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# BIPOLAR DISORDER

Your Name

CHAMBERLAIN UNIVERSITY

NR 566 - ADVANCED PHARMACOLOGY FOR CARE OF THE FAMILY

DR. DON

Due Date



# PATIENT SCENARIO

- **Patient:** Andrew Lawrence
- **Age:** 36
- **Gender:** Male
- **Chief Complaint:** “I’ve been having trouble sleeping throughout the night and have been experiencing extreme mood swings.”
- **History of present illness:** Andrew states that he started experiencing mood swings two years ago, each episode lasting for quite a few weeks. He reports having periods of increased energy, elevated mood, and racing thoughts followed by episodes of low energy, depression, and loss of interest in activities. He mentions that he is not able to concentrate at work and this is also affecting his personal relationships.



# ANDREW'S HISTORY

## Social History

- Andrew is currently employed as an Executive Director in a pharmaceutical company. He lives alone and is not involved in any serious relationship.
- He reports having a history of alcohol abuse but has been in recovery for the past three years.
- He smokes one pack of cigarettes a week

## Family History

- Andrew's mother has a history of bipolar disorder and has been managing her symptoms with medications.
- Andrew's father has a history of alcohol and substance abuse.
- Andrew's sister has a history of anxiety and depression.

## Past Medical History

- Andrew has a history of anxiety disorder, which was diagnosed and treated in his early 20s. He has been on selective serotonin reuptake inhibitors (SSRIs) since then.
- He also has a history of Attention deficit hyperactivity disorder (ADHD) as a child.



# MEDICATIONS

## ■ Current Medication:

- Sertraline (Zoloft) - 50 mg once a day for anxiety disorder.

SSRIs lessen anticipatory anxiety, including the frequency and intensity of attacks (Rosenthal & Burchum, 2021).

## ■ Medications Prescribed to Address Current Situation:

### ■ Mood Stabilizer:

- Lithium carbonate (Lithobid) - 300 mg twice a day.
- Instructions: Take with meals, maintain regular blood tests to monitor lithium levels and kidney function.

### ■ Antipsychotic (for acute manic episode):

- Olanzapine (Zyprexa) - 10 mg at bedtime.
- Instructions: Take as prescribed, report any side effects such as weight gain or sedation.

Mood stabilizers such as lithium and valproate are the preferred medications for the acute management of manic episodes. Second-generation antipsychotic (e.g., olanzapine, risperidone) medications can also be used in adjunctive therapy with a mood stabilizer for the management of acute manic episodes in bipolar depression (Rosenthal & Burchum, 2021).

### ■ Sleep Aid:

- Zolpidem (Ambien) - 5 mg at bedtime as needed.
- Instructions: Take only when having trouble sleeping, do not exceed recommended dosage



# New Jersey Regulation s

- In New Jersey (NJ), prescribing behavioral health drugs typically falls under the scope of practice of advanced practice nurses (APNs). According to the New Jersey Division of Mental Health Services, APRNs can prescribe schedule II through V drugs including behavioral health drugs and or controlled substances in collaboration with overseeing physician (Department of Human Services, 2014).
- NJ state psychiatric hospitals allow APNs to collaborate with physicians to perform psychosocial assessments and prescribe medications as needed (Department of Human Services, 2014).



# Federal Regulation S

The Affordable Care Act (ACA) target at improving access to behavioral health care services. It extended Medicaid coverage for mental health and substance abuse services, making these services more available to a larger number of individuals. The ACA also mandated that insurance plans offered on the Health Insurance Marketplace cover essential mental health and substance use disorder services as part of the essential health benefits package. This has steered to better access to mental health care, reduced discrimination against pre-existing mental health conditions, and increased integration of mental health services into primary care settings (Stewart et al., 2018).



# How Do These Regulations Impact The Patient In The Scenario?

The Affordable Care Act's impact on the patient in the scenario is likely positive. Due to the ACA's expansion of coverage, Andrew could potentially benefit from improved access to mental health care services. The improved accessibility will allow Andrew to utilize psychotherapy, counseling, and medication management services. Additionally, the ACA's focus on preventive care and mental health parity could contribute to better overall management of his bipolar disorder and improved quality of life.



# Does The Patient Need Support Beyond The Care Of A Primary Care NP?

The NP must assess Andrew to determine the need for further support. Signs of Minimal improvement in symptoms and or failure to meet short and long-term treatment goals will prompt for additional resources. Medication compliance in an acute episode is vital for management, but community resources and psychiatric referrals will further benefit Andrew in the management of short-term and long-term diseases.



# COMMUNITY RESOURCES

- According to the New Jersey's Division of Mental Health and Addiction Services, there are several NJ resources available to aid in providing outpatient mental health care.
  - New Jersey Association of Mental Health and Addiction Agencies, Inc. (609) 838-5488
  - County Crisis Intervention Contacts: Somerset County (908) 526-4100
  - New Jersey's 24/7 Suicide Prevention Hotline 1-855-NJ-HOPELINE (1-855-654-6735)
  - NJMentalHealthCares 866-202-4357
  - Coalition of Mental Health Consumer Organizations (COMHCO) 408 Sussex Street Paterson, NJ 07503 (973) 778-8819
  - New Jersey Self-Help Group Clearinghouse 673 Morris Avenue Springfield, NJ 07081 Toll free: 1-800-367-6274
  - Mental Health Association in New Jersey 673 Morris Ave, Suite 100 Springfield, NJ 07081 Toll free: 1-800-367-8850
  - NAMI NJ (National Alliance on Mental Illness of New Jersey) 1562 Route 130 North Brunswick, NJ 08902 (732) 940-0991
  - New Jersey Association of Mental Health and Addiction Agencies, Inc. 3635 Quakerbridge Road, Suite 35 Mercerville, NJ 08619 (609) 838-5488

# COMMUNITY RESOURCES

- New Jersey's Division of Mental Health and Addiction Services provides a list of community resources for mental health services by county. The list provides excellent choices for emergency crisis situations, primary screening and primary behavioral health clinics, and organizations for free community support.
- I reside in Somerset County. Below is a list of community resources for Somerset County:
  - Intensive Outpatient Treatment and Support Services (IOTSS)
  - Residential Intensive Support Team (RIST)
  - Short Term Care Facility (STCF)
  - Early Intervention Support Service (EISS)
  - County Mental Health Board
  - Primary screening center for Somerset
  - Self-Help/Wellness Center
- Within the state of New Jersey, all residents have the accessibility to public funded mental health services, in addition to free community resources for those not able to afford behavioral health care.





# LEGAL & ETHICAL CONSIDERATIONS

- The NP could potentially face legal negligence or other ethical issues depending on the treatment provided or not provided to mental health patients. Several examples are as follow:
  - Legal Negligence
    - Failure to monitor patient outcomes
    - Failure to refer to a specialist
    - Going beyond prescriptive authority of the practicing state
    - Failure to focus on single medical problem when treating patient with behavioral issues
    - Breach of patient confidentiality
    - Failure to acquire informed consent
  - Ethical Negligence
    - Violation of patient rights
    - Malpractice
    - Failure to deliver optimal care

(Balestra, 2019;  
Luxton, 2020)



# LEGAL & ETHICAL CONSIDERATIONS

- To mitigate potential risks in providing care for behavioral health concerns, a provider should:
  - Perform rigorous assessments along with using psychiatric tools/questions
  - Document thoroughly
  - Perform regular follow-ups and provide referrals as needed
  - Prescribe within the state's scope of practice
  - Take additional coursework and continuing education certification courses
  - Purchase individual professional liability insurance

(Balestra, 2019)



# FOLLOW-UP

- Psychiatric follow-up will include:
  - To assess patient's symptom progression
  - Patient education on medicine adherence
  - Monitor treatment goals
  - Monitor blood work regarding kidney functions
  - Monitor Lithium plasma levels
    - Levels should be measured every 2 to 3 days at the start of treatment, followed by every 3 to 6 months during maintenance (Rosenthal & Burchum, 2021).

# REFERENCES

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