Alterations in Mental Health

Mood Disorders

Highs

Lows
Grief: The normal response to a significant loss
Normal vs Dysfunctional

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

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

Varcarolis
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
- Hypomaniac 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 regarding self, environment, and 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 intox 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 incidious 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
  - Biochemical: Serotonin; Norepinephrine
  - 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 Seratonin 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