NR507 Week 5 Edapt Mood Disorders

Introduction to Mood Disorders

Mood disorders are abnormalities in mood occurring across a spectrum from depression to mania, affecting between 10-20% of the population (Coleman et al., 2020). Mood disorders include depressive disorders and bipolar disorders and may be comorbid with other physical and psychological conditions. Without effective treatment, mood disorders may impact day-to-day living and the ability to relate to others.

Clinical Manifestations of Mood Disorders

Which of the following client statements should the nurse practitioner (NP) recognize as being associated with a mood disorder?

- [x] "I often have bouts of extreme sadness and irritability."
- [x] "I spent last week's wages on makeup and workout clothes."
- [ ] "Yesterday, I had difficulty deciding what to cook for supper."
- [x] "I often go days without sleeping."
- [x] "I often have bouts of extreme sadness and racing thoughts."
- [x] "I feel so hopeless and often can't get out of bed to go to work."
- [x] "I will never be good enough for my husband's family."

Depressive symptoms in mood disorders may include persistent feelings of hopelessness and sadness or expressing self-negativity. Individuals with mood disorders often experience persistent and intense fluctuations in mood, ranging from extreme sadness or despair alternating with periods of elevated mood or irritability. In bipolar disorder, individuals who experience episodes of mania or hypomania may be characterized by elevated mood, increased energy, racing thoughts, impulsivity, inflated self-esteem or grandiosity, decreased need for sleep, excessive involvement in activities, and risky behaviors such as reckless spending or substance abuse.

An isolated breach in decision-making (e.g., cooking supper) is not related to a mood disorder.

Unipolar Depression

The nurse practitioner (NP) is teaching a client about clinical findings associated with their newly diagnosed unipolar depression. Which statement should the NP include when providing education on unipolar depression? Select all that apply.

- [x] "Unipolar depression is characterized by low self-esteem."
- [x] "You will likely experience high self-esteem during a manic episode."
- [x] "Unipolar depression has the same symptoms as major depressive disorder."
- [ ] "Unipolar depression is characterized by extreme agitation and hallucinations."

Clients with unipolar disorder will likely experience high self-esteem during a manic episode. The same symptoms characterize unipolar depression as major depressive disorder (MDD).

Bipolar, not unipolar, depression is characterized by extreme agitation and hallucinations.

The Role of Dopamine

Complete the following sentence by choosing from the list of options.

Dopamine is synthesized from the amino acid tyrosine , and its synthesis plays a role in neurotransmission. Alterations of dopamine on receptors can affect mood .

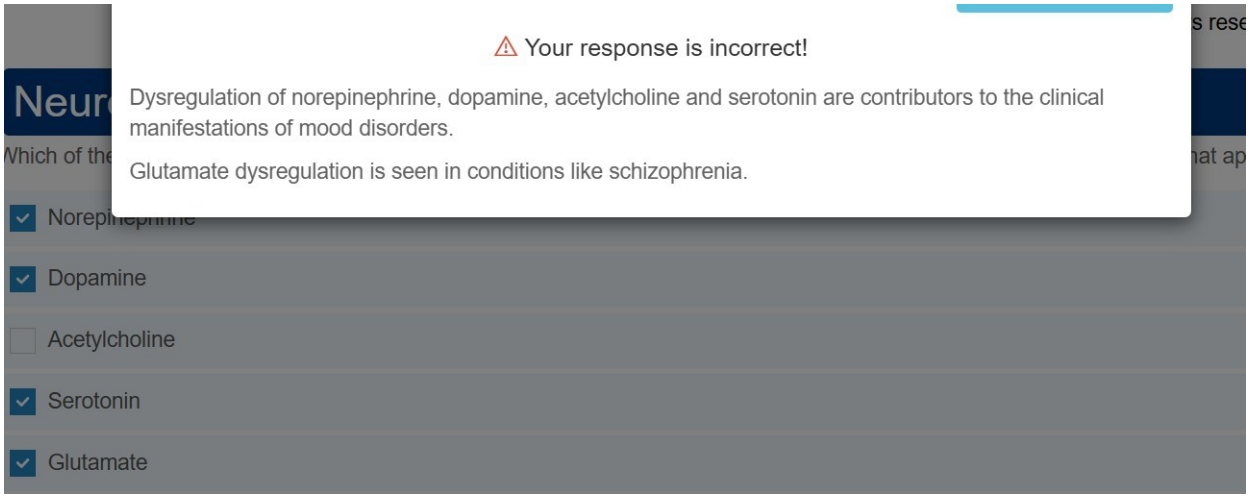
Dopamine is synthesized from the amino acid tyrosine, and its synthesis plays a role in neurotransmission. Alterations of dopamine on receptors can affect mood, pleasure, and motivation.

Glutamate, not dopamine, affects sleep cycles.

Pathophysiology of Mood Disorders

Mood disorders involve disturbances in mood that occur across a spectrum from depression to mania. Mood disorders cause distressing symptoms for clients, often impacting daily functioning and disrupting social relationships.

The exact pathophysiology of these disorders remains unclear but likely involves a combination of genetic, chemical, and environmental factors. Neurotransmitters modulate communication between neurons in the brain and influence various aspects of mood regulation. Imbalances or dysregulation in neurotransmitter levels, such as serotonin, dopamine, and norepinephrine, are commonly implicated in the development and manifestation of mood disorders. Decreased levels of serotonin have been associated with symptoms of depression, while abnormalities in dopamine and norepinephrine transmission are linked to mood disturbances characteristic of conditions like bipolar disorder. Individuals with family members who have bipolar disorder are also more likely to develop the condition. The interaction between genetic factors, chemicals, and the environment may be contributory.



Pathophysiology of Bipolar Disorders

Bipolar disorder is a mental illness that causes extreme shifts in emotions, mood, and energy levels. Shifts in mood usually occur over several days to weeks. Although bipolar disorder can be diagnosed at any age, it is most frequently diagnosed in late adolescence or early 20s and is considered a lifelong condition.

The exact cause of bipolar disorder is unknown. Individuals with family members who have bipolar disorder are more likely to develop the condition. The interaction between genetic factors and the

environment may be contributory. Brain imaging reveals white matter hyperintensities, reduction in gray matter volume, increased ventricular size, and decreased frontal cortical area volumes in some clients diagnosed with the disorder.

Types of Bipolar Disorders

Bipolar disorder encompasses a wide range of symptoms and is classified according to the types of mood episodes exhibited.

Bipolar I and II are the most frequently diagnosed types of bipolar disorder:

- **Bipolar I:** The diagnosis of bipolar I disorder requires at least one episode of **mania** for at least one week (or any duration if hospitalization is required for symptoms). **Hypomanic** episodes may also occur with bipolar I. Major **depressive disorder (MDD) episodes are common** in bipolar I; however, they are not required criteria for diagnosis (American Psychiatric Association [APA], 2022).
- **Bipolar II:** Bipolar II disorder involves at least one **major depressive** episode and at least one current or past **hypomanic** episode but no full mixed or manic episode (APA, 2022). The key to diagnosis involves the length of time the symptoms persist. With **hypomania**, symptoms last for at least four days but fewer than seven and include the same symptoms as **mania** without causing severe impairment or requiring hospitalization. **Psychotic features are not present** with bipolar II disorder, although irritability and anger are common.

Remember... for bipolar disorder, DIG FAST:

Distractibility – Poorly focused, multitasking

Insomnia – Decreased need for sleep

Grandiosity – Inflated self-esteem

Flight of ideas – Complaints of racing thoughts Activities – Increased goal-directed activities Speech – Pressured or more talkative

Thoughtlessness - "Risk-taking" behaviors (sexual, financial, travel, driving)

Depression: Clients often present in the depressive state of the illness. Depressive symptoms in bipolar disorder have a similar presentation to major depressive disorder (MDD). Depression in bipolar disorder is characterized by a major depressive episode resulting in a depressed mood or loss of interest or pleasure in life.

Mania: is characterized by an elevated, expansive, or irritable mood and may be severe enough to cause significant impairment in social or occupational functioning, require hospitalization to prevent harm to the client or others, or have symptoms that include psychotic features.

Hypomania: is a milder form of mania. To be diagnosed with hypomania, the client must experience symptoms for at least four consecutive days, with symptoms present most of the day and nearly every day. The client's energy level is higher than normal but not as high as with mania. Hypomanic episodes can lead to challenges but do not tend to lead to major issues with daily functioning. Hypomanic episodes do not involve psychotic symptoms and are less likely to lead to hospital visits.