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Mood Disorders

Mental Health Nursing

Depressive disorders, bipolar disorders, mania, hypomania, suicide risk assessment, clinical features, treatment approaches and nursing management.

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CHAPTER 08 / MENTAL HEALTH NURSING 08. Mood Disorders

1. Depression and bipolar concepts

Mood disorders involve clinically significant disturbances of mood and related functioning. Depressive symptoms can follow illness, grief, medication, substances or psychiatric conditions. Assess prior elevated mood, family history, physical health and suicide risk before assuming unipolar depression.

Major depressive disorder

Definition and pathophysiology: Persistent depressed mood and/or loss of interest plus associated symptoms causing impairment; DSM episode typically >= 2 weeks and five or more symptoms with required core feature/exclusions.

Clinical features and investigations: Sleep/appetite changes, low energy, guilt, poor concentration, psychomotor changes, suicidal ideation. Severity and psychosis vary.

Management and nursing care: Support evidence-based psychotherapy, antidepressant or other treatment as prescribed; monitor self-harm risk, activation and adverse effects; address nutrition, sleep, self-care and gradual activity. ECT may be indicated for severe/urgent presentations.

Bipolar I and II disorders

Definition and pathophysiology: Bipolar I requires history of mania; bipolar II involves hypomania and major depression without mania.

Clinical features and investigations: Mania: elevated/irritable mood and increased energy, decreased need for sleep, pressured speech, grandiosity, distractibility, risky behaviour; DSM mania usually >= 1 week or shorter if hospitalization necessary. Hypomania usually >= 4 days, less severe without marked impairment/psychosis.

Management and nursing care: Mood stabilizer/antipsychotic and psychosocial care as prescribed; avoid antidepressant monotherapy in bipolar I. Monitor sleep, nutrition, impulsivity, sexual/financial and physical safety; low-stimulation environment, clear limits and short instructions.

2. Comparison

Feature	Mania	Hypomania
Severity	Marked impairment or need for hospitalization, or psychosis	Observable change without marked impairment/hospitalization or psychosis
Duration (DSM example)	Usually >= 7 days or hospitalization	>= 4 consecutive days
Nursing priority	Safety, nutrition, fluids, sleep, urgent stabilization	Assess function/risk, relapse prevention, treatment follow-up

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3. Suicide risk assessment and management

Ask directly about thoughts of death, intent, plan, access, recent attempts, precipitating events and protective supports. Attend to immediate safety, remove accessible hazards according to protocol, ensure observation level and urgent professional assessment for imminent risk. Use collaborative safety plan with warning signs, coping strategies, contacts and reducing access to lethal means, not a promise-only contract. Assess physical injury or overdose. Document exact concerns, actions, observation and handover; reassess during transitions.

4. Nursing care

Depression: encourage manageable activities, active listening without cliches, monitor eating/sleep and prescribed treatment. Mania: decrease stimuli, set consistent respectful boundaries, offer frequent fluids/nutrition as appropriate, monitor exhaustion and unsafe behaviour. Include family with consent, education about early warning signs and medication adherence.

5. Important Examination Questions

Long Answer Questions

1. 1. Explain clinical features and nursing management of depression and mania.

Short Answer Questions

1. 1. Differentiate mania/hypomania
2. 2. explain bipolar I/II
3. 3. describe suicide assessment.

Very Short Answer Questions (with answers)

1. 1. What is anhedonia? - Reduced interest/pleasure.
2. 2. Does bipolar II include a history of mania? - No.

6. Quick Revision

- Suicide assessment is direct and individualized.
- Check past mania before depression treatment.
- Monitor sleep and physical health in mania.

7. Conclusion

Suicide assessment is direct and individualized. Check past mania before depression treatment. Monitor sleep and physical health in mania.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

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1. Which history distinguishes bipolar I disorder from bipolar II disorder?

A. A history of mania

B. A history of major depression alone

C. A history of hypomania without mania

D. A history of low mood after bereavement alone

2. Which feature is consistent with hypomania rather than mania in the chapter's comparison?

A. Psychosis during the elevated mood episode

B. Observable change without marked impairment or psychosis

C. Marked functional impairment

D. A need for hospitalization due to episode severity

3. A patient reports that formerly enjoyable activities no longer give pleasure. Which term describes this?

A. Grandiosity

B. Distractibility

C. Anhedonia

D. Pressured speech

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Answer key and explanations

1. A - A history of mania

Bipolar I requires mania; bipolar II involves hypomania and major depression without mania.

2. B - Observable change without marked impairment or psychosis

Hypomania produces observable change without the marked impairment, hospitalization or psychosis described for mania.

3. C - Anhedonia

Anhedonia means reduced interest or pleasure.

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