Mood Disorders

N233

Medical Surgical and Psychiatric Nursing

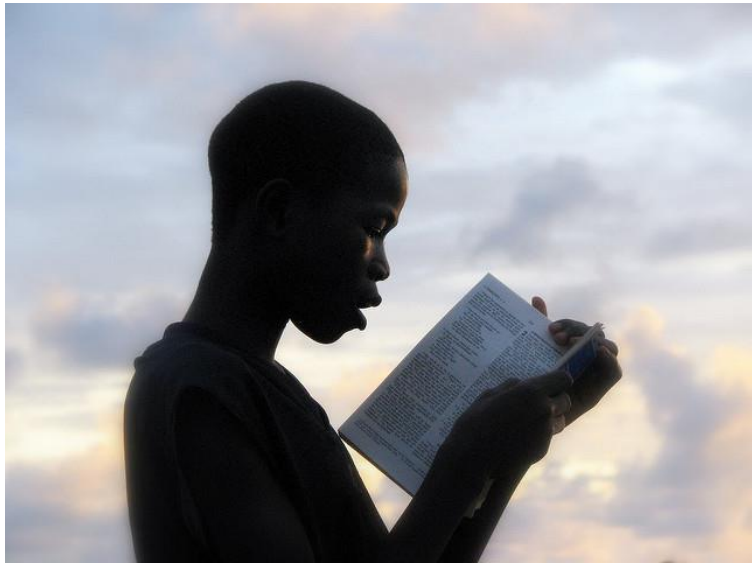
Los Angeles County College of Nursing and Allied Health

Objectives

- Differentiate between mood and affect
- Describes the various types of mood disorders
- Identifies areas of the brain affected in mood disorders
- Discusses the therapeutic approaches specific to mood disorders
- Describes effective nursing interventions for clients with mood disorders
- Discusses various modalities relevant to the treatment of mood disorders

Required Reading

- Townsend (8th e.d.) Chapters 20, 25, 26
- Lecture Notes



Definitions

- Mood a pervasive and sustained emotion that may have a major influence on a person's perception of the world

- Affect is the emotional reaction associated with an experience

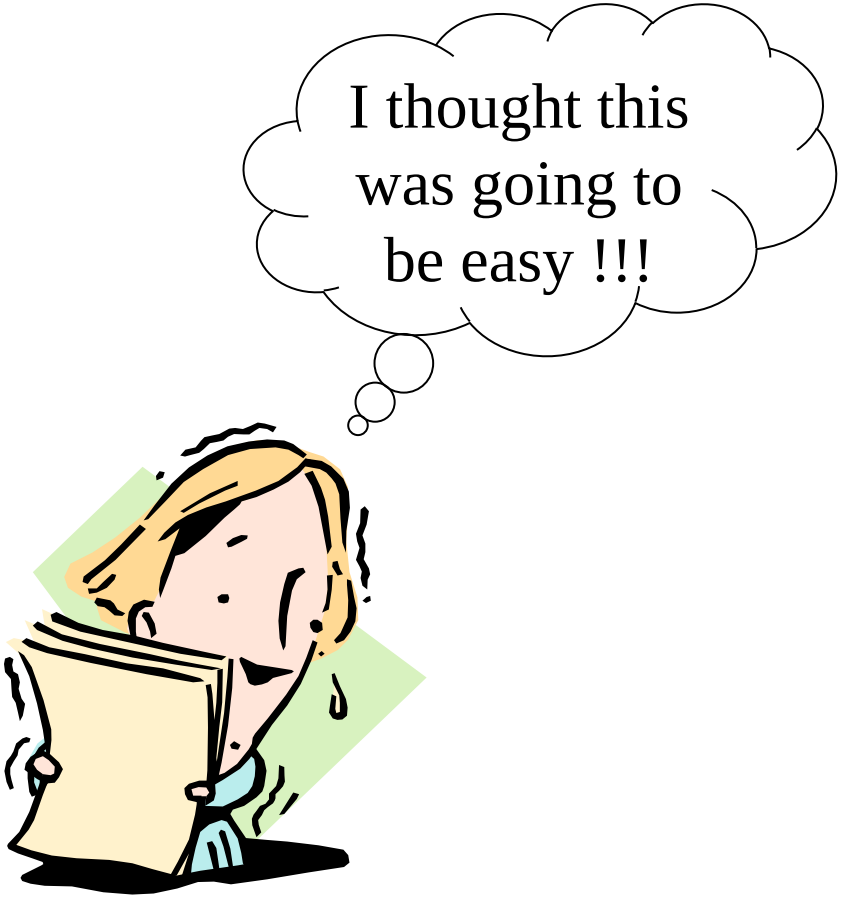
Range of Mood

- Euthymia
- Elated
- Euphoric
- Labile

- Sad
- Dysthymic
- Despairing
- Depressed

Range of Mood

- Anxious
- Guilty
- Fearful
- Irritable



Healthy mood

- Healthy individuals are
  - Able to experience the full range of emotions *appropriate* to situation
  - Changes in mood are restored to harmony through adaptation

Depression

- Sadness, despair, and pessimism
- Anhedonia, diminished libido
- Changes in sleep pattern and eating pattern

Depression

- Etiology
- Cultural considerations
- Developmental considerations
- Adolescence
- Senescence

Depression

- Contributing factors
- Clinical significance
- Diagnostic criteria – DSM 5
  - 5/9 x 2 weeks (Townsend pp. 462)

Classifications

- Psychotic features
- Melancholic features
- Catatonic features

Medical conditions and depression

- Chronic pain
- Alt. tissue perfusion: cerebral
- Head injury
- Brain tumor
- SLE (Lupus)
- Endocrine d/o

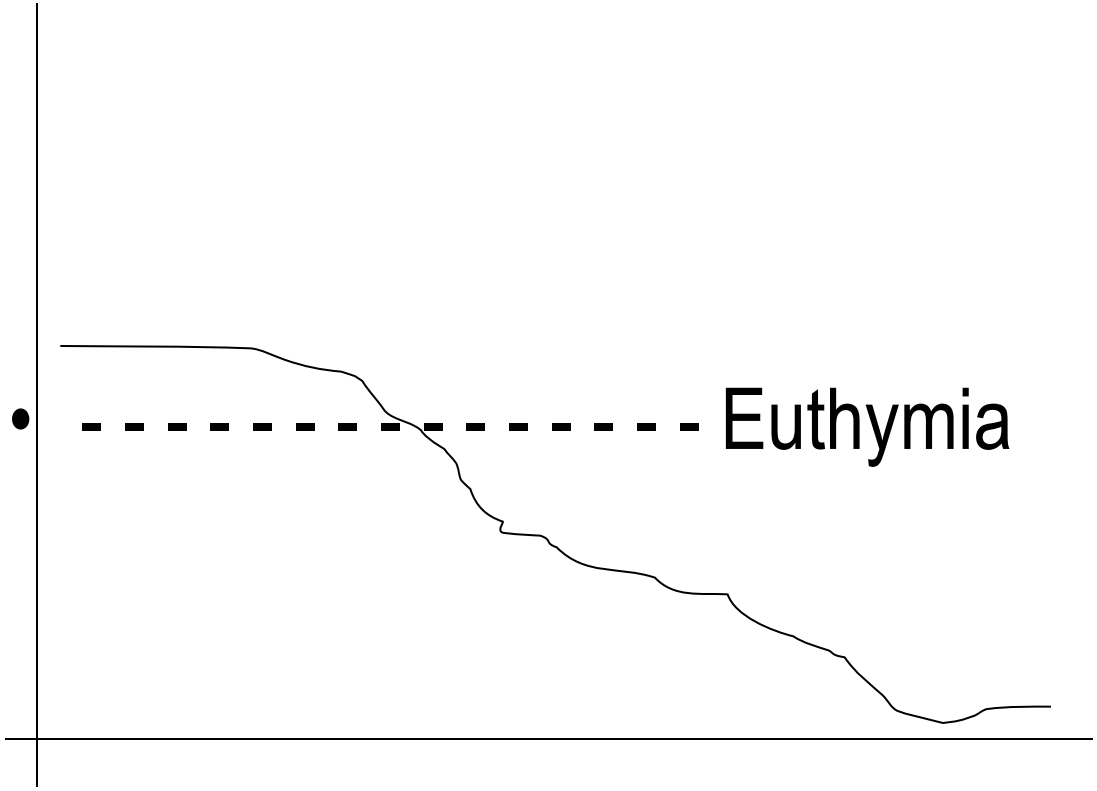
Age related factors

- Children
- Adolescence
- Elderly

Depressive disorders

- Major depression
- Dysthymic disorder
- Premenstrual dysphoric disorder
- Postpartum depression

Euthymia

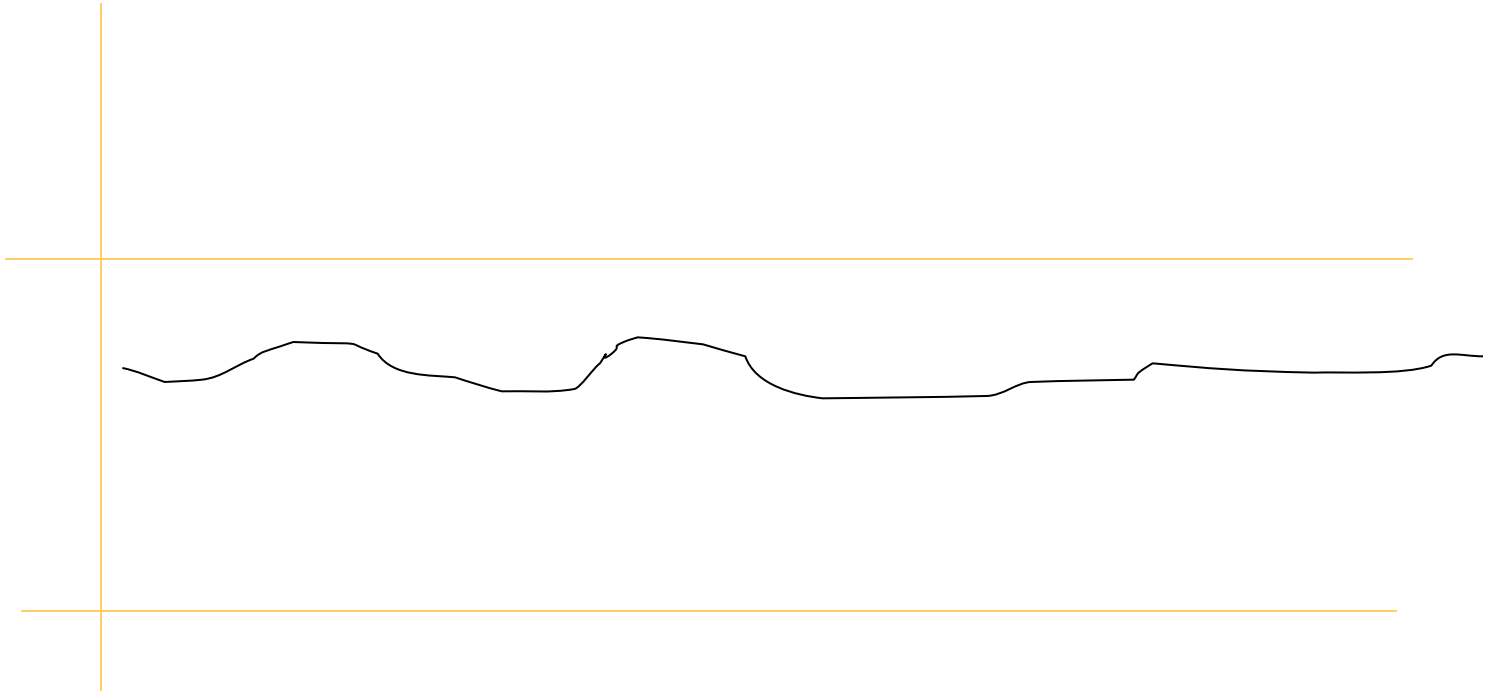


Major Depressive Disorder

- s/s at least 2 weeks
- No episode of mania
- Not r/t substances
- Not r/t GMC

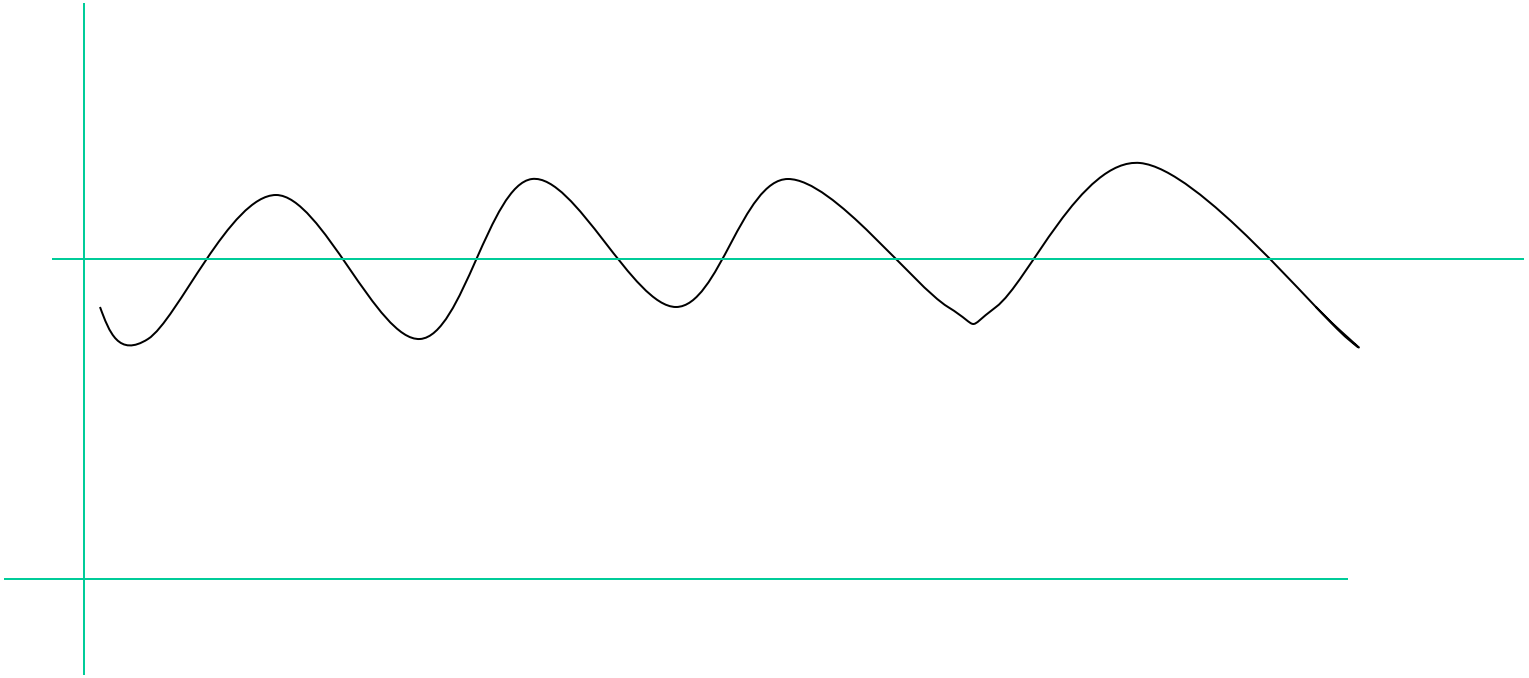
Dysthymic disorder

- Down in the dumps



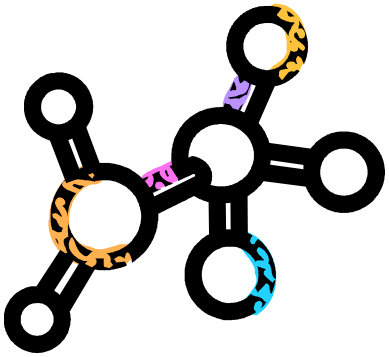
Cyclothymic disorder

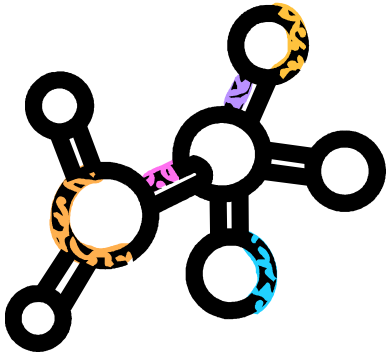
- Fluctuation of mood in a limited range



Etiology

- Genetic/familial
- Neuroendocrine
- Biochemical



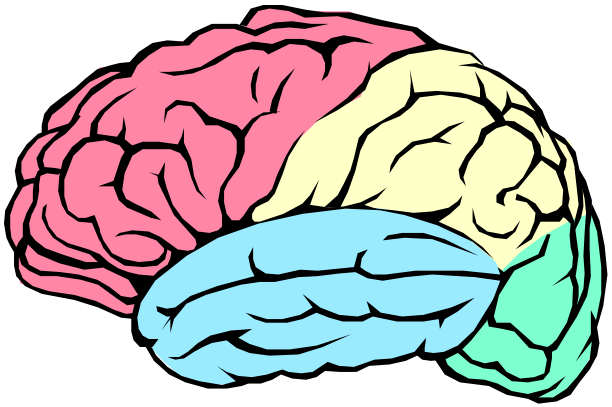


Etiology

- Physiological
  - Medication side effect
  - Hormonal disturbances
  - Electrolyte imbalances
  - Nutritional deficiencies

Neurobiology of depression

- Hippocampus
- Amygdala
- Hypothalamus
- Frontal cortex
- Cerebellum



Postpartum Depression

- Maternity blues
- Postpartum depression
- Effect on activities of motherhood

Post-partum depression

- Not “maternity blues”

<u>Moderate</u>

- Depressed mood vary from day to day
  - More bad days than good
  - Worse towards the evening
  - Inability to take care of the baby

Postpartum depression

- 10 – 15 %
- Acute or insidious
- High risk groups

Post-partum depression

- Post-partum depression with melancholia
  - Depressed, agitated, indecision, lack of concentration, guilt feelings
  - Lack of interest in the baby, or rejection of the baby, or morbid fear that the baby may be harmed
    - Risk for suicide
    - Risk for infanticide

Mania

- Elation, inflated self-esteem
- Grandiosity, hyperactive, agitation
- Accelerated thinking and speech

Levels of mania

- Hypomania
- Acute mania
- Delirious mania

Acute mania

- Euphoria + elation
- Flight of ideas
- Loquaciousness
- Pervasive distractibility
- Psychotic

Acute mania

- Poor impulse control /Poor boundaries
- Does not need to sleep
- Reckless spending
- Socially and sexually uninhibited
- Flamboyant, disorganized, or bizarre
- Excessive make-up, jewelry

Hypomania

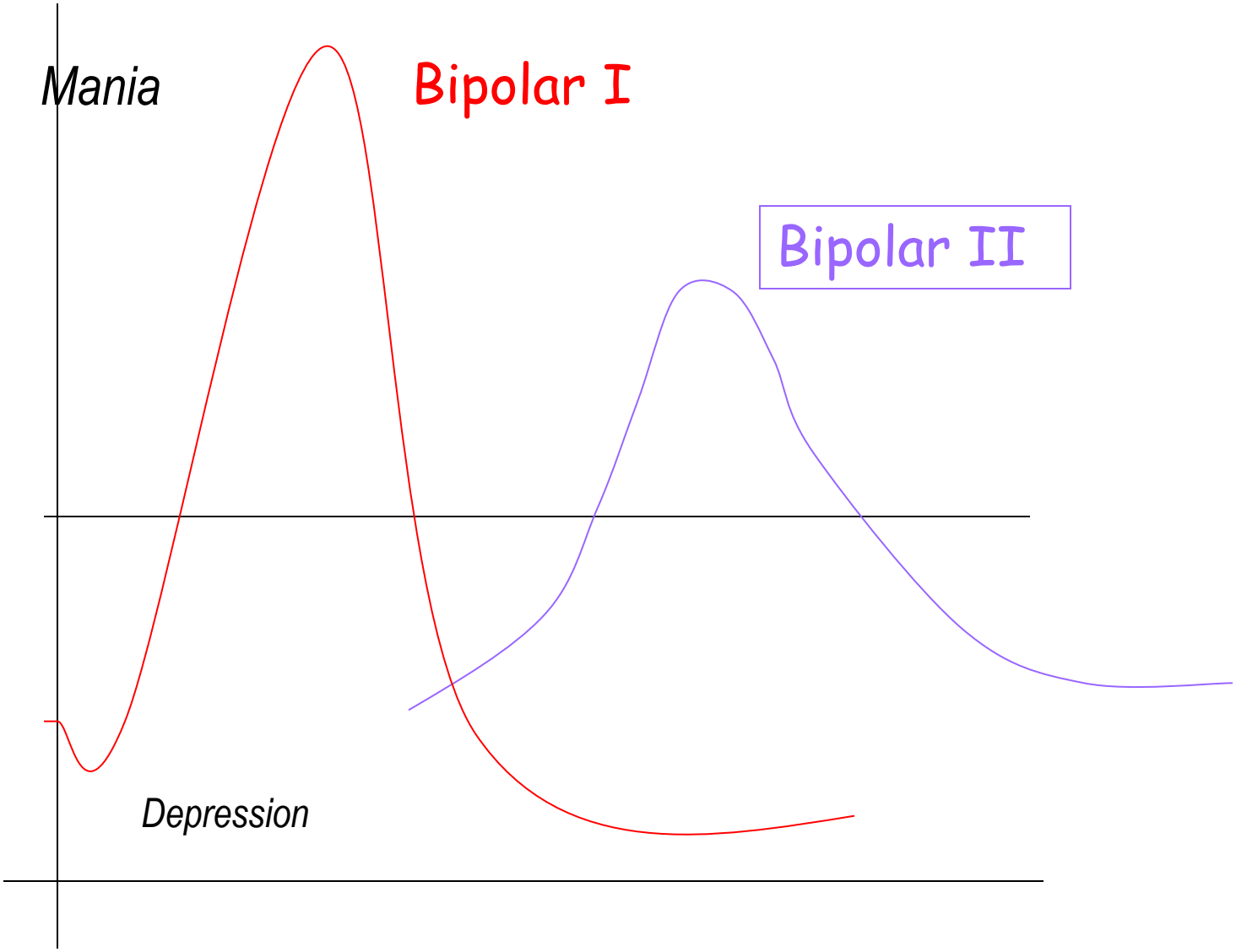
- Cheerful + expansive
- Volatile + fluctuating
- Exalted self perception
- Rapid flow of ideas
- Easily distracted

Delirious mania

- Very labile
- Frenzied
- Panic anxiety
- Confusion, disorientation
- Psychotic
- Incoherent
- Purposeless movements

Bipolar disorder

- *Mania*



Assessment

- Effects on:
  - Role expectations
  - Activities of daily living
  - Individual coping

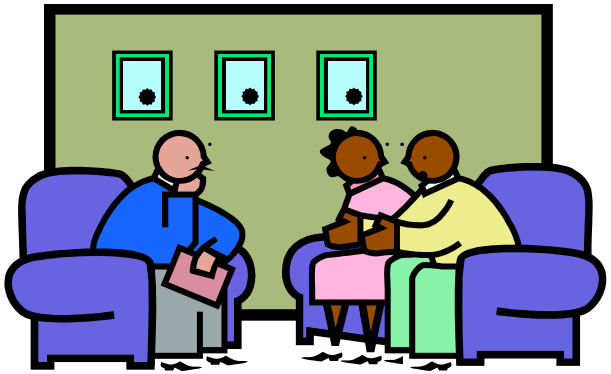
- Suicide risk

Assessment

- Affective
- Behavioral
- Cognitive
- Physiological

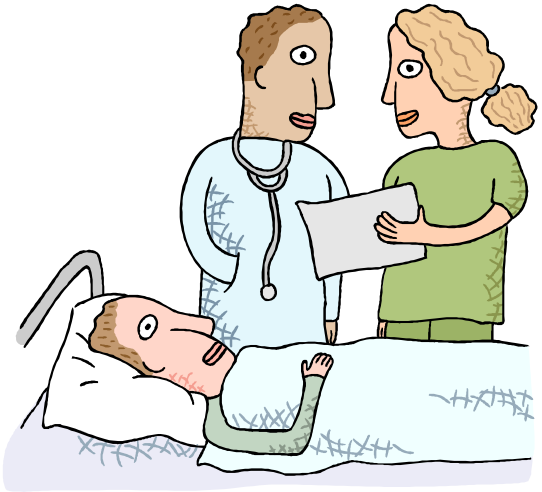
Treatment Modalities

- Individual
- Group therapy
- Family therapy
- Nursing role in therapy



Electroconvulsive therapy

- Indications
- Contraindications
- Side effects
- Nursing role r/t ECT



Treatment Modalities

- Pharmacotherapy
- Cognitive behavioral therapy (CBT)
- Electroconvulsive therapy
- Transcranial magnetic stimulations

Compliance in Mood d/o

- Awareness of disease
- Adverse effects of meds
- Cognitive/Perceptual distortions

Self treatment in Mood d/o

- Unconventional therapies
- Self medicating
- Illicit drugs

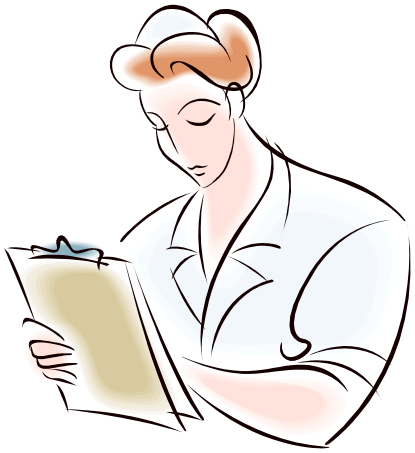
Nursing Approach

- Maintaining safety and ADLs
- Patient teaching
- Evaluation of response to therapy
  - Effect on cognition
  - Effect on behaviors

Nursing approach

- Assessment
  - Sub-clinical
  - Need for treatment
- Cognitive behavioral therapy

- Delayed diagnosis
- Balancing the exuberance



Nursing approach

- Nsg Dx:
  - Ineffective social interaction
  - Risk for injury
  - Altered nutrition
  - Impaired sleep pattern

- Interventions

Nursing approach

- Nsg Dx: Risk for injury

- Interventions:
  - Maintain safety
  - Evaluate the effects of meds

Collaboration

- Rapid tranquilization
- Physical restraints
- Monitoring lab results
- Activity planning
- ECT

Community Resources

- Depression and Bipolar Support Alliance (dbsalliance.org)
- National Alliance on Mental Illness (nami.org)

Boxes

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