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CASE REPORT ARTICLE

BIPOLAR AFFECTIVE DISORDER, CURRENT MANIC EPISODE WITH SYMPTOMS OF PSYCHOTIC AND CARE IN NURSING

TRANSTORNO AFETIVO BIPOLAR, EPISÓDIO ATUAL MANÍACO COM SINTOMAS PSICÓTICOS E O CUIDAR EM ENFERMAGEM

EL TRASTORNO AFECTIVO BIPOLAR, EPISODIO MANÍACO ACTUAL CON SÍNTOMAS PSYCÓTICOS Y EL CUIDADO EN ENFERMERÍA

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ABSTRACT

Objective: reporting the experience of nursing students to care for patients with bipolar disorder, current episode manic with psychotic symptoms. **Method:** a descriptive study of type experience report developed in the months of October and November 2012 in a teaching hospital in the city of Teresina/PI, Brazil. **Results:** we observed the general aspects of pathology presented by the patient and established an association with the characteristics specified by the scientific literature. There were also performed nursing care encompasses the physical and mental aspects. **Conclusion:** the students could actually implement nursing care to this specific clientele and by developing a bond of trust they took care in an effective and humane way. **Descriptors:** Bipolar Disorder; Mental Health; Psychotic Disorders; Nursing Care.

RESUMO

Objetivo: relatar a vivência de acadêmicos de enfermagem com o cuidar ao portador de transtorno bipolar, episódio atual maniaco com sintomas psicóticos. **Método:** estudo descritivo, tipo relato de experiência desenvolvido nos meses de outubro e novembro de 2012 em um hospital de ensino, localizado no município de Teresina/PI, Brasil. **Resultados:** foi possível observar os aspectos gerais da patologia apresentados pela paciente e estabelecer uma associação com as características referidas pela literatura científica. Foram também executados os cuidados de enfermagem englobando os aspectos físicos e mentais. **Conclusão:** os acadêmicos puderam aplicar na prática a assistência de enfermagem a esta clientela específica e por meio do desenvolvimento de um laço de confiança prestaram o cuidar de forma efetiva e humanizada. **Descritores:** Transtorno Bipolar; Saúde Mental; Transtornos Psicóticos; Cuidados de Enfermagem.

RESUMEN

Objetivo: reportar la experiencia de estudiantes de enfermería para el cuidado de los pacientes con trastorno bipolar, episodio actual maniaco con síntomas psicóticos. **Método:** un relato de experiencia del tipo de estudio descriptivo desarrollado en los meses de octubre y noviembre de 2012 en un hospital universitario en la ciudad de Teresina/PI, Brasil. **Resultados:** se observaron los aspectos generales de la patología presentada por el paciente y establecer una asociación con las características previstas en la literatura científica. Cuidados de enfermería se realizaron también abarcando los aspectos físicos y mentales. **Conclusión:** los estudiantes realmente podrían aplicar los cuidados de enfermería a esta clientela específica y mediante el desarrollo de un vínculo de confianza que se hizo cargo de una manera eficaz y humana. **Descriptores:** Trastorno Bipolar; Salud Mental; Trastornos Psicóticos; Cuidados De Enfermería.

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INTRODUCTION

The mood disorder characterized by the presence of a group of clinical manifestations of which there is a bias for both depression and mood for elation. It is considered a pathological syndrome with such duration and severity leading to a substantial loss of functional capacity of the individual.¹

Bipolar disorder is a mood disorder, and according to modern psychiatry can be classified as bipolar I disorder, bipolar II disorder, cyclothymia and bipolar disorder not otherwise specified.²

Bipolar I disorder is characterized as a psychopathology marked by the occurrence of one or more manic episodes or mixed episodes; while bipolar II disorder is characterized by the occurrence of one or more major depressive episodes accompanied by at least one hypomanic episode. Importantly, episodes of hypomania should not be confused with several days of euthymia that may follow remission of a major depressive episode.²⁻⁴

The cyclothymic disorder is characterized as chronic and fluctuating mood disturbance involving numerous periods of hypomanic and depressive symptoms. It should be noted that the hypomanic symptoms do not meet all the criteria to be considered a manic and depressive symptoms do not show enough characteristics to be classified as a major depressive episode.²

About 450 million people suffer from mental or behavioral disorders worldwide, and only a minority has treatment, although elementary. Bipolar disorder (BD), formerly known as manic depression, presents as a chronic disease affecting about 3% of the population.³ Episodes of mania or hypomania and depression occur relatively delimited way in time and often there are periods of remission, where the patient's mood is euthymic and more intense psychopathology regresses.⁴

Although the etiology of BD is not entirely known, so as not to other mood disorders, it is known that biological, genetic, psychological and social factors add to the triggering of the disease. In general, genetic and biological factors can determine how the individual reacts to psychological and social stressors, maintaining normal or triggering the disease. Bipolar mood disorder has a genetic remarkable importance, with familiar tendency to disease, by first-degree relatives.¹

With this in mind, it considers that there is an association between the intracellular substances involved in the regulation of neurotransmitters, gene expression, synaptic plasticity, survival, neuronal death and the occurrence of the disease.⁵

The BD is a chronic disease⁴, which requires effective control by medication because of the association of comorbidities, the risk of suicide, social prejudice and/or professional and low adherence to treatment, significantly increasing the burden and costs associated with the disease.⁶

During the manic phase, the patient experiences a mood overly excited, elated, and exaggerated joy and enduring. Increased energy, activity, starting many things at once without being able to finish them, with grand ideas can go to the extreme irritability when confronted presence of insomnia with little need for sleep, optimism and overconfidence with increased libido, excessive talkativeness, overspending (with yourself and others, even strangers), inappropriate behavior, meddling, provocative, aggressive or risk to himself and others around him.⁴⁻⁷

There are more severe cases characterized by the presence of psychotic symptoms such as delusions and hallucinations, agitation, disorganized speech, suicidal and homicidal ideation, alcohol or drug abuse and exaggerated deinhibition.⁷

Patients with mixed disturbance can pass for a period of apparent normal, with mood stabilization, or go directly to the depressive phase, in the case of rapid cycling. When symptoms of both poles "stray" throughout the day, the mixed state worsens and the patient presents elevated suicidal thoughts, increased willingness to die, break things, hitting or harming himself and others, and even homicidal ideas.⁷

When the mixed state is lighter and is improving, often the patient changes the day into the night, struggling to get up at dawn, during the day feel a lethargic sleep, improving the evening, but not sleep at night, can feel agitated, accelerated and/or have panic attacks.⁸

At the stage of depression, melancholy phase, the patient shows lack of interest in life. It is in futility, with the loss of interest or pleasure in usual activities with interesting sense of sadness, emptiness, loss or weight gain, fatigue or loss of energy, and decreased libido.⁸

In this phase the patient may experience feelings of hopelessness, excessive guilt or pessimism, difficulty concentrating, making

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decisions, thoughts and/or attempts of death or suicide, altered sleep pattern with psychomotor retardation, pain or other bodily symptoms persistent not caused by disease or physical injury.⁷

The treatment applies in accordance with the management of acute and disease maintenance therapy of the patient. There are recommended in the tables acute immediate containment of symptoms using pharmacological antidepressants, mood stabilizers, antipsychotics and, if necessary, by the use of hospitalization for patient protection.⁴⁻⁷

The depressive phase of restraint is by use of antidepressants (serotonin reuptake inhibitors and MAO inhibitors), and antidepressants added to mood stabilizers. In the manic phase we recommend the use of lithium carbonate, valproic acid, carbamazepine, antipsychotics and tranquilizers. If there has been the presence of psychotic symptoms, antipsychotics or benzodiazepines are required. The literature suggests that for the most serious manifestations make the use of electroconvulsive therapy (ECT).¹⁻⁷

The manic phase with psychotic symptoms appears as the most severe form, characterized by an inflated self-esteem and grandiose ideas may develop delusions, irritability and distrust, to delusions of persecution. This phase becomes severe for the individual presenting very aggressive, violent and negligent behavior with food, fluid intake and toiletries, which can develop into dangerous states of dehydration and self-neglect.⁹

This study aims to reporting the experience of nursing students to care for patients with bipolar disorder, current episode manic with psychotic symptoms.

METHOD

This is a descriptive study of reporting experience type of undergraduate nursing students about the nursing care provided to people with bipolar affective disorder, current episode manic with psychotic symptoms. The experience was lived on the premises of a psychiatric hospital in the city of Teresina (PI), Brazil.

The activities described in this experiment were performed by nursing students during the months of October and November 2012, while conducting grid discipline of practical activities of Curriculum, developed on the premises of the Health Unit under the

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teacher's supervision of the discipline in which, it is also a nurse assistant.

The meetings were weekly, lasting two hours and thirty minutes each. So that at the first meeting came in contact with medical records in order to obtain experience in handling and nursing registration and activities conducted observation in group therapy, in which it identified a clinical framework for understanding the TB. In subsequent meetings in order to establish the health requirements for the clinical picture observed, there was implemented to Systematization of Nursing Assistance (SAE) in all its completeness: history of nursing, nursing diagnosis, planning and implementation of care and finally nursing assessment.

DESCRIPTION OF EXPERIENCE

Initially the student group was convened to explain the rules and the health service routines and discuss the conduct that would be taken, from the moment it establishes contact with pictures of people with bipolar disorder, as well as the theoretical reference the Nursing Process, base support Systematization of Nursing Care.

Later the moment of clarification and guidance received from the first step was to perform the nursing consultation, which is a prerogative of the nurse, regulated by Law 7.498/86.¹⁰

During the nursing consultation it was held to familiarize history of previous psychiatric history, raising problems and intervention proposals, under the supervision of teachers. He sought to build by observing a typical framework of bipolar disorder, described below: self-disorientation and mental alo, restlessness, slurred speech, excessive talkativeness, impaired critical judgment, insomnia, presence of delusions of grandeur, homicidal ideation, history suicide attempt. From this moment on, we set up some nursing diagnoses for further development of a care plan.

After the implementation of the first stage of the process, the group of students was asked to meet in a room at the hospital to discuss and plan what are the interventions to be taken in the care of a typical framework of bipolar disorder. It emphasizes the importance of early diagnosis and adherence to immediate treatment to reduce the likelihood of potential complications such as suicide.¹¹

Importantly, the nurse in preparing its response plan, he should prioritize actions it

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deems necessary for the removal and reduction of maladaptive emotional responses, which include three stages of treatment: acute phase, in order to eliminate the symptoms; continuation phase to prevent relapse, and the last phase, aimed at the maintenance of treatment and prevent recurrences.¹²

In this perspective, planning, implementation, monitoring and evaluation of nursing care to bipolar affective disorder carrier contributes to the practice of application of the nursing process and the effective understanding of the importance of this process in psychiatric nursing care.¹³

This experience has enabled us to find and confront the literature that when in crisis patients can present aggressive behavior because of irritability, which can generate confrontations between family members and those close to them or.⁷ Delusions of grandeur show is common in BD, as excessive spending can occur even with people they know little, nosy and provocative behavior, social isolation, restlessness, among others, one having euphoric content, derogatory feelings with self-image and lack of insight in stress tolerance.¹⁴

Epidemiological data show that prevalence of delirium presented by people living with BD in the manic phase is 75%, and may the disorder delusions mood sometimes be related to wealth, extraordinary abilities or power. Delusions and/or hallucinations appear frequently in mania.⁷

Nursing care differs according to the stage in which the individual with TB is facing. In the depressive phase, you should be focusing on customer life protection due to their suicidal thoughts.¹⁵ It is noteworthy that in customer care depressed the key is to focus on developing their self-esteem, thereby promoting the appreciation of themselves and their life.

The care provided during the manic phase should be in harmony among all team members. Thus, one should keep the user constantly observing, since it is a potential suicide; it is necessary that a customer with this framework remains in quiet location, with minimal stimuli; and in the communicative process must use an objective discourse, clear language and low tone.¹⁶

Nursing care planned for the clinical picture was based on issues raised during nursing consultations and observations made by students during practical classes and is characterized by: constant observation of behavioral manifestations; family orientation;

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encouraging further treatment, showing its importance for the improvement of the condition; stimulating conversation, to the patient's verbalization regarding his feelings and ideas; encouraging the practice of occupational exercises and activities; observation of eating and self-care habits.

The experience in the care of BD framework allows suggest that to have a positive response in the psychic framework family becomes a strong ally in the process of treatment of bipolar disorder carrier. In this context, the family is configured as an essential partner for better treatment and a better quality of BD carrier life and should be included in the therapeutic user design of various shapes such as lectures, individual calls and group thus providing guidelines for the disease, how to act in the face of crises, as well as on all aspects involving assistance to the individual who has the diagnosis, settling the doubts.¹⁷

After 30 days of implementing the care plan was reassessing the conduct of nursing care and in line with other professionals and the framework of the improvement was reintegration to the family, needed to the implementation of the discharge plan, which consisted of: guidelines for following treatment at home, purchasing medicines in the public health system, the dosage, reactions and effects, reinforced the need for follow-up care in the mental and stressed health system, among others care for the family, the importance of acceptance and living in the family to continue the recovery process.

Nursing care promotes and restores the physical well-being, psychological and social, as well as extend the capabilities enables to associate other forms of feasible operation for the person.¹⁸ This fact is evidenced by the improvement in the health status of bipolar disorder carrier, experienced by students and teachers involved in the experience description.

Health professionals, especially nursing staff should promote assistance to people with mental disorders in a holistic manner, always putting in evidence the family and the context in which the carrier is inserted.¹⁹

CONCLUSION

Bipolar disorder is not limited to a biochemical problem, but also psychological and social (involving personal, family and social difficulties), is associated with high rates of recurrence and relapse and may become incapable men and women, plus

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people live with barriers, losses and limitations in various interfaces of everyday life.

The demonstration of the following matches the reality faced by these carriers, as noted in this experiment, it can be highlighted: suffering, social disability, emotional reduction, difficulties related to the affection and social contact, irritability and provocation of state by these people. The characteristics of each patient and how manifests the disease are of utmost importance for an effective therapeutic approach being that the same must be directed both for the depressive phase and to the manic phase, according to the state in which the patient lies.

In this manner it is deemed relevant nursing care, because it has aimed to build trust in the nurse-patient relationship in order to develop an individualized treatment plan, which must be conducted in an effective, efficient and humane way.

During the experiment described it was possible to recognize the difficulties and advances for the treatment of bipolar patients and the implementation of the Nursing Process. There was also significant contribution to the training of students, as they were able to confront what they have learned in theory with the reality of a referral service that integrates mental health network in the state.

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