

MANIA

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Introduction

Mania is a distinct period during which there is an abnormally and persistently elevated, expansive, or irritable mood. This period of abnormal mood must last at least 1 week (or less if hospitalization is required).

Meaning of Mania

- The word is derived from the Greek word (*mania*) meaning "madness, frenzy"

Definition

Mania is an alteration in mood that is characterized by extreme happiness, extreme irritability, hyperactivity, little need for sleep and /or racing thoughts which may lead to rapid, speech.

ETIOLOGY

1. Biological theories

genetics

first degree relatives

Monozygotic twins

Biochemical influences

Excess of nor-epinephrine and dopamine

Low serotonin

Physiological

Right sided lesions in limbic system, temporobasal areas, basal ganglia, and thalamus.

Enlarged ventricles and subcortical white matter

2. Psychosocial theories

Both biological and psychosocial factors (such as environmental stressors) may cause mania.

3. The transactional model

Bipolar disorders mostly results from genetic, biological and psychosocial determinants. The cycle may be directly linked to external stressors. The transactional models considers these stressors as well as past experiences, existing condition and individual's perception of the event.

Classification

According to the symptoms Mania can be classify into 3; these are.

1. *Hypomania*
2. *Acute mania*
3. *Delirious mania*

HYPOMANIA

At this stage the disturbance is not sufficiently severe to cause marked impairment in social or occupational functioning or to require hospitalization

Mood:

- cheerful and expansive
- Unfulfilled desires will bring irritability
- Nature is volatile and fluctuating

Cognition and Perception:

- Ideas of great worth and ability
- Flight of ideas
- Easily distracted
- Goal directed activities are difficult

Activity and behaviour:

- Increases motor activity
- Extroverted and sociable
- Talk and laugh too much, usually very loudly and often inappropriately
- Increased libido
- Anorexia and weight loss in some cases

ACUTE MANIA

Most individual experience marked impairment in functioning and require hospitalization

Mood:

- Euphoria and elation
- Mood is variant easily changing to irritability and anger or even sadness and crying

Cognition and Perception:

- Fragmented and often psychotic cognition and perception
- Flight of ideas
- Accelerated pressured speech which abruptly changes from topic to topic
- Speech is disorganized and incoherent
- Hallucinations and delusions (usually paranoid and grandiose)
- Attention can be diverted even by small stimuli

Activity and behavior:

- Excessive psychomotor activity
- Increased sexual interest
- Poor impulse control manipulate others to carry out their wishes, and if things go wrong very skillfully project responsibility for the failure onto others
- Need for sleep is diminished
- Extremely energetic

- May go for many days without sleep and still don't feel tired
- Neglected hygiene and grooming
- Dress may be disorganized, flamboyant or bizarre
- Excessive makeup or jewelry

DELIRIOUS MANIA

Severe form of mania with clouding of consciousness and intensification of the symptoms associated with acute mania

Mood:

- Labile
- May show Feelings of despair, quickly converting to unrestrained merriment and ecstasy
- Irritable or indifferent to the environment
- Panic anxiety may be evident

Cognition and perception:

- Clouding of consciousness
- Confusion, disorientation and sometimes stupor
- Religiosity
- delusions of grandeur or persecution
- Auditory or visual hallucinations
- Extremely distractible and incoherent

Activity and Behaviour:

- Psychomotor activity is frenzied and characterized by agitated, purposeless movements
- Safety of these individuals is at stake unless this activity is curtailed
- Exhaustion, injury to self or others and eventually death could occur without intervention

DIGNOSTIC EVALUATIONS

1. Psychological tests such as young mania rating scale
2. ICD 10 diagnostic criteria

Signs and symptoms

1. Elevated expansive or irritable mood

Stages of elevated mood

- **Euphoria(stage I)** : increased sense of psychological well being and happiness
- **Elation(stage II)** : moderate elevation of mood with increased psychomotor activity
- **Exaltation(stage III)** : intense elevation of mood with delusion of Grandeur
- **Ecstasy(stage IV)** : severe elevation of mood. Intense sense of blissfulness

2. Psychomotor activities:

- Increased psychomotor activity ranging from overactiveness to manic excitement

3. Speech and Thought:

- Flight of ideas
- Pressure of speech
- Delusion of Grandeur
- Delusion of Persecution
- Distractibility

Other Features:

- Increased sociability
- Poor judgement
- High risk activities
- Decreased need for sleep(<3hrs)
- Decreased food intake
- Decreased attention
- Poor judgement
- Absent insight

Treatment modalities

- *There are basically 3 types treatment modalities;*
- **Pharmacological treatment**
- **Psycho - social Treatments**
- **ECT**

PHARMACOLOGICAL TREATMENT

Mood stabilizers(anti-manic drugs)

- lithium (900-2100mg/day)-drug of choice
- carbamazepine (200-1600mg/day)
- Sodium valproate (600-2600mg/day)

Anticonvulsants:

- Clonazepam(0.5-20mg/day)

Calcium channel blockers:

- Verapamil(80-320mg)

Antipsychotics

- Olanzapine(10-20mg)
- Chlorpromazine(75-400mg)

Psycho-Social Treatment

1. Family Therapy
2. Cognitive Therapy
3. Individual Psychotherapy
4. Group Therapy

Electro-Convulsive Therapy

- ECT can also be used for acute manic excitement , if not adequately responding to antipsychotics and Lithium

NURSING ASSESSMENT

NURSING DIGNOSIS

1. Risk for injury related to extreme hyperactivity and impulsive behaviour, as evidenced by lack of control over purposeless and potentially injurious movements
2. Impaired social interaction related to short attention span, high level of distractibility and labile mood , as evidenced by insufficient or excessive quantity or ineffective quality of social exchange
3. Ineffective coping skills related to poor impulse control evidenced by acting out behaviour

4. Disturbed thought process related to disorientation and decreased concentration as evidenced by disruption in activities
5. Altered family process related to euphoric mood and grandiose ideas, manipulative behaviour as evidenced by changes in family relationships.

Nursing intervention

- Develop a relationship with the person based on empathy and trust.
- Ensure that the person remains free from injury.
- Assist the person to decrease their agitation and hyperactivity.
- Promote positive health behaviors, including medication compliance and healthy lifestyle

CON'T

- Promote the person's engagement with their social and support network.
- Ensure effective collaboration with other relevant service providers, through development of effective working relationships and communication.
- Support and promote self-care activities for families and carers of the person with mania.

REFERENCES

Textbooks:

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2. Shreevani . R ; “textbook of Mental Health and Psychiatric Nursing ; 3rd edition ; Jaypee Publications ; pp.
3. Malik Santosh ; “Textbook of Psychiatric Nursing” ; Lotus Publishers ; 1st Edition ; 2010 ; pp. 173-179

Assignment

Write down a nursing care plan for a manic patient.



thank you!