Debrief for Mania Case

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The following text is envisioned to help case based learning of Mania by providing a background context. This is also to show how the scenario may present in real life when you are faced with a similar patient rotating through the ER.

Background Information (provided in the stem as the nurse's report):

- Catie is a 32 y.o female
- Currently single, divorced 4 years ago, no children
- Works in retail in a fashion store
- Brought to the ED by her sister, who was concerned about her behavior and excessive spending. Told the triage nurse that her sister had 'Manic Depression' and left suddenly.

The following history was obtained from a discharge summary when the patient was admitted to the hospital you 2 years ago.

It is estimated by her sister that she has been non compliant with her medications for about 2-3 weeks.

Past Psychiatric History:

3 prior hospitalizations. The first was 10 years ago where she presented in a manic state and was diagnosed with Bipolar Type 1. The other two ones were for Mania 5 years ago and Depression 2 years ago (this hospital) respectively. She has been known to be noncompliant with her medications.

Medications (last known 2 years ago)

Lithium 1200mg QHS

Bupropion 300mg QHS

Past Medical History:

- None

Family History:

- Grandmother – suspected Bipolar D/O
- Mother – Bipolar D/O on Lithium
- Reports of an Aunt and two maternal cousins with Bipolar Disorder

Social History:

- Unremarkable, normal milestones
- Grade A student until University, had to drop out due to first episode of Mania
- Employed in retail fashion
- Married for 2 years. Reason for divorce was apparently spending couples savings on luxury items amounting to 50000$ and having an affair when she was in a Manic Episode.

Labs:

- Urine Drug Tox negative
- Physical exam by ER MD was reported as "normal"
- Initial blood work (CBC, lytes) "normal" TSH pending
- Lithium level is 0

Techniques used in this video to demonstrate interviewing skills:

- Moving from open ended questioning to close ended questioning
- Interrupting politely so as to not lose control of the interview

Other important things to include in the interview (not demonstrated in the video), which are relevant to this case:

- It is important to ask about symptoms of depression, although unlikely to be found here. This is to rule out a mixed episode – see depression section for details (not covered here).
- Ask about current stressors, mood symptoms (rule out mania or depression - not covered here)
- Also make sure patient isn't neglecting self-care due to intense manic symptoms.
- Ask also about:
  - Other Psychotic symptoms e.g. Hallucinations, other delusions (see in psychosis section)
  - Substance use history, esp. stimulants drugs.
  - Establish a temporal relationship of drugs to manic symptoms - Important.
  - Safety assessment – Suicide and Homicide
- Ask about child-care responsibilities or driving.
- Inquire into current and past medical history to rule out medical/iatrogenic causes of mania (for e.g. Prescription steroids).
- Ask about family history of Bipolar disorder

Notes about Safety

- Always remember that safety is first. If at any point you feel threatened, leave the room and ask for assistance. Male physicians should be on the lookout for sexually provocative behavior. The assessment can be finished with the help of a nurse, PA (Physician Assistant) or security.

- Sometimes the patient is so agitated that an emergency chemical restraint is necessary before assessment can be completed. This is for the safety of patient and medical personnel.

Important aspects of assessment and management of this case:

- Get more collateral history

- Make a differential diagnosis – Schizophrenia spectrum, substance induced, delirium and mania secondary to GMC
- Get appropriate laboratory investigations
- ensure safety of patient and others (e.g., certification);
- In this case "physical impairment" category on Form 1 can be applied as from history no clear suicidality or homicidality was ascertained.
    - The patient is quite disorganized, manic and is planning to fly to Milan.
    - Can use this as a criterion as police at the airport or worse can accost pt. - on the plane.
- Ensure ongoing assessment of capacity and the need for a substitute decision-maker: including need for financial capacity assessment
- Attend to the patient's psychosocial needs (e.g., community and family resources, housing)
- Pharmacotherapy (both acute and maintenance)
- Treat/assess any underlying disorders or comorbidities;
- Counseling and supporting patient/caregiver/family about Bipolar Disorder
- Referring the patient for specialized care – in this case A Bipolar Disorder or specialized mood and anxiety disorder clinic