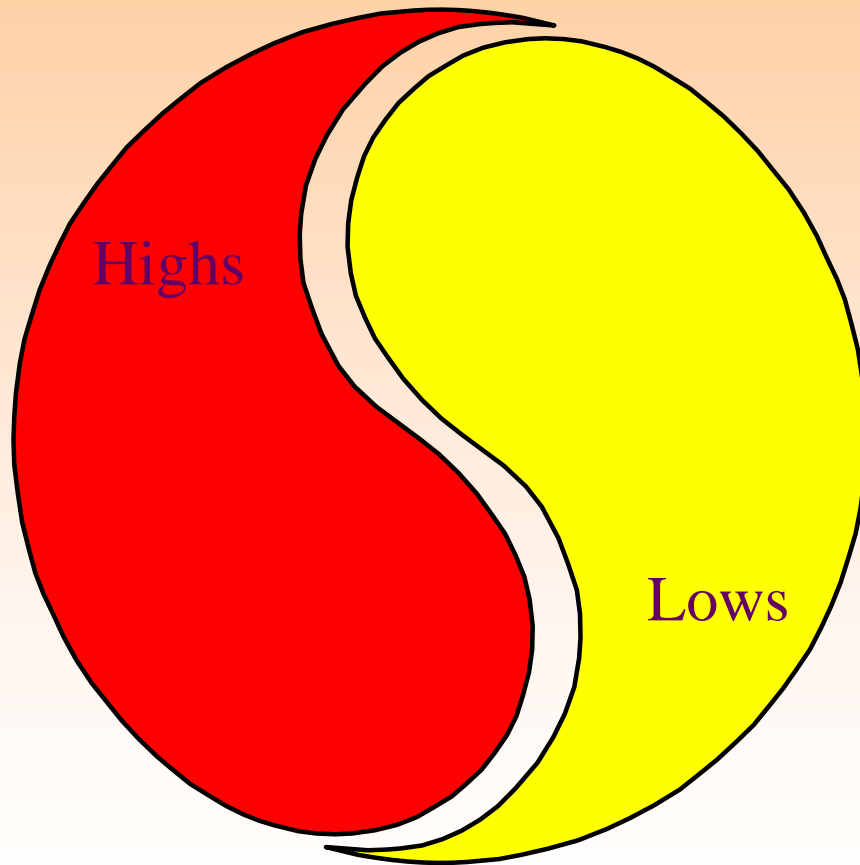


Alterations in Mental Health Mood Disorders



Grief: The normal response to a significant loss



Normal vs

- 12-24 Months
- Somatic distress
- Preoccupation
- Guilt/Anger
- Behavior Changes
- Reorganization
- Pp. 615-616
(Varc Carolis)

Dysfunctional

- Prolonged response
- Delayed response
- Exaggerated symptoms of normal grief



Factors effecting grief response

- **Level of dependency in the relationship**
- **Degree of ambivalence in relationship**
- **Age of the deceased +/- or grieving person**
- **Bereaved person's support system**
- **Physical and psychological health of the bereaved individual**





Nursing Actions

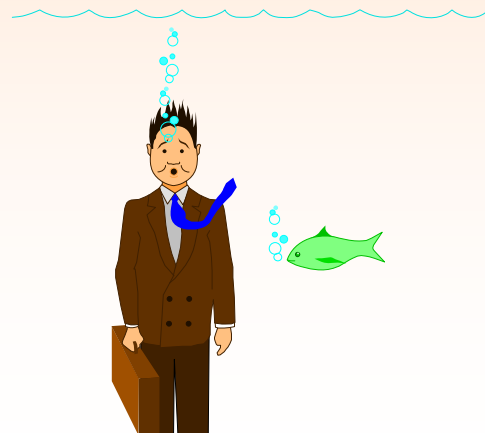
- **Goal**

- Mourning is complete when the bereaved can remember realistically both the pleasures and disappointments of the lost relationship; and begin to form new interests and relationships.

- **Interventions**

- Allow privacy and provide support
- Always offer and allow viewing of deceased
- Recognize cultural needs
- Acknowledge feelings
- Simply allowing talking can release negative emotions

Mood Disorders



- **Manic mood: Bipolar I**
- **Hypomanic mood: Bipolar II; Cyclothymic Disorder**
- **Euthymic mood: normal**
- **Dysthymic mood:**
 - moderate: Dysthymic
 - severe: Major Depressive Disorder



Characteristics of Depressive Disorders

- Depressed mood
- Anhedonia
- Decreased concentration/difficulty making decisions
- Negative thinking re self, environment, future
- Psychomotor agitation/retardation
- Feelings of worthlessness & inappropriate guilt
- Suicidal thoughts
- Anger, irritability
- Vegetative signs:
 - disturbance in eating, sleeping; loss of energy, libido; constipation



Types of Mood Disorders

- **Dysthymic Disorder**
 - Chronic depression (at least 2 years)
 - Mild to moderate degree of depression
 - Able to function
 - Depression is “normal”
 - High risk for major depression
- **Cyclothymic Disorder**
 - Chronic fluctuating mood
 - Hypomanic & mild to moderate depression
- **Substance -induced**
 - Depressed or elevated mood disturbance within a month of substance intoxication or withdrawal



Types of mood disorders: due to General Medical Condition

- **Medication SE (Steroids, Antihypertensives, Oral Contraceptives)**
- **Medical conditions: Endocrine, Hormonal (PMS), Post-viral syndrome, Tumors, Diabetes**
- **(Varcolis p.328)**
- **Prevalence of Comorbid Depression:**
 - Stroke 22-50%
 - Cancer 18-39%
 - MI 15-19%
 - HIV 8-10%
 - In-pt 12%
 - Out-pt 2-15%

Depression vs Dementia

Depression

- Onset gradual or in response to a crisis
- Impaired concentration, focus, attention
- Decreased energy, motivation, early am awakening; morning is their "bad time"
- Affect sad, blunted, irritable
- Speech slow, flat, low

Dementia

- Slow insidious onset
- Impaired memory, judgment, agnosia
- Function deteriorates as the day progresses – "sundowning"
- Affect flat, anxious
- Speech contains confabulation & circumstantiality

Major Depressive Disorder

- **17% Lifetime prevalence**
- **>25% rate in Nsg H's**
- **15% Suicide rate**
- **2x rate in women**
- **"Masked" by somatic complaints, hyperactivity & poor school performance**
- **Comorbid anxiety common**

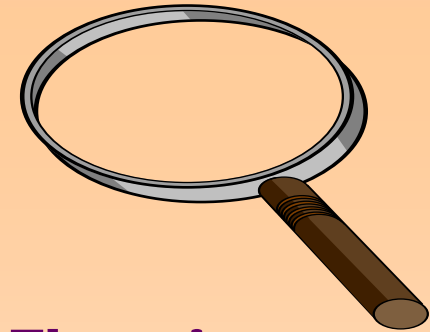




Major Depressive Disorder, with(Specifiers)

- **Psychotic features (Mood congruent)**
- **Catatonic features (Psychomotor disturbance)**
- **Melancholic features (Vegetative signs)**
- **Seasonal Affective Patterns**
- **Postpartum onset**
 - **Severe depression occurring within 4 weeks of delivery/30-50% risk of recurrence with each subsequent delivery**

Etiology of Depression



- **Biologic Theories**
 - Genetic: 1.5-3x in 1st degree relatives/>incidence in alcohol dep. & ADHD
 - Biochemical: Serotonin; Neurepinephrine/ relationship to stress regulation
 - Sleep: REM latency
- **Cognitive Theories:** identify, refute and replace negative thoughts
- **Psychoanalytic:** Aggression turned inward
- **Learned Helplessness**

Risk Factors for Depression

- **Chronic Illness**
- **Female Gender**
- **Bereavement**
- **Perfectionistic**
- **Situational stressors**
- **Previous History**
- **Family History**
- **Social Isolation**



Nursing Assessment

- **Where/ Who? ALL clients in ALL settings**
- **Affect: Sad, blunted, tearful**
- **Thought Process: Slow, negative, indecisive, poor memory&concentration**
- **Feelings: Worthless, guilty, sad, helpless & hopeless, angry & irritable**
- **Physical: Disturbance in grooming, eating , sleeping, energy, elimination, activity**

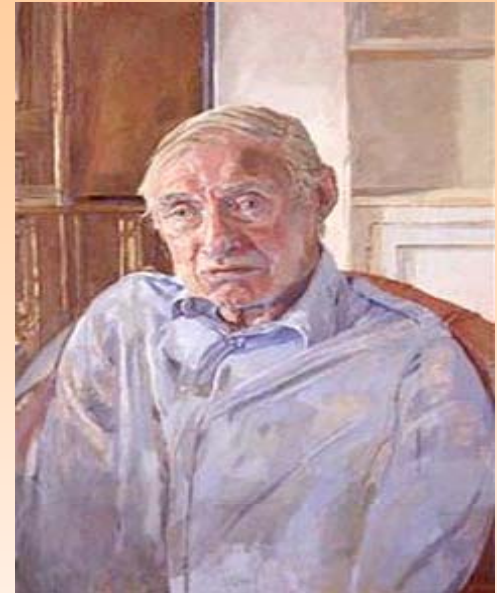
Suicide Assessment

- **75-80% give clues**
- **Verbal clues**
 - overt statements
 - covert statements
- **Behavioral clues**
- **sudden changes**
- **giving away possessions**



Suicide Assessment

- **Assessing risk factors:**
 - **Is there a plan?**
 - How lethal?
 - How available?
 - **Support system**
 - **Severe life stressors**
 - **Men over 65**
 - **Previous attempts increase risk**
 - **As meds lift depression, it may allow for energy to act on suicidal thoughts**





Analysis

Nursing Diagnoses

- **Risk for Suicide**
- **Hopelessness /Ineffective Individual Coping**
- **Altered Nutrition / Disturbed Sleep Pattern**
- **Impaired Social Interaction**
- **Chronic Low Self-esteem**
- **Disturbed Thought Processes**
- **Interrupted Family Processes**

Planning

- **Short term goals**
 - safety needs met
 - physiologic needs met
- **Long Term Goals**
 - improved coping
 - resume role expectations





Nursing Interventions In the Hospital

- Remove harmful items
- Support self-care activities
- Monitor food, fluid, weight, sleep, elimination
- Support and encourage
- Monitor effects of tx
- Educate client and family re S&S of depression and management of meds
- Provide structure
 - 1:1 relationship
 - Socialization as tolerated
 - Support coping skills



Suicide Precautions in the Hospital

- **Safe environment:**
 - Check on admission, after passes and after visitors
- **Assign to room near the nursing station with other clients**
- **Change of shift**
- **No suicide contract**
- **Levels of suicide precaution (p.739, Varcarolis)**
 - q 15-30" checks
 - Close observation, accompany to BR
 - 1:1 - Arms-length 24 hours/day



Nursing Interventions in the Community

- **Work with the client and their family to:**
 - **Make the home safe (weapons, pills, etc.)**
 - **Assess for Substance Abuse**
 - **Develop a routine for taking meds, and establishing structure for self-care**
 - **Relieve isolation and reestablish social ties**
 - **Establish healthy methods to express feelings and obtain emotional support**



Treatments for Depression

Electroconvulsant Therapy -ECT

- 90% efficacy
- seizure occurs
- 6-12 treatments
- Refractory depression, suicidal, psychotic depression
- Medical conditions contraindicating meds
- Informed consent
- Short procedure
 - NPO
 - Atropine, Brevital, Anectine, O₂
 - Short-term side effects: confusion, disorientation



Selective Serotonin Reuptake Inhibitors (SSRI)

- Block neuronal reuptake of serotonin, enhancing action of serotonin at synapse
- Easily tolerated
- Tx of PMS, Depression, OCD, Bulimia
- Effective in 2-4 weeks
- Less toxic in overdose
- Prozac, Paxil, Zoloft, Luvox, Celexa, Lexapro
- Side Effects:
 - GI complaints
 - Anxiety/agitation
 - Insomnia/Somnolence
 - Sexual dysfunction
 - Appetite increase or decrease



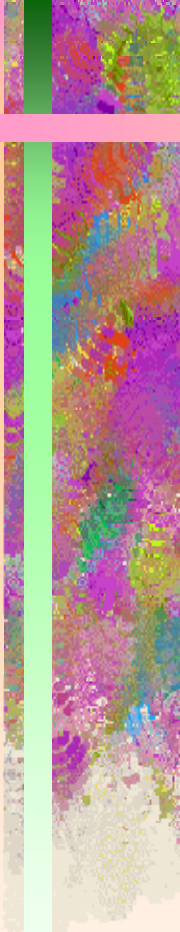
Tricyclic Antidepressants

TCA

- **Inhibit reuptake of NE & Serotonin by presynaptic neurons**
- **Effects in 2 weeks, full effects 4-8 weeks**
- **Dangerous in overdose due to cardiotoxic effects / only give 1 week supply**
- **Side Effects:**
 - **Anticholinergic**
 - **Sedation**
 - **Changes in appetite**
 - **Cardiotoxic in small percent: Dysrhythmias, tachycardia, MI, Heart block**
 - **Elavil, Norpramin, Tofranil(panic disorder)**

Atypical Antidepressants

- **Desyrel (Trazadone):**
Used for mild-moderate depression/
commonly used for treating sleep disturbance
- **Xanax:**
Benzodiazepine used to treat anxious mild-moderate depression
- **Wellbutrin:** Used to treat refractory depression and marketed for smoke cessation (Zyban). Greater incidence of seizure activity and fewer sexual SE

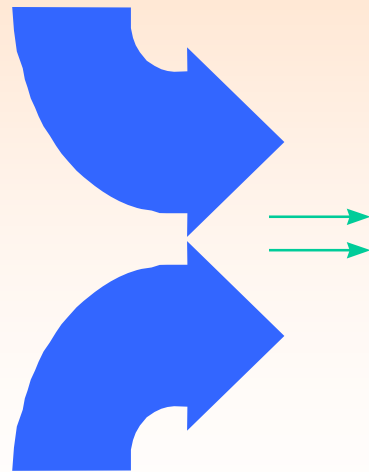


Monoamine Oxidase Inhibitors (MAO Inhibitors)

- MAO is an enzyme that breaks down tyramine, therefore, these drugs create a risk for hypertensive crisis resulting from too much tyramine
- Tx atypical depression
- Nardil , Parnate, Marplan
- Diet restrictions: Aged cheeses & wines, yeast, salami, pepperoni, game meat herring, soy sauce, organ meats, bananas, figs, raisins, etc.
- Many drug-drug interactions

Serotonin/NE Reuptake Inhibitors

- Inhibit both Serotonin and NE without the number of SE of TCA's
- Serzone: sedating
- Effexor: Short half-life
- Remeron: Increases appetite, fewer drug interactions
- Cymbalta





Nursing Interventions R/T Antidepressant Medications

- Assess for Effects & SE
- Encourage use for at least 4 weeks
- Assess for use of over the counter drugs (Herbal remedies)
- Serotonin Syndrome: agitation, flushing, diaphoresis, diarrhea, mental status change, tremors
- Assess for suicide potential
- Assess for substance abuse
- Assess client's understanding and compliance with prescribed regimen
- Encourage psychotherapy in addition to drug tx