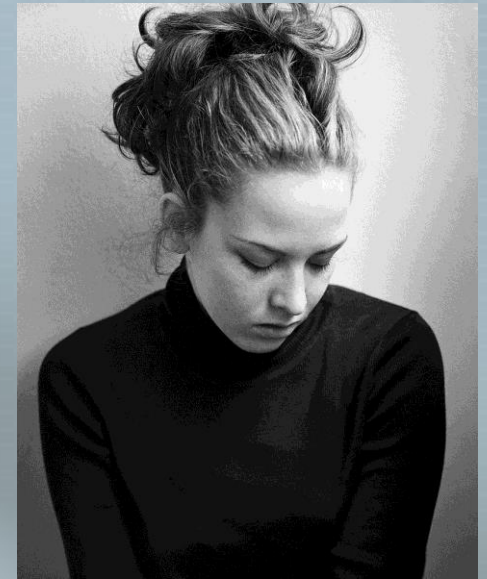
- Maladaptive responses

Delayed grief reaction ⇒

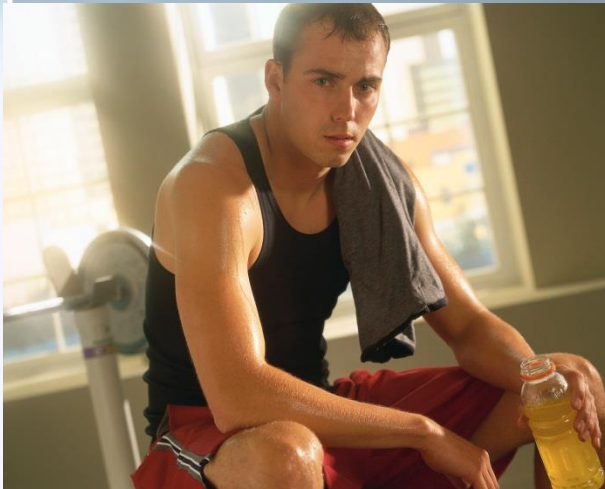
Depression/mania

Comorbidity of Depression

- Alcohol
- Drug abuse
- Panic disorder
- Obsessive-compulsive disorder



Risk for Depression

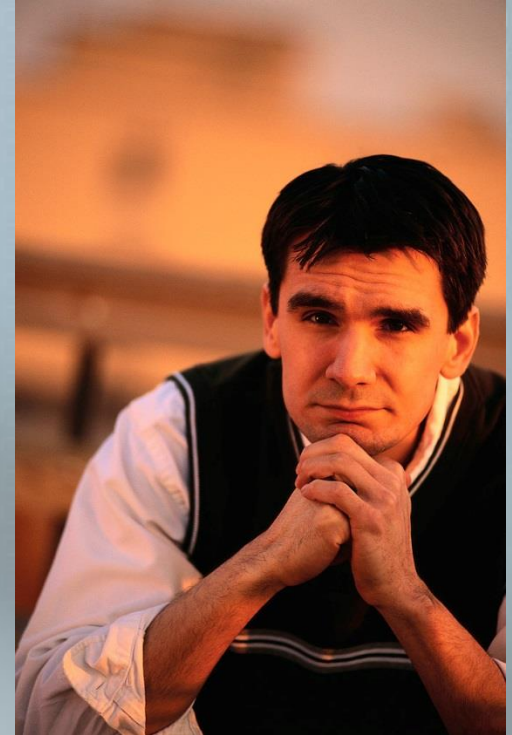


- Lifetime risk for major depression is 7% to 12% for men
- Risk for women 20-30%
- Rates peak between adolescence and early adulthood



Depression

- An abnormal extension or over-elaboration of sadness and grief
- A sign, symptom, syndrome, emotional state, reaction, disease, or clinical entity



Major Depression


- Presence of at least 5 symptoms during the same 2-week period
 - Includes either depressed mood, or loss of interest or pleasure
 - Weight loss
 - Insomnia, fatigue
 - Psychomotor agitation or retardation
 - Feelings of worthlessness
 - Diminished ability to think
 - Recurrent thoughts of death

Mania

- A condition characterized by a mood that is elevated, expansive, or irritable
- Accompanied by hyperactivity, undertaking too many activities, lack of judgment in anticipating consequences, pressured speech, flight of idea, distractibility, inflated self-esteem, or hypersexuality

Predisposing Factors

- Genetic vulnerability ⇒
- Psychosocial stressors ⇒
- Developmental events ⇒
- Physiological stressors ⇒
- Interaction of chemical, experiential, and behavioral variables acting on the brain ⇒ Disturbed neurochemistry
 - ⇔ Diencephalic dysfunction
 - ⇔ Mood Disorders

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- Biological- Endocrine dysfunction, variation in biological rhythms
 - Bipolar disorder with rapid cycling
 - Depressive disorder with seasonal variation
 - Sleep disturbance/changed energy level
 - Affects appetite, weight, and sex drive
 - Precipitating stressors- grief/losses, life events, role changes, physical illness

Risk Factors for Depression

- Prior episodes of depression
- Family history of depression
- Prior suicide attempts
- Female gender
- Age of onset < 40 years
- Postpartum period
- Medical comorbidity
- Lack of social support
- Stressful life events
- Personal history of sexual abuse
- Current substance abuse

Alleviating Factors

- Coping resources include intrapersonal, interpersonal, and social factors:
 - Coping mechanisms
 - Problem-solving abilities
 - Social supports
 - Cultural/Spiritual beliefs



Medical Diagnosis

- Bipolar I disorder- Current or past experience of manic episode lasting at least one week
- Bipolar II disorder- Current or past major depressive disorder and at least one hypomanic (not severe) episode
- Cyclothymic disorder- Hx of 2 years of hypomania and depressed mood (not major depression)
- Major Depressive disorder- Single episode or recurrent episode
- Dysthymic disorder- At least 2 years of usually depressed mood (not severe)

Treatment

- Acute tx- Eliminate the symptoms and return pt. to level of functioning as before the illness
- Acute phase usually 6-12 weeks, followed by remission
- Continuation- Goal is to prevent relapse, and usually lasts 4-9 months
- Maintenance- Goal is to prevent recurrence of a new episode of illness, and usually lasts 1 yr or more

Environmental Interventions

- Assess environment (and home situation) for danger, poverty, or lack of personal resources
 - Hospitalization is needed for any suicide risk or acute manic episode
 - Pts with rapidly progressing sx or no support systems probably need inpatient treatment
 - Pt may need to move to a new environment, new social setting, or new job as part of tx

Nursing Care

- Assess subjective and objective responses
- Recognize behavior challenges
 - Depressed pts may seem non-responsive: Withdrawal, isolation, and formation of dependent attachments
 - Pts with mania may be manipulative and disruptive, with poor insight
- Recognize coping mechanisms: Introjection, denial, and suppression

Examples: Nursing Diagnosis

- Dysfunctional grieving related to death of sister e/b insomnia & depressed mood
- Hopelessness related to loss of job e/b feelings of despair and development of ulcerative colitis
- Powerlessness related to new role as parent e/b apathy & overdependency
- Spiritual distress r/t loss of child in utero e/b self-blame & somatic complaints
- Potential for self-directed violence r/t rejection by boyfriend e/b self-mutilation

Implementation



- Establish trusting relationship
- Monitor self-awareness
- Protect the patient and assist PRN
- Modify the environment
- Provide supportive companionship
- Plan therapeutic activity
- Set limits for manic pts
- Administer medication
- Recognize opportunities for emotional expression and teaching coping skills

Physiological Treatment

- Physical care
- Psychopharmacology-Antidepressant medications
- Somatic therapy-
 - Electroconvulsive therapy (ECT) for severe depression resistant to drug therapy
 - Sleep deprivation
 - Phototherapy (light therapy) for mild to moderate seasonal affective disorder (SAD)

Anti-depressant Drugs

- Tricyclic drugs
 - Amitriptyline (Elavil, Endep)
 - Doxepin, Trimipramine, Clomipramine, or Imipramine (Tofranil)
 - Desipramine or Nortriptyline (Aventyl, Pamelor)
- Non-Tricyclic drugs
 - Amoxapine, Maprotiline
 - Trazodone (Desyrel)
 - Bupropion (Wellbutrin)

Antidepressants (continued)

- Selective Serotonin Reuptake Inhibitors
 - Citalopram (Celexa)
 - Escitalopram (Lexapro)
 - Fluoxetine (Prozac)
 - Fluvoxamine (Luvox)
 - Sertraline (Zoloft)
 - Paroxetine (Paxil)

Antidepressants (continued)

- Newer antidepressants
 - Mirtazapine (Remeron)
 - Nefazodone (Serzone)
 - Venlafaxine (Effexor)
- Monoamine Oxidase Inhibitors (MAOI)
 - Phenzelzine (Nardil)



Limitations of Drug Therapy

- Therapeutic effects begin only after 2-6 weeks
- Side effects can deter some pts from continuing medications
- Pt education about medications is essential
- Some medications are toxic, and lethal in high doses- dangerous for suicidal pts

Mood-Stabilizing Drugs

- Antimania Drug Treatment

- Lithium carbonate

- Sustained release form is Eskalith CR or Lithobid

- Lithium citrate concentrate (Cibalith-S)

- Atypical antipsychotic medication may be used to treat acute manic episodes in bipolar disorder



Mood-Stabilizing Drugs

- Anticonvulsants
 - Valproic acid (Depakene), Valproate, or Divalproex (Depakote)
 - Lamotrigine (Lamictal)
 - Carbamazepine (Tegretol)
 - Gabapentin (Neurontin)
 - Oxcarbazepine (Trileptal)
 - Topiramate (Topamax)
 - Tiagabine (Gabatril)



Affective Interventions

- Affective Interventions- To identify and express feelings, such as hopelessness, sadness, anger, guilt, and anxiety
- Cognitive strategies-
 - Increase sense of control over goals and behavior
 - Increase the pt's self-esteem
 - Modify negative thinking patterns
- Behavioral change- Activate the pt in a realistic, goal-directed way

Social Intervention

- Assess social skills and plan activities and education plan for enhancing social skills
- Family involvement
- Group therapy
- Mental health education
- Discharge planning to include supervision and support groups



Mental Health Education

- Mood disorders are a medical illness, not a character defect or weakness
- Recovery is the rule, not the exception
- Mood disorders are treatable illnesses, and an effective treatment can be found for almost all patients
- The goal is not only to get better, but then to stay completely well

Evaluation

- Patient Outcome/Goal
 - Patient will be emotionally responsive and return to pre-illness level of functioning
- Nursing Evaluation
 - Was nursing care adequate, effective, appropriate, efficient, and flexible?



References



- Stuart, G. & Laraia, M. (2005). Principles & practice of psychiatric nursing (8th Ed.). St. Louis: Elsevier Mosby
- Stuart, G. & Sundeen, S. (1995). Principles & practice of psychiatric nursing (5th Ed.). St. Louis: Mosby