

# NR-568 Week 7: Management of Bipolar Disorder, Type I in Primary Care

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NR-568 Advanced Pharmacology for  
Adult-Gerontology Primary Care

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# Bipolar Disorder, Type I

- Clinical definition: Bipolar Disorder (BPD) is a severe biologic illness characterized by recurrent fluctuations in mood. (Rosenthal & Burchum, 2021)
  - BPD is separated into two major categories; Type I & Type II
  - Bipolar I disorder: *Patients experience manic or mixed episodes and usually depressive episodes too*
- The etiology of this condition has evolved over recent years and current research supports that causation is due to disruption of neuronal survival and growth



<https://www.nami.org/blog/nami-day/October-2020/What-People-Get-Wrong-About-Bipolar-Disorder>

# Clinical Scenario BPD, Type I

- To help promote prudent and safe care of BPD, Type I a clinical scenario was devised
- A 38-year-old female presents to the clinic accompanied by her husband, with complaints that she has not slept for the last several days and has been acting erratic and having delusional thoughts
- History of Present Illness: The husband reports that the patient has taken and nearly maxed out their credit cards on high-end clothing, jewelry and multiple airline flights. The patient has plans to go on an extended vacation even though she has a full time job, and children at home. When questioned why she has done these actions she states “I won a million dollars but have to spend everything or I will lose it all”. Prior to this episode the husband states that the patient has been in a depressed mood for 2-3 weeks

# Clinical Scenario BPD, Type I Contd.

- **Social History:** The patient is currently married and has two school aged children. The patient is currently employed as a hair dresser, however has had difficulty holding a job over the past few years due to tardiness. She is currently a 1 pack per day smoker and occasionally drinks heavily when she is feeling down.
- **Family Medical History:** Father with history of polysubstance abuse, alcoholism and ADHD. Mother with history of alcoholism, anxiety and depression.
- **Past Medical History:** Previously diagnosed with anxiety disorder at the age of 20, as well as attention-deficit hyperactivity disorder as a child
- **Medications:** The only medication the patient utilizes is alprazolam (Xanax) 0.5 mg oral tablet q6 hours as needed for anxiety

# Clinical Scenario BPD, Type I Contd.

## • Treatment Plan

- Given the evidence of mania the practitioner should begin acute therapy
- Two mood stabilizers-lithium and valproate-are the preferred drugs for the acute management of manic episodes in combination with a second-generation (atypical) antipsychotic medication (Rosenthal & Burchum, 2021)
- Baseline data should be obtained prior to drug therapy
  - CBC, electrolytes, hepatic function, cardiac function, and thyroid function
  - Dosages: Lithium 300mg PO three or four times daily in combination with a second-generation antipsychotic; such as Aripirazole (Abilify): 15mg once daily and increase to 30 mg once daily if needed. Do not exceed 30 mg qd (Rosenthal & Burchum, 2021)



[https://www.google.com/url?sa=i&u=https://www.everydayhealth.com/bipolar-disorder/guide/treatment%2F&psig=AOvYaw22yb4b2rpAWQlxaX9z3EBm&ust=1639266976227000&source=images&cd=vfe&ved=2ahUKEwik\\_t-t9r0AhVKKL0KHUfvDCsQr4kDegUIARC2AQ](https://www.google.com/url?sa=i&u=https://www.everydayhealth.com/bipolar-disorder/guide/treatment%2F&psig=AOvYaw22yb4b2rpAWQlxaX9z3EBm&ust=1639266976227000&source=images&cd=vfe&ved=2ahUKEwik_t-t9r0AhVKKL0KHUfvDCsQr4kDegUIARC2AQ)

# State and Federal Regulations

- The state of intended practice is Florida
- According to the Florida Board of Nursing all qualified APRN's must restrict prescriptions of Schedule II controlled substances to a 7-day supply. However, restrictions do not apply to the prescription of controlled substances that are psychiatric medication prescribed by a psychiatric nurse
  - APRN's who meet the definition of a credentialed psych-mental health NP may otherwise prescribe psychiatric mental health controlled substances to children younger than 18 years of age (The Florida Legislature, 2021)

# State and Federal Regulations Contd.

- The Affordable Care Act (ACA) has provided one of the largest expansions of mental health and substance use disorder coverage (HHS.gov, 2019)
- This law requires most businesses to include coverage for mental health and substance use disorder services
  - This act greatly reduces financial burdens for those who are seeking mental health counseling/services
- Given the scenario the ACA has relevant benefit to the patient
  - She is currently employed and provided insurance per the small-group plan
  - This means that benefits such as mental health and prescription drug coverage is mandated



<https://www.forbes.com/sites/mikepatton/2020/11/11/obamacare-10-years-later-success-or-failure/?sh=4684ff5d4844>

# Community Resources

- It is important for the practitioner to fully evaluate the needs of the patient, given the patient scenario
  - As stated previously in cases treatment of an acute manic episode can be difficult
  - Family support is essential to monitor adherence to pharmacological management
  - Hospitalization should also be made if there is any concern of self-harm, high-risk behaviors, such as severe grandeur or wildly unrealistic beliefs about one's capabilities (American Addiction Centers, 2021)



# Community Resources Contd.

- Community resources available in Duval County
  - Duval county has many free mental services available for residents
  - These particular services vary from acute stabilization of mental health illnesses, case management, social rehabilitation, medication management, supportive housing, and outpatient counseling
    - Care management also will coordinate and facilitate referral/coordination of an accepting primary mental health provider
  - In the patient scenario acute hospitalization may be warranted given symptoms of manic episode
    - There are several inpatient psychiatric facilities in the county offering inpatient services
  - Duval county health services aid in the promotion of mental health and wellbeing
    - Services are free of charge and are provided to teens and adults ages 13 and up



<https://duval.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/behavioral-health/index.html>

# Legal & Ethical Considerations

- A potential legal issue the practitioner could face if not managed properly could be negligence
- Negligence: Arises from carelessness that leads to the patient having unintended harm
  - This could result from the practitioner not recognizing self harm behaviors and not appropriately commit a person to a mental health facility for involuntary treatment
- A potential ethical issue that could arise is the attempt to manage an illness beyond the practice capabilities of the NP
  - If the NP lacks the necessary skills to manage acute mental health illnesses they should highly consider referral
  - The practitioner must also consider prescription ability in the state of practice
  - As a primary care provider this is important to consider to mitigate potential risk with providing care for behavioral health concerns
- To avoid legal fallback the NP should be attuned to their practice abilities
  - This is considered a moral imperative for NPs, as it represents a concern for the good of the patient as well as one's professional credibility (Kraus, 2017)

# Legal & Ethical Considerations Contd.

- Long-term psychiatric follow-up is needed for this patient
  - After resolution of the acute manic episode (typically requires short-term hospitalization) long-term therapy will help to prevent recurrence of both mania and depression
  - In the patient scenario Lithium treatment was recommended
    - Plasma drug levels should be monitored routinely
    - Levels should be measured every 2 to 3 days at the beginning of treatment and every 3 to 6 months during maintenance therapy (Rosenthal & Burchum, 2021)
    - Longitudinal monitoring for patients taking lithium should include electrolyte, urea, and creatinine levels every 3 to 6 months and calcium levels, thyroid-stimulating hormone levels, and weight every 6 to 12 months (MacLeod-Glover, 2020)

# References

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