

# AFFECTIVE DISORDERS

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## Lecture Objectives

At the completion of this lecture the student will:

- Understand Affective Disorder
- Comprehend the nursing process r/t Major Depressive Disorder, Dysthymia and Bipolar Disorder
- Identify the vegetative signs of major depression.

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## Lecture Objectives cont.

- Recognize the signs and symptoms of suicidal ideation and risk for suicide
- Understand the difference between Mania and Hypomania.
- Apply the nursing process to a patient with Bipolar I diagnosis
- Have knowledge of the nursing process r/t the patient undergoing ECT

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## DEFINITION

Dysfunction in:

- Mood
- Affect
- Feelings
- Emotions

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## Assessment

- Major Depression
- Dysthymic Disorder
- Bipolar Disorder
- Seasonal Affective Disorder
- Depression in women, children & elderly
- Suicide

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## Major Depression

Symptoms

- Lack of energy
- Anhedonia (lack of pleasure)
- Depressed mood
- Psychomotor retardation
- Cognitive disturbances

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## Major Depression

### Symptoms cont.

- Suicidal ideation
- Suicidal gestures
- Myths and realities of suicide

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## Major Depression

### Vegetative Signs of Major Depression

- Decreased appetite and weight loss
- Insomnia, hypersomnia, sleep disturbance
- Decreased libido
- Fatigue and loss of energy
- ADL disturbance

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## Major Depression

### • Duration and Severity

- Majority of symptoms for 2 weeks or more
- Must interfere with daily living

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## Dysthymic Disorder

- Differs from major depression
  - Duration  
symptoms present for at least 2 years
  - Severity  
less disturbance in functioning
  - Symptoms  
similar to major depression but not with life functioning

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## Classification of Depression

- Unipolar
- Bipolar

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## Classification of Depression

- Exogenous
- Endogenous

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## Classification of Depression

- Primary
- Secondary

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## Assessment Factors of Depression

- Female
- Family history
- Substance abuse
- Stressful environment
- Personality Disorders

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## Theories of Depression

- Biological
  - No genetic marker
  - Family history (? learned behavior)

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**Theories of Depression**

- Biochemical
  - Two main neurotransmitters
    - Serotonin
    - Norepinephrine
    - ? Dopamine involvement

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**Theories of Depression**

- Neuroendocrine
  - DMST
  - Sleep Abnormalities

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**Cognitive Theory**

- Beck's cognitive triad
  - 3 automatic negative thoughts
    1. A negative, self depreciating view of self
    2. Pessimistic view of the world
    3. Belief negative events will continue

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## Psychoanalytic Theory

- Unconscious conflicts
- Central themes of loss and aggression

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## Learned Helplessness Theory

- Anxiety first response to stress
- Depression results from loss of control
- Person believes event is his/her fault
- Belief nothing can be done
- Depression results

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## Assessment Areas

- Affect
  - Sadness expressed nonverbally
  - Affect reflects despair
  - Crying or inability to cry

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### Assessment Areas Cont.

- Thought processes
  - Presence of suicidal ideation
  - Previous suicide attempts
  - Poor judgment, memory and concentration
  - Delusional thinking

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### Assessment Areas Cont.

- Feelings
  - Guilt
  - Helplessness
  - Hopelessness
  - Anger and irritability

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### Assessment Areas Cont.

- Physical behavior
  - Psychomotor retardation
  - Poor ADL's
  - Vegetative signs

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Assessment Areas Cont.

Communication

- Slowed communication
- Mute

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Nursing Diagnosis (NANDA)

- Risk for self-directed violence
- Self-esteem disturbance
- Powerlessness
- Self care deficit
- Ineffective individual coping
- Physical diagnoses

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Planning (NOC)

- Safety
- Return of energy
- Improved coping skills

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**Intervention (NIC)**

- Counseling
- Social skills
- Self care
- Medication
- Electroconvulsive therapy

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**Suicide**

- Myths and facts
  - 9<sup>th</sup> cause of death, 2-3 cause in teens.
  - 75-80% give warning or clues
  - 65-70% have made previous attempts
  - Populations and occupations
  - Physical illness

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**Theories of Suicide**

- Sociocultural theories
- Biochemical-genetic theories

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## Assessment of Suicide

- Verbal clues
- Non verbal clues
- Risk Factors
  - Youth—substance abuse, peer pressure
  - Adults----depression, substance abuse, life issues
  - Elderly, depression, loss, illness

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## Assessment of Suicide Cont.

- Lethality of plan
  - Presence of plan
  - Method
  - Time and place

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## Assessment of Suicide Cont.

- SAD Persons Scale
  - Highest risk
    1. Lives alone
    2. Has plan and high risk method
    3. Previous suicide attempt

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**Intervention (NIC)**

- Primary intervention
- Secondary intervention
- Tertiary intervention

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**Bipolar Illness**

- Definition of terms
  - Mania ---- Bipolar I
  - Hypomania ---- Bipolar II
  - Cyclothymia

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**Theories of Bipolar Illness**

- Genetic
- Neurochemical
- Social Status
- Psychosocial

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### Assessment of Mania

- Mood
- Communication
- Affect and thinking
- Physical behavior

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### Nursing Diagnoses (NANDA)

- Risk for injury
- Risk for violence towards others or self
- Altered thought processes
- Altered physical processes

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### Planning (NOC)

- Outcome criteria related to nursing diagnosis.
- Primary outcome is to achieve state of equilibrium
- Secondary outcome is to stabilize the milieu

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**Intervention (NIC)**

- Structured, predictable environment
- Staff unity
- Decreased stimulation
- Communication
- Seclusion
- Medication

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**Lecture Summary**

- Depression
- Suicide
- Bipolar illness

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