

Nursing Care of a Patient with Alterations of Mood, Affect, and Suicidal Ideation

1. A client has been diagnosed with major depressive disorder and asks the nurse what causes depression. Which is the nurse's most accurate response?

- **"Depression is caused by brain trauma experienced at birth."**
- **"Depression is caused by an increase in neurotransmitters."**
- **"If you have a family history of depression, then you will have it too."**
- **"The exact cause of depressive disorder is unknown."**

2. A client was brought to the mental health unit suffering from a substance-induced manic state due to alcohol use. What is the best nursing intervention?

- Provide a safe environment through withdrawal**
- Provide cognitive behavioral therapy**
- Medicate the client with antidepressants**
- Sedate the client until sober**

3. A hospice nurse is following up with a man after the loss of his spouse. He has a history of alcohol use and his children are not in the area. What intervention should be part of his care plan?

- Continue to monitor due to risk of suicide**
- Get referral to inpatient treatment for alcohol use**
- Suggest he talk to his provider about antidepressants**
- Have him move to an assisted living facility**

4. Tina is a 21-year-old who started experiencing multiple episodes of "high" and "low" feelings. She tells the nurse that she has a family history of depression but does not know what kind. What type of depression is she likely experiencing?

- Premenstrual dysphoric disorder**
- Bipolar depression**
- Persistent depressive disorder (dysthymia)**
- Major depressive disorder (unipolar)**

5. A client is diagnosed with Persistent Depressive Disorder (PDD; dysthymia). What are the symptoms of this disorder? Select all that apply.

- Feeling sad for a week**
- Excessive sleeping**
- Pessimistic outlook on life**
- Low energy level**
- Loss of interest in daily activities**

6. A client is admitted with a diagnosis of postpartum depression. Which statement by the client describes a symptom consistent with this diagnosis?

- "I feel down most of the time and I've felt this way for years."**
- "I shouldn't be a mother because I cannot bond with my baby."**
- "I am convinced that someone is going to steal my baby."**
- "I see evil creatures that want to harm my baby."**

7. A client was brought to the emergency room suffering from a sudden manic state. The roommate said they had been at a party earlier in the evening. The client does not have a chronic medical condition and is not on any medication. What assessments are needed to determine the diagnosis? Select all that apply.

- Physical examination**
- X-ray**
- History**
- Mental status exam**
- Laboratory**

8. The nurse is assessing a client with a depressive disorder for risk of suicide. Which question should be included in the assessment?

- "How does your culture feel about suicide?"**
- "Can you tell me your feelings about death and dying?"**
- "Have you thought about harming yourself in any way?"**
- "Where do you keep your guns?"**

9. A young client is diagnosed with disruptive mood dysregulation disorder. Which nursing diagnosis should the nurse assign to the client to address behavioral signs of this disorder?

- Social isolation**
- Altered communication**
- Risk for violence**
- Self-care deficit**

10. The nurse assesses a client suspected of having premenstrual dysphoric disorder. Which client symptom would confirm this diagnosis instead of a different depressive disorder?

- The client says she has difficulty concentrating**
- The client has extreme sadness and feels hopeless**
- The client has cramping and breast tenderness with menstruation**
- The client's symptoms resolve with onset of menstruation**

11. The nurse is planning care for a woman who is experiencing postpartum depression. Which medication is approved by the U.S. Food and Drug Administration (FDA) for the treatment of only severe postpartum depression?

- paroxetine**
- brexanolone**
- sertraline**
- citalopram**

12. The nurse is providing counseling to a client diagnosed with major depressive disorder. The nurse chooses to help the client alter their mood by teaching different ways of thinking and coping. Which type of therapy was used?

- Cognitive behavioral therapy**
- Interpersonal therapy**
- Humanistic therapy**
- Psychoanalytic therapy**

13. Your friend states, "After I broke up with my girlfriend, there isn't much to live for. I should just end it all." What should your reply be?

-**"I'm here for you and will help you find support. You are not alone."**

-**"What is your plan?"**

-**"Don't talk like that. She is not worth taking your life over."**

-**"Don't worry about it. Those feelings will go away."**

14. A 64-year-old woman is on corticosteroids for her chronic obstructive pulmonary disease (COPD). She has recently developed fat deposits around her neck and a rounded "moon" shaped face. She complains of feeling depressed and fatigued. What could the client be experiencing?

-**Persistent depressive disorder**

-**Substance-induced mood disorder**

-**Perinatal depression**

-**Disruptive mood dysregulation disorder**

15. Which of the following clients could suffer from a depressive disorder due to another medical condition? Select all that apply.



Marie, 68-years-old, with Parkinson's disease



Anna, 82-years-old, lost her husband to cancer



Tom, 75-years-old, ulcer history of a stroke and right sided weakness



Paul, 46-year-old, newly diagnosed peptic ulcer



Amanda, 30-year-old,
premature contractions

16. What is the priority reason for a nurse to perform a full history and physical health assessment on a client who has signs of depression?

- Depressed clients ignore medical problems and may have unknown health problems.
- The assessment can increase the client's self-esteem by being attentive to personal needs.
- The client should be inspected for signs of self-harm.
- Depression is a symptom of several medical conditions.