A
LESSON PLAN ON
MANIA

Identification Data

Name	: Ms. Sheljy Shajan
Class	: M.Sc. Nursing 1st year
Subject	: Psychiatry
Topic	: Mania
Duration of teaching	: 45 minutes
Method of teaching	: Lecture-Cum-Discussion
Language	: English
A V Aids	: Power-Point Presentation

Objectives

After the teaching, students will be able to gain knowledge about mania, its classification, stages of mania, transactional model of adaptation, signs and symptoms of mania, treatment modalities.

- To gain knowledge about the topic and improve her teaching skills.
- To develop communication skills
- To develop skills in utilization of the audio-visual aids.

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHING LEARNING ACTIVITIES WITH AV AIDS	EVALUATION
1 MIN	To announce the topic.		Today I would be discussing about mania, its signs and symptoms, stages of mania and the management.	
5 mins	To introduce the topic.	<u>INTRODUCTION</u> Mood is defined as the pervasive and sustained emotion that may have a major influence on a person's perception of the world. Affect is defined as the emotional reaction associated with an experience. Mood disorders are characterized by a disturbance of mood, accompanied by a		

2 mins		full or partial manic or depressive episode, which is not due to any physical or mental disorder. Mania refers to a syndrome in which the central features are over-activity, mood changes which may be towards elation or irritability and self-important ideas.		
	To define the topic.	<u>DEFINITION OF MANIA</u> A manic episode is a distinct period of an abnormaly and persistently elated, expensive or irritable mood lasting for atleast one week or less if a patient must be hospitalized. An alternation in the mood that is expressed by feelings of elation, inflated self-esteem, grandiosity, hyperactivity, accelerated thinking and speaking.	Teacher defines mania.	Define Mania ?
2mins	To explain classification of Mania according to ICD X.	CLASSIFICATION OF MANIA According to ICD X : F30 : Manic episode F30.0 : Hypomania F30.1 : Mania without psychotic symptoms. F30.2 : Mania with psychotic symptoms F30.8 : Other manic episodes F30.9 : Manic episodes unspecified. <u>INCIDENCE</u> Bipolar disorders affects approximately	Teacher enumerates the classification of mania with the help of ppt.	List the classification of mania?

3mins	To explain about the etiological factors of Mania.	5.7 million adults from which 3million are affected with mania. The average age of onset of mania is 20years and following the first manic episode the disorder tends to be recurrent. ETIOLOGY ✓ Biological theories Neurotransmitters and structural hypotheses : Manic episodes are related to excessive levels of norepinephrine and dopamine, an imbalance between system or deficiency of serotonin. Biologic findings suggest that lesions are more common in this population of the areas of the brain such as the right hemisphere or bilateral subcortical region. ✓ Genetic consideration Monozygotic (identical) twins have a higher rate of incidence than normal siblings and other close relatives, because they have identical genes. Family studies: Family studies have shown that if 1percent has mania, the risk in the child that he/she will have the disorder is 28percent.	Teacher explains about the etiological factors of mania.	Explain about the etiological factors of mania?

15mins	To explain the stages of mania.	✓ Psychodynamics Developmental theorist have hypothesized that faulty family dynamics during early life are responsible for manic behaviors in the later life. Another psychodynamics hypothesis explains that manic episodes as a defense against or denial of depression. <u>MANIC STAGES ACCORDING TO THE 3 STAGES</u> <u>Stage 1: Hypomania</u> It is a mild form of mania. At this stage the disturbance is not sufficiently severe to cause marked impairment in social or occupational functioning or to require hospitalization (APA,2013). MOOD: The mood of a Hypomanic person is cheerful, expansive, however, there is an underlying irritability that surfaces rapidly when the person's wishes and desires go unfulfilled. The nature of the hypomanic person is very volatile and fluctuating.	Teacher explains about the stages of mania with the help of flash card and ppt.	Explain about the stages of mania?

		COGNITION AND PERCEPTION: Perception of the self-care are exalted-ideas of grandiosity. ACTIVITY AND BEHAVIOUR: Hypomanic individual exhibit increased motor activity. They are perceived as being very extroverted. They never sit for a while also. <u>Sign and symptoms in Hypomania</u> Moderate elation The individual 'simply feels great'. Shows increased assertiveness, self-confidence. Delusion of grandiosity Sleep time is reduced but the patient feels and looks fresh and energetic. Intolerant to criticism Socially aggressive. Spends money extravagantly. Increased libido. Some individuals experience anorexia and weight loss. <u>Stage 2: Acute Mania</u> Symptoms of Acute Mania may be progressive in intensification of those experienced in hypomania. Most individuals experience marked		

		impairment in functioning and require hospitalization. MOOD: Acute Mania is characterized by euphoria and elation. The persons appear to be in a continuously elated mood. COGNITION AND PERCEPTION: Cognition and perception become fragmented and often psychotic in acute mania. Rapid thinking proceeds to racing and disoriented thinking maybe manifested by a continuous flow of accelerated pressured speech, with abrupt changes from topic to topic. ACTIVITY AND BEHAVIOUR: Psychomotor activity is excessive. Interest towards sexual activity is increased. <u>Sign and symptoms in Acute Mania</u> 1. Affective tonality Shows exhaltation He sings dances about. 2. Stream of thought Flight of ideas Clang association Delusion of grandiosity Changes his pitch while speaking. 3. Psychomotor Activity		

		Psychomotor activity is increased. Libido is increased. Excessive spending. Energy seems inexhaustible Need for sleep is diminished. Hygiene and grooming is neglected. Dressing may be bizarre. Use of excessive jewelry. 4. attention and judgment Attention span is decreased. Environment noises disturb them. Judgment is impaired. Stage 3: Delirious Mania Delirious Mania is a grave form of the disorder characterized by severe clouding of consciousness and representing intensification of the symptoms associated with Acute Mania. MOOD: The mood of the delirious person is very labile. He/she may exhibit feelings of despair quickly converting to unrestrained, ecstasy or becoming irritable or totally indifferent to environment. COGNITION AND PERCEPTION: Clouding of consciousness with confusion, disorientation and sometimes		

		stupor. Religiosity, hallucination. ACTIVITY AND BEHAVIOUR: Psychomotor activity is frenzied and characterized by agitated and purposeless movements. Exhaustion, injury to self or other and eventually death could occur without intervention. <u>Sign and symptoms of delirious mania</u> Speech is incoherent. Constantly active. Hallucination Delusion Extremely dangerous		
3mins	To enumerate the signs and symptoms of mania.	<u>SIGNS AND SYMPTOMS IN MANIA</u> 1. Elated, expensive and irritable mood. Elated mood has 4 stages depending upon the severity of the manic episode: Euphoria: Increased sense of well being and happiness. Elation: moderate elation of mood with increase psychomotor activities. Exaltation: intense elation of mood with delution of grandiosity Ecstasy: severe elation of mood and Total lack of awareness of the		

		surrounding. 2. Increased psychomotor activities. 3. Speech and thought Flight of ideas Pressure of speech Delusion of grandiosity Delusion of persecution Distractibility Ambitiousness Lack of judgment 4. other features Increased socialization Impulsive behavior Expensiveness 5. Poor self care 6. Decreased need for sleep. 7. Sexual hyperactivity.		Explain about the transactional model of stress?
25mins	To explain in detail about the various therapies, pharmacological management and the nursing interventions.	**<u>Treatment modalities</u>** <u>Individual psycho therapy</u> Historically clients with mania have been difficult candidates for psycho therapy. They form a therapeutic relationship easily because they are eager to please and grateful for the therapist interest. However the relationship often tends to remain shallow and rigid. In addition to focusing on grief, role conflicts and inter personal deficiencies, it includes psycho education about the disorder and encourages treatment	Teacher explains about the transactional model of stress with the help of charts. Teacher enumerates the signs and symptoms of mania with the help of chart.	Enumerate the signs and symptoms of mania?

		adherence. <u>Group therapy</u> Groups can provide an atmosphere in which individuals may discuss issues in their life that cause, maintain or arise out of having a serious affective disorder. It provides a feeling of security, as troublesome or embarrassing issues are discussed and resolved. A sense of hope is conveyed when the individual is able to see that he/she is not alone or unique in experiencing the illness. They offer supplementary support that frequently enhances compliance with the medical regimen. <u>Family therapy</u> The ultimate objective in working with families of clients with mood disorders is to resolve the symptoms and initiate or restore adaptive family functioning. Some studies with bipolar disorders have shown that behavioral family treatment combined with medication substantially reduces relapse rate compared with the medication therapy alone. Family therapy also examines the role of the entire family in the maintenance of the patient symptoms. <u>Cognitive therapy</u>	Teacher explains about the treatment modalities of mania with the help of ppt.	Explain about the treatment modalities of mania?

		In cognitive therapy the individual is taught to control thought distortions that are considered to be a factor on the development and the maintenance of mood disorders. The general goal in cognitive therapy is to obtain symptoms relief as quickly as possible, to assist the client in identifying dysfunctional patterns of thing and behaving, and to guide the client to evidence and logic that effectively test the validity of the dysfunctional thinking. <u>Electroconvulsive therapy</u> Episodes of acute mania are occasionally treated with Electroconvulsive therapy, particularly when the client does not tolerate or fails to respond to lithium or other drug treatment or when life is threatened by dangerous behavior or exhaustion. <u>Psychopharmacology with mood stabilizing agents</u> ANTI-MANIC DRUGS Lithium carbonate Trade name: Eskalith, Lithobid. Mode of action: Modulate the effects of neurotransmitters such as norepinephrine, serotonin, dopamine, GABA.		

		Drug dosage: Acute mania:1800-2400mg Maintenance : 900-1200mg Therapeutic plasma level is 0.6-1.2mEq/L. ANTI-CONVULSANTS • Carbamazepine Trade name: Tegretol Drug dosage: 200-1600mg • Clonazepam Trade name : Klonopin • Valproic acid Trade name : Depakote Mode of action: action is unclear. Drug dose: 5mg/kg-60mg/kg. CALCIUM CHANNEL BLOCKERS • Verapamil Trade name : Calan, Isoptin. ANTIPSYCHOTICS • Olanzapine Mode of action: mechanism of action for mania is unclear. Drug dosage : 10-20mg. • Chlorpromazine Drug dosage: 75-400mg • Risperidone		

		Drug dosage : 1-6mg • Ziperasidone Drug dosage: 40-160mg. <u>NURSING MANAGEMENT</u> Nursing Diagnosis 1. Imbalanced nutrition less than body requirement related to inability or refusal to eat for long evidenced by weight loss. 2. High risk for violence, self- directed or others directed related to manic excitement as evidenced by clients hyperactivity. 3.Altered thought process related to psychiatric condition as evidenced by delusion of grandeur. 4. Impaired attention and concentration related to the psychiatric condition as evidenced by the MSE. 5. Knowledge deficit related to after discharge care. Immediate Goal To reduce the risk of injury. Intermediate Goal To improve the nutritional status.		

		To improve the capacity to do self care. Long term goal To reduce the risk of violence. Nursing Intervention 1. Assess the nutritional status of the client. 2. Provide the patient with high protein, high calorie, and nutritious finger foods. 3. Provide small and frequent meals to the patient. 4. Record weight. 5. Serve the food with minimum distraction in the environment. 6. Maintain a low level of stimuli in the clients environment such as lighting is kept dim, less visitors. 7. Remove all dangerous objects from the clients environment (knife, blade, glass, belt etc.) 7. Maintain a calm attitude towards the patient. 8. Avoid competitive games. 9. Monitor for drug toxicity but doing the investigation and monitoring the symptoms. Symptoms of lithium toxicity begin to appear at blood levels greater than 1.5mEq/L. At serum level of 1.5 to 2mEq/L: Blurred vision, tinnitus, persistent nausea		

		and vomiting and severe diarrhoea. At serum level of 2-3.5mEq/L: increasing tremors, increased urine output, psychomotor retardation, giddiness, mental confusion. At serum level above 3.5mEq/L: Impaired consciousness, MI, seizures, coma. Lithium levels should be monitored prior to the medication administration. If lithium toxicity is untreated it can be life threatening. 10. Set the limits on manipulative behaviours. 11. Give positive reinforcements for non-manipulative behavior. 12. Use simple and brief sentences. Encourage the patient and the family members regarding the importance of the medications. 13. Instruct not to stop taking the drug abruptly. 14. Provide health education regarding proper diet, sleep and rest, personal hygiene and safe environement. <u>Summary</u> I have discussed about mania, its classification, stages of mania, signs and symptoms of mania, treatment including the medical, pharmacological and the nursing interventions.		

		Conclusion Mood is defined as the pervasive and sustained emotion that may have a major influence on a person's perception of the world. Affect is defined as the emotional reaction associated with an experience. Mood disorders are characterized by a disturbance of mood, accompanied by a full or partial manic or depressive episode, which is not due to any physical or mental disorder. Mania refers to a syndrome in which the central features are over-activity, mood changes which may be towards elation or irritability and self-important ideas.		

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