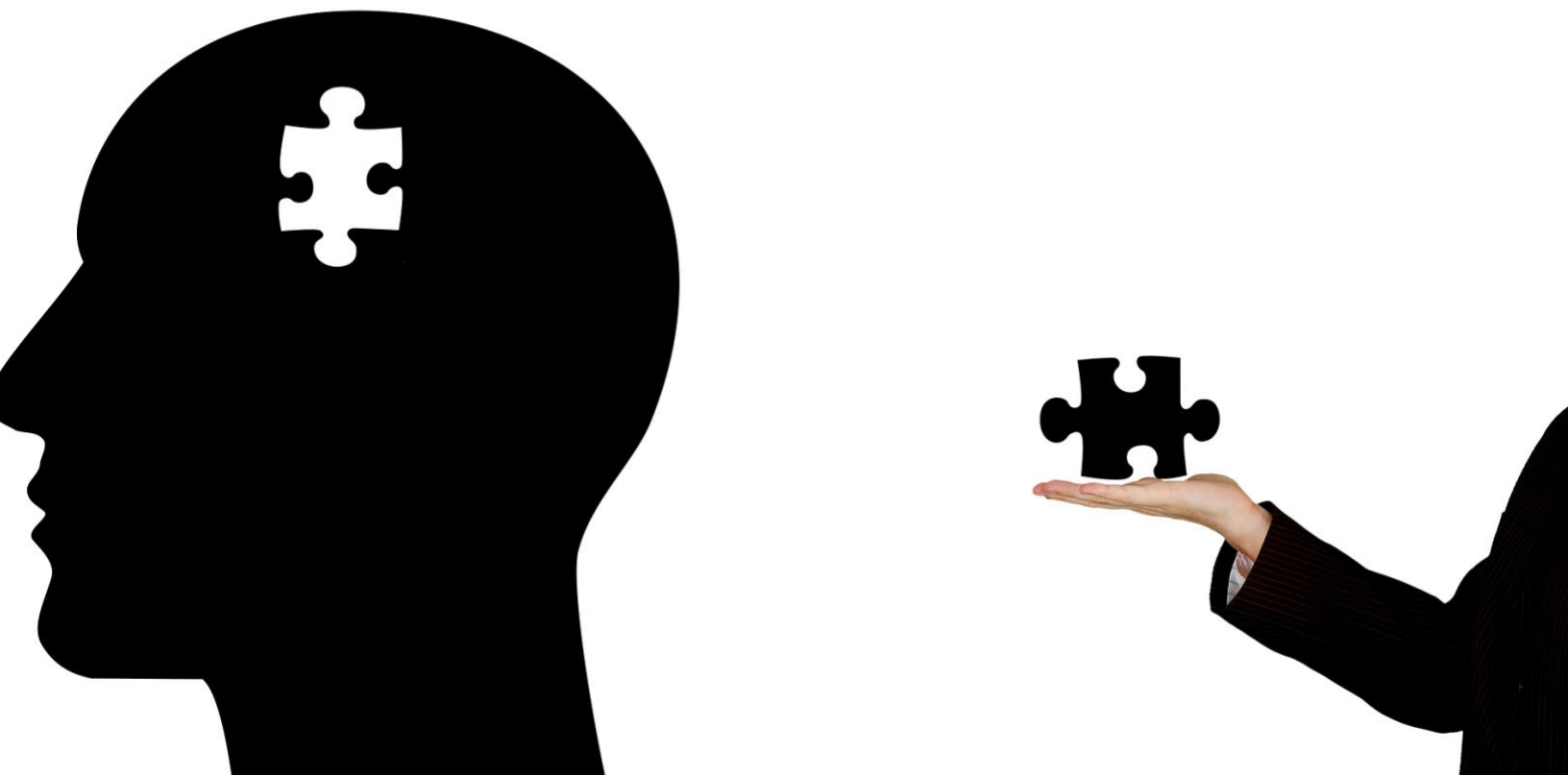


Mental Health Disorders: Identification and Treatment



Introduction

In the current landscape of health care, the prevalence of mental health disorders appears to be on the rise. Thus, it is essential for health care professionals to possess insight into mental health disorders in order to best serve patients. This course will provide information regarding the identification and treatment of mental health disorders to provide health care professionals with the necessary insight to administer safe and effective health care to those patients suffering from mental health disorders.

Section 1: Mental Health Disorders

Case Study 1

A 29-year-old woman presents with complaints of frequent headaches and fatigue. Upon questioning, the patient reports that she has been experiencing, what she refers to as, "dull, aching headaches" and "all around fatigue for the past 3 weeks." The patient's physical exam is unremarkable - however, during the exam, the patient begins to tear up. Upon further questioning, the patient discloses that she has had a "hard time sleeping" and that she is feeling "very down, all day, all the time." The patient then goes on to explain that she has tried to "cheer herself up" by going swimming and hiking, however she has simply no interest in doing either, which she finds odd because they are both, typically, activities she enjoys. Along those same lines, the patient reports that she has lost her "usual appetite." The patient also reports that she has been having difficulty focusing, concentrating and making decisions at work. The patient then goes on to say that she simply does not have the "energy, desire or interest in doing" her job and that she has missed "many days of work" over the past aforementioned time period. Most concerning, the patient confides that she feels like there is no end in sight regarding her mood and she wouldn't care if "something bad" happens to her.

Case Study 2

A 27-year-old male presents with complaints of back pain, muscle tension and overall stiffness. Upon examination the patient reports that in addition to his back pain, muscle tension and stiffness he has been experiencing problems sleeping and has been "very worried." The patient goes on to explain that he has always been considered by his family and friends to be an individual who worries - however, for the past 8 - 12 months, his worrying has seemed to increase. The patient explains that he worries about everything from gas prices to his job to his mother who has recently been diagnosed with breast cancer. What the patient finds odd about his constant worrying is that he seems to be just as "mentally occupied and concerned" about

trivial things like being able to download a movie as much as he is about his mother's illness. Upon further questioning the patient reveals that he is "basically keyed up about everything" and that irritability, restlessness and a lack of focus has accompanied his "mounting worries." By the end of the conversation the patient questions why his "consistent worries" are "taking over" his life and impacting his ability to function.

Case Study 3

A 20-year-old female reports that she has not slept "in days." Upon questioning, the patient reveals that she recently dropped out of college because she was having trouble concentrating in class and that she felt like she "knew way more" than her peers and professors. The patient also confirms that she has been engaging in intercourse with multiple partners for "weeks" and has spent "all of her money partying." Upon examination the patient seems to be distracted. During further questioning the patient's speech becomes increasingly pressured and the patient reports that she has been experiencing consistent racing thoughts. The patient then goes on to explain that she would like to keep "partying" because it is her new goal and she would like to start consuming alcohol. At the conclusion of the examination, the patient appears to be irritated.

The case studies above highlight specific mental illnesses, otherwise referred to as mental health disorders. With that in mind, the question is - what specific mental health disorder is represented in each case study? Identifying a specific mental health disorder can be challenging - however, it is essential to the administration of health care. Thus, health care professionals must be able to effectively identify specific mental health disorders in order to best serve their patients. The next question that is posed is - how? How can health care professionals effectively identify mental health disorders in order to best serve patients? The straight forward answer to the previous question is, to obtain an understanding of mental health disorders and their presentation. To provide health care professionals with the information necessary to identify mental health disorders, this section of the course will provide insight into some of the most widespread mental health disorders found in the present health care climate. That being said, this section will focus on depressive disorders, anxiety disorders and bipolar disorder. Each of the aforementioned mental health disorders will be broken down into informational segments to best serve health care professionals. The information found in this section was derived from materials provided by the Centers for Disease Control and Prevention (CDC) and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).^{1,2}

Depression

What is a depressive disorder?

A depressive disorder may refer to a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life.

Anhedonia may refer to a loss of interest in previously enjoyable activities. In essence, a depressive disorder may be present in individuals experiencing prolonged states of depression which interferes with daily life and individuals' ability to maintain relationships, family obligations, employment, or other important areas of functioning.

What are the risk factors associated with depressive disorders?

Clinically significant depression is one of the most common mental health disorders found in the United States of America. That being said, research indicates that depression may be caused by a combination of genetic, biological, environmental and psychological factors. Specific risk factors for depression may include: death or loss, abuse, conflict and/or significant life events.

A significant life event may refer to any major shift in an individual's life, e.g. marriage, divorce, moving, school graduation and new employment. It is interesting to note that depression may arise from a variety of significant life events. In other words, depression may result from a significant life event that does not necessarily have negative connotations. Essentially, any dramatic or impactful change in an individual's life may cause depression. For example, an individual may finally land his or her dream job in his or her most desirable place to live. However, after the person relocates and begins the new employment opportunity, the individual finds him or herself depressed. Depression that arises from what appear to be "positive significant life events" may lead to confusion among individuals suffering from clinically significant depression and may not be initially obvious to health care professionals. Therefore, health care professionals must be aware that any significant life event may lead to depression when attempting to identify depressive disorders among patient populations.

What are the specific types of depression?

There are many different types of depression. The different types of depression that may be found among patients include the following:

- Major depressive disorder - major depressive disorder may refer to a form of depression that occurs most days of the week for a period of 2 weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- Persistent depressive disorder - persistent depressive disorder may refer to a chronic form of depression.

- Seasonal affective disorder - seasonal affective disorder may refer to a mood disorder that occurs in the winter months and/or at the same time period each year.
- Psychotic depression - psychotic depression may refer to a form of depression which is accompanied by psychotic symptoms such as: hallucinations, delusions and paranoia.
- Postpartum depression - postpartum depression may refer to a form of depression which occurs after childbirth.
- Premenstrual dysphoric disorder - is a depressive-like condition linked to a women's menstrual cycle.
- Atypical depression - atypical depression is a condition characterized by periods of depression which are typically resolved by "positive events."

What is the most common form or type of depression?

One of the most common forms or types of depressive disorders is major depressive disorder. Research indicates that millions of Americans, nationwide, may be suffering from major depressive disorder. Individuals suffering from major depressive disorder may come from any gender, race or social class. Typically, individuals present with major depressive disorder signs and symptoms in adulthood - however, it may also affect children and adolescents. Research also indicates major depressive disorder's prevalence may be on the rise in the United States.

What are potential symptoms of major depressive disorder?

Symptoms of major depressive disorder may include the following:

- Depressed mood
- Anhedonia (a loss of interest in previously enjoyable activities)
- Appetite changes
- Weight changes
- Sleep difficulties
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Diminished ability to think or concentrate
- Feelings of worthlessness or excessive guilt

- Suicidality

How do individuals suffering from major depressive disorders typically present?

Individuals suffering from major depressive disorders may present in a variety of different states. They may appear untidy or disheveled. Their personal hygiene may be lacking. They may appear troubled or distracted. They may exhibit behaviors that may seem odd or inconsistent with other patient populations. Also, individuals potentially suffering from major depressive disorders may display body language indicating a depressed mood, e.g. moving slowly, head tilting down, arms crossed, slouching.

In addition to their appearance, individuals suffering from major depressive disorders may use certain types of wording to describe or articulate their state. Examples of wording that may be used by individuals potentially suffering from major depressive disorders to describe or articulate their state may include:

- I am depressed
- I am feeling depressed
- I am feeling down
- I am feeling low
- I do not have any energy
- I am constantly fatigued
- I cannot sleep
- I can't eat
- I don't feel like eating
- I have lost a lot of weight
- I am having trouble sleeping through the night
- I can't think straight
- I can't concentrate
- I am feeling slow
- I am having trouble with my job

- I am having trouble with school
- I am having problems in my relationships
- I am worthless
- I am dealing with a lot of guilt
- I am carrying a lot of guilt
- I see no end in sight to my mood
- My depression has lasted for weeks
- I tried to cheer myself up, but I can't
- I have lost interest in previously enjoyable activities
- I cannot find happiness
- I do not want to live
- I want to die
- I want to kill myself

When attempting to distinguish specific wording regarding major depressive disorder, health care professionals should keep in mind that they may hear or encounter many different versions or variations of the previously highlighted language. Additionally, health care professionals should focus their attention on any patient's verbiage which may indicate symptoms of major depressive disorder.

How is major depressive disorder diagnosed?

Major depressive disorder is typically diagnosed by a physician using criteria outlined in the DSM-5. An individual may be diagnosed with major depressive disorder if he or she meets the following DSM-5 criteria:

- The individual must be experiencing five or more of the following symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.
 - Depressed mood most of the day, nearly every day.
 - Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

- To receive a diagnosis of depression, the previous symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.

What issues or concerns should health care professionals pay particular attention to when attempting to identify or assist in the diagnoses of major depressive disorder?

There are many issues or concerns that may arise when attempting to identify or diagnose major depressive disorder - however, health care professionals should pay particular attention to the potential for suicidal ideation. Suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide. Health care professionals should be very aware that individuals suffering from major depressive disorder may be suicidal. Health care professionals should make every effort to identify the potential for suicide and prevent patient suicide when applicable. Additional information regarding suicide and suicide prevention may be found in Figure 1.

FIGURE 1: INFORMATION REGARDING SUICIDE AND SUICIDE PREVENTION

- Suicide may refer to a death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
- A suicide attempt may refer to a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
- Suicide is highly prevalent and one of the leading causes of death in the United States.

- Suicide rates vary by race/ethnicity, age, and other population characteristics. The population groups with some of the highest rates of suicide in the United States include non-Hispanic American Indian/Alaska Natives and non-Hispanic Whites.

- Research indicates that suicide, like other human behaviors, has no single determining cause. Suicide may occur in response to multiple biological, psychological, interpersonal, environmental and societal influences that interact with one another, often over time.

- Specific risk factors that may lead to suicide include the following:

- Individual issues such as: a history of depression and other mental illnesses, hopelessness, substance abuse, certain health conditions, previous suicide attempt, violence victimization and perpetration, and genetic and biological determinants.

- Relationship issues such as: high conflict or violent relationships, sense of isolation and lack of social support, family/ loved one's history of suicide, financial and work stress.

- Community issues such as: inadequate community connectedness, barriers to health care (e.g., lack of access to providers and medications).

- Societal issues such as: availability of lethal means of suicide, unsafe media portrayals of suicide, stigma associated with help-seeking and mental illness.

- Suicide is often connected to other forms of violence. Exposure to violence (e.g., child abuse and neglect, bullying, peer violence, dating violence, sexual violence, and intimate partner violence) is associated with increased risk of depression, post-traumatic stress disorder (PTSD), anxiety, suicide, and suicide attempts.

- Women exposed to partner violence are nearly 5 times more likely to attempt suicide as women not exposed to partner violence.

- Suicide can be prevented. Suicide prevention is best achieved by a focus across the individual, relationship, family, community, and societal-levels and across all sectors, private and public.

- Suicide prevention strategies may include the following:

- Strengthening economic supports - attempts to strengthen economic supports in order to prevent suicide can include measures to strengthen household financial security and housing.

- Strengthen access and delivery of suicide care - attempts to strengthen access and delivery of suicide care can include measures to cover mental health conditions in health insurance policies, efforts to reduce provider shortages in underserved areas and system changes that introduce safer suicide care.

- Create protective environments - attempts to create protective environments can include measures to reduce access to lethal means among persons at risk of suicide, the introduction of organizational policies and culture as well as community-based policies to reduce excessive alcohol use.

- Promote connectedness - attempts to promote connectedness can include peer programs and community engagement activities.

- Teach coping and problem-solving skills - attempts to teach coping and problem-solving skills can include social-emotional learning programs and parenting skill and family relationship programs.

- Identify and support people at risk - attempts to identify and support people at risk can include gatekeeper training, crisis intervention, treatment for people at risk of suicide and treatment to prevent re-attempts.

- Lessen harms and prevent future risk - attempts to lessen harms and prevent future risk can include safe reporting and messaging about suicide.

- Health care professionals may participate in one or all of the aforementioned strategies to prevent suicide.

Anxiety Disorders

What is an anxiety disorder?

An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. In regards to an anxiety disorder, excessive worry may refer to worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity and/or situation. Essentially, an anxiety disorder may be present when an individual experiences intense, long-term anxiety for a variety of different reasons, which ultimately negatively impacts his or her life.

What are the risk factors associated with anxiety disorders?

Research indicates that an anxiety disorder may result from a multitude of different contributors including both genetic and environmental factors. More specific risk factors for anxiety disorders include: trauma, abuse and stress.

As it relates to this course, stress may refer to a factor that causes emotional, physical or psychological tension. Stress in and of itself can be very impactful when it pertains to the development of an anxiety disorder. The type of stress that may result in a potential anxiety disorder may arise from a single stressful event such as: a prolonged illness, unexpected death and/or a traumatic event, e.g. accident, loss of employment or divorce. With that said, a potential anxiety disorder may also arise from a buildup of stress from smaller events which occur in close proximity to each other such as: problems with employment, school, and/or personal relationships. Recognizing stress as a contributor to the development of an anxiety disorder may assist health care professionals in identifying individuals that may be suffering from a potential anxiety disorder. Reports of stress or prolonged periods of stress may be a sign that a potential anxiety disorder may be present in an individual patient.

What are the specific types of anxiety disorders?

There are many different types of anxiety disorders. The different types of anxiety disorders that may be found among patients include the following:

Generalized anxiety disorder - generalized anxiety disorder may refer to a mental health disorder characterized by excessive anxiety and worry occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance), which is difficult to control and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Panic disorder - a panic disorder may refer to a mental health disorder characterized by repeated panic attacks. A panic attack may refer to an episode of sudden feelings of intense anxiety, fear and/or terror that reach a peak within minutes.

Separation anxiety disorder - separation anxiety disorder may refer to a form of an anxiety disorder characterized by excessive worry and/or fear centered around being a part from select individuals.

Social anxiety disorder - social anxiety disorder may refer to a form of an anxiety disorder characterized by irrational and excessive anxiety, worry and/or fear regarding social situations.

Agoraphobia - agoraphobia may refer to a form of an anxiety disorder characterized by fear and avoidance of places and situations which lead to feelings of panic, helplessness, being trapped

and/or embarrassed. Health care professionals should note that other more specific phobias may be present among patient populations.

What is the most common form or type of anxiety disorder?

One of the most common forms or types of anxiety disorders is generalized anxiety disorder. Generalized anxiety disorder can affect both men and women from any race or social class - however, it is important to note that women may be more prone to generalized anxiety disorder when compared to men. Generalized anxiety disorder may also effect adolescents and has been observed in child patient populations.

What are potential symptoms of generalized anxiety disorder?

Symptoms of generalized anxiety disorder may include the following:

- Excessive anxiety
- Excessive worry
- Restlessness
- Persistent feelings of being keyed up or on edge
- Easily fatigued
- Difficulty concentrating
- Mind feeling blank at times (mind going blank)
- Irritability
- Muscle tension
- Sleep difficulties

How do individuals suffering from generalized anxiety disorders typically present?

Individuals suffering from generalized anxiety disorders may present in a variety of different states. They may appear anxious, worried, fearful, terrified, troubled, distracted and/or helpless. They may report experiencing sleep problems and/or muscle tension and stiffness. Additionally, they may exhibit behaviors that may seem odd or inconsistent with other patient populations. Individuals potentially suffering from generalized anxiety disorders may also display body language indicating anxiety, worry, tension and/or fear such as: consistently moving limbs, rubbing hands together, shaking, appearing tense or stiff as well as excessive finger nail bighting and/or lip bighting.

In addition to their appearance, individuals suffering from generalized anxiety disorders may use certain types of wording to describe or articulate their state. Examples of wording that may be used by individuals potentially suffering from generalized anxiety disorders to describe or articulate their state may include:

- I have anxiety
- I have a lot of anxiety
- I am anxious
- I am anxious about everything
- I am worried
- I am always worried
- I am worried about everything/everyone
- I cannot stop worrying
- I am always scared
- I am tense
- I am nervous
- I am nervous all the time
- I am keyed up
- I am on edge
- I am on edge all the time
- I am restless
- I am tired all the time
- I cannot sleep
- I am having trouble sleeping through the night
- I can't think straight
- I can't concentrate

- My mind goes blank
- I am having trouble with my job
- I am having trouble with school
- I am having problems in my relationships
- I have muscle tension
- I have a lot of muscle tension
- I am stiff
- I am easily irritated
- I am always irritated

When attempting to distinguish specific wording regarding generalized anxiety disorder, health care professionals should keep in mind that they may hear or encounter many different versions or variations of the previously highlighted language. Additionally, health care professionals should focus their attention on any patient's verbiage, which may indicate symptoms of a potential generalized anxiety disorder.

How is generalized anxiety disorder diagnosed?

Generalized anxiety disorder is typically diagnosed by a physician using criteria outlined in the DSM-5. An individual may be diagnosed with generalized anxiety disorder if he or she meets the following DSM-5 criteria:

- The individual exhibits excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- The individual finds it difficult to control the worry.
- The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months): Note: Only one item required in children.
 - Restlessness, feeling keyed up or on edge.
 - Being easily fatigued.
 - Difficulty concentrating or mind going blank.

- Irritability.
- Muscle tension.
- Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism). The disturbance is not better explained by another medical disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder (social phobia), contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

What issues or concerns should health care professionals pay particular attention to when attempting to identify or assist in the diagnoses of generalized anxiety disorders?

There are many issues or concerns that may arise when attempting to identify or diagnose generalized anxiety disorders - however, health care professionals should pay particular attention to the potential for depression and suicidal ideation. Often an anxiety disorder is accompanied by depression and, unfortunately, suicidal ideation. Health care professionals should be very aware that patients potentially suffering from an anxiety disorder may also be clinically depressed and/or suicidal. Health care professionals should make attempts to identify depression and suicidal ideation in patient populations suffering from anxiety disorders.

Bipolar Disorders

What is a bipolar disorder?

Bipolar disorder may refer to a mental health disorder characterized by shifting periods or episodes of extreme mood disturbances, which include mania/ hypomania and may cause significant interference in daily life. Mania may refer to a distinct period of abnormally and persistently elevated, expansive, or irritable mood with increased goal-directed activity and energy. A period of mania may also be referred to as a manic episode. Bipolar disorder may be present in individuals who experience manic episodes or hypomanic episodes. A hypomanic episode may refer to a period of persistent disinhibition and mood elevation. Disinhibition may

refer to a lack of social restraint, impulsiveness and poor risk assessment. Typically, a hypomanic episode is less severe or extreme when compared to a manic episode. With that said, both manic episodes and hypomanic episodes possess the potential to significantly interfere with daily life. Examples of the types of behavior that may present in manic episodes and hypomanic episodes include the following: hypersexuality, risk taking, recklessness, aggression, talking fast, grandiose thinking and operating on very little to no sleep.

What are the risk factors associated with bipolar disorders?

The exact cause of bipolar disorder is unknown - however, researchers believe both biological and genetic factors may play a role in the development of bipolar disorder. Health care professionals should note that individuals are more likely to develop bipolar disorder if they have a first-degree relative, such as a mother and/or father, with bipolar disorder.

What are the specific types of bipolar disorder?

There are two major types of bipolar disorder: bipolar I disorder and bipolar II disorder.

Bipolar I disorder - bipolar I disorder may refer to a mental health disorder characterized by the presence of at least one manic episode that may be preceded or followed by hypomanic and depressed episodes (manic episodes cause marked impairment and can include psychosis/psychotic features).

Bipolar II disorder - bipolar II disorder may refer to a mental health disorder characterized by the presence of at least one hypomanic episode and at least one major depressive episode, with no full manic episodes (full manic episodes are absent in individuals suffering from bipolar II disorder; hypomanic episodes are not severe enough to cause marked impairment and do not include psychosis/psychotic features).

What is the most common form or type of bipolar disorder?

Health care professionals may encounter both bipolar I disorder and bipolar II disorder while administering health care to patients.

What are potential symptoms of bipolar disorders?

Manic/hypomanic symptoms of bipolar disorders may include the following:

- Inflated self-esteem
- Grandiosity
- Decreased need for sleep

- Pressured speech
- Racing thoughts or flight of ideas
- Distractibility
- Increased activity
- Excess pleasurable or risky activity

Depressive symptoms of bipolar disorders may include the following:

- Depressed mood
- Anhedonia (a loss of interest in previously enjoyable activities)
- Appetite changes
- Weight changes
- Sleep difficulties
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Diminished ability to think or concentrate
- Feelings of worthlessness or excessive guilt
- Suicidality

How do individuals suffering from bipolar disorders typically present?

Individuals suffering from bipolar disorders may present during a manic, hypomanic or depressive episode. Individuals presenting during a manic episode may exhibit inflated self-esteem, grandiose thinking about themselves, pressured speech, distractibility and/or irritability. Additionally, individuals presenting during a manic episode may jump from one topic to another during a conversation and/or they may outline their risky behavior, pleasures seeking activities or sexual interactions during an examination. Furthermore, individuals presenting during a manic episode may show signs of marked impairment and/or psychosis/psychotic features such as delusions and hallucinations.

Individuals presenting during a hypomanic episode may exhibit signs and symptoms similar to those of a manic episode - however, those individuals will not show signs of marked impairment and/or psychosis/psychotic features.

Individuals presenting during a depressive episode may appear untidy or disheveled. Their personal hygiene may be lacking. They may appear troubled or distracted. They may exhibit behaviors that can seem odd or inconsistent with other patient populations and they may display body language indicating a depressed mood such as: moving slowly, head tilting down, arms crossed and/or slouching.

Additionally, individuals potentially suffering from a bipolar disorder may present during a mixed episode. A mixed episode may refer to a period where an individual experiences symptoms of both mania/hypomania and depression at the same time.

In addition to their appearance, individuals suffering from a bipolar disorder may use certain types of wording to describe or articulate their state. Examples of wording that may be used by individuals potential suffering from bipolar disorders to describe or articulate their state may include:

- I feel like I have a lot of energy
- I feel like I have limitless energy
- I feel like I can do anything
- I can't be stopped
- I have a lot if ideas running through my head
- I do not need to sleep
- I have not slept in days
- I am irritable
- I am very lucky
- I have been engaging in intercourse with multiple partners
- I have been engaging in intercourse as much as possible
- I am depressed
- I am feeling depressed
- I am feeling down
- I am feeling low
- I do not have any energy

- I am constantly fatigued
- I cannot sleep
- I can't eat
- I don't feel like eating
- I have lost a lot of weight
- I am having trouble sleeping through the night
- I can't think straight
- I can't concentrate
- I am feeling slow
- I am having trouble with my job
- I am having trouble with school
- I am having problems in my relationships
- I am worthless
- I am dealing or carrying a lot of guilt
- I see no end in sight to my mood
- My depression has lasted for weeks
- I tried to cheer myself up, but I can't
- I have lost interest in previously enjoyable activities
- I cannot find happiness
- I do not want to live
- I want to die
- I want to kill myself

When attempting to distinguish specific wording regarding a bipolar disorder, health care professionals should keep in mind that they may hear or encounter many different versions or variations of the previously highlighted language. Additionally, health care professionals should

focus their attention on any patient's verbiage which may indicate symptoms of bipolar disorders.

How is bipolar I disorder and bipolar II disorder diagnosed?

Bipolar I and Bipolar II disorder are typically diagnosed by a physician using criteria outlined in the DSM-5. The following DSM-5 criteria may be used to diagnose bipolar I disorder and bipolar II disorder.

Bipolar I disorder

- Characterized by the occurrence of 1 or more manic or mixed episodes (the manic episode may have been preceded by and may be followed by hypomanic or major depressive episodes, but these are not required for diagnosis)
- Distinct period of abnormally and persistently elevated, expansive, or irritable mood, and increased goal-directed activity or energy lasting ≥ 1 week (any duration if hospitalized), present most of the day, nearly every day
- During the mood disturbance and increased energy or activity, the individual must exhibit ≥ 3 (or 4 if irritable mood only) of the following symptoms:
 - Inflated self-esteem or grandiosity
 - Decreased need for sleep
 - Pressured speech
 - Racing thoughts or flight of ideas
 - Distractibility
 - Increased activity
 - Excess pleasurable or risky activity.
 - Marked impairment not due to a substance or medical condition
- In addition, these symptoms:
 - Do not meet criteria for a mixed episode
 - Cause functional impairment, necessitate hospitalization, or there are psychotic features
 - Are not related to substance misuse

- Are not due to a general medical condition
- Are not caused by somatic antidepressant therapy.
- Criteria for mixed episode: criteria are met both for a manic episode and for a major depressive episode during at least a 1-week period;
- Causes functional impairment, necessitates hospitalization, or there are psychotic features.
- Symptoms are not due to substance misuse, a general medical condition, or somatic antidepressant therapy.

Bipolar II disorder

- Never had a full manic episode; at least 1 hypomanic episode and at least 1 major depressive episode.
- Distinct period of abnormally and persistently elevated, expansive, or irritable mood, and increased goal-directed activity or energy lasting ≥ 4 but < 7 days, and clearly different from usual nondepressed mood, present most of the day, nearly every day.
- During the hypomanic episode, ≥ 3 (or 4 if irritable mood only) of the following symptoms:
 - Inflated self-esteem or grandiosity
 - Decreased need for sleep
 - Pressured speech
 - Racing thoughts or flight of ideas
 - Distractibility
 - Increased activity
 - Excess pleasurable or risky activity.
- Episode is unequivocal change in functioning, uncharacteristic of person, and observable by others.
- Not severe enough to cause marked impairment, not due to substance or medical condition, and no psychosis (if present, then this is mania by definition).
- During the major depressive episode, ≥ 5 of the following symptoms are present during the same 2-week period, and represent a change from previous functioning. At least one of the symptoms is either depressed mood or loss of interest or pleasure:

- Depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure, nearly every day
- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite, nearly every day
- Insomnia or hypersomnia, nearly every day
- Psychomotor agitation or retardation, nearly every day
- Fatigue or loss of energy, nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional), nearly every day
- Diminished ability to think or concentrate, or indecisiveness, nearly every day
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation with or without a specific plan.
- In addition, these depressive symptoms:
 - Cause functional impairment (e.g., social, occupational).
 - Are not better explained by substance misuse, medication side effects, or other psychiatric or somatic medical conditions.

What issues or concerns should health care professionals pay particular attention to when attempting to identify or assist in the diagnoses of a bipolar disorder?

There are many issues or concerns that may arise when attempting to identify or diagnose a bipolar disorder - however, health care professionals should pay particular attention to the potential for suicidal ideation. Health care professionals should be very aware that individuals suffering from a bipolar disorder may be suicidal. Health care professionals should make every effort to prevent patient suicide.

Another key concern that may arise when attempting to identify or diagnose a bipolar disorder is the presence of substance abuse. Substance abuse may be linked to many mental health disorders including depressive disorders and anxiety disorders - however, due to the nature of manic/hypomanic episodes, especially when mania is accompanied by psychosis, substance abuse may be particular concerning to health care professionals when it is related to bipolar disorders. Therefore, health care professionals should be very familiar with the signs of potential alcohol and drug abuse. Health care professionals should make an effort to attempt to

identify the potential signs of alcohol and drug abuse when observing and/or examining individuals suffering from a bipolar disorder. Potential signs of alcohol and drug abuse may be found in Figure 2. When considering signs of potential drug abuse, health care professionals should keep in mind that signs may vary depending on the drug(s) of abuse.

FIGURE 2: SIGNS OF POTENTIAL ALCOHOL AND DRUG ABUSE

Signs of Potential Alcohol Abuse

- Slurred speech
- An active tremor
- Shakiness
- Poor coordination
- Sweating
- Nausea
- Vomiting
- Memory loss
- Aggression
- Agitation
- Compulsive behavior
- Craving

Signs of Potential Drug Abuse

- Red eyes
- Dry mouth
- Drowsiness

- Involuntary eye movements
- Dilated pupils
- Nasal congestion
- Mouth soars
- Nausea
- Vomiting
- Reduced consciousness
- Slowed reaction time
- Sedation
- Decreased mental sharpness
- Lack of pain sensation
- Intolerance to loud noise
- Dizziness
- Confusion
- Lack of awareness to surroundings
- Memory loss
- Needle marks



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Case Studies Revisited

With the previous insight into mental health disorders in mind, the three case studies presented at the beginning of this course will now be revisited to identify the type of mental health disorder highlighted by each case study. Each case study will be re-presented below followed by

a case study review to help identify the mental health disorder highlighted in each case study. The case study review will include the types of questions health care professionals should ask themselves when attempting to identify a potential mental health disorder. Additionally, reflection questions will be posed to encourage further internal debate and consideration regarding the presented case study.

Case Study 1

A 29-year-old woman presents with complaints of frequent headaches and fatigue. Upon questioning, the patient reports that she has been experiencing, what she refers to as, "dull, aching headaches" and "all around fatigue for the past 3 weeks." The patient's physical exam is unremarkable - however, during the exam, the patient begins to tear up. Upon further questioning, the patient discloses that she has had a "hard time sleeping" and that she is feeling "very down, all day, all the time." The patient then goes on to explain that she has tried to "cheer herself up" by going swimming and hiking, however she has simply no interest in doing either, which she finds odd because they are both, typically, activities she enjoys. Along those same lines, the patient reports that she has lost her "usual appetite." The patient also reports that she has been having difficulty focusing, concentrating and making decisions at work. The patient then goes on to say that she simply does not have the "energy, desire or interest in doing" her job and that she has missed "many days of work" over the past aforementioned time period. Most concerning, the patient confides that she feels like there is no end in sight regarding her mood and she wouldn't care if "something bad" happens to her. _

Case Study 1 Review

What patient information is relevant to the identification of a possible mental health disorder?

The patient information that may be most relevant to the identification of a possible mental health disorder may include the following: the patient presents with complaints of headaches and fatigue, the patient tears up during the patient examination and the patient reports that she has had a "hard time sleeping," that she is feeling "very down, all day, all the time," she has lost interest in activities she normally enjoys, she has lost her "usual appetite," she is having difficulty focusing, concentrating and making decisions at work, she does not have the "energy, desire or interest in doing" her job and she has missed "many days of work." Additional patient details that may be very relevant to the identification of a possible mental health disorder are as follows - the patient has been experiencing the previously outlined signs and symptoms for a period of 3 weeks and the patient comments that she wouldn't care if "something bad" happens to her.

Are there any other relevant patient details that may be used to help identify a possible mental health disorder?

Why is the aforementioned patient information relevant to the identification of a possible mental health disorder?

Each of the previously outlined patient details may have relevance to the identification of a possible mental health disorder. The relevance of each patient detail may be observed below.

- The patient presents with complaints of headaches and fatigue - the aforementioned patient detail is relevant because, often, patients suffering from a mental health disorder present with complaints of headaches and fatigue, especially if they are suffering from a depressive disorder or an anxiety disorder. Patient complaints of reoccurring headaches and fatigue, with no medical explanation, can be one of the first signs to a health care professional that a patient may be suffering from a mental health disorder. Health care professionals should pay close attention to patients who complain of reoccurring headaches and fatigue, with no medical explanation, because they can be an indication of underlying mental health disorders. Furthermore, the patient's fatigue may be of especially relevant to the identification of a possible mental health disorder because fatigue is a symptom of various mental health disorders.

- The patient tears up during the patient examination - the aforementioned patient detail is relevant because it indicates there may be something more concerning to the patient's overall health and well-being present, in addition to the reoccurring headaches and fatigue. As previously highlighted, patients suffering from mental health disorders may present in various states, and may appear troubled and/or fearful. A patient's appearance, behavior, word choices and body language may all provide valuable insight into a patient's internal and mental state. Health care professionals should pay particular attention to a patient's appearance, behavior, word choices and body language when attempting to identify the presence of a possible mental health disorder because they too, can be an indication of an underlying mental health disorder.

- The patient reports that she has had a "hard time sleeping" - the patient's report regarding her sleep is relevant because sleep difficulties, such as insomnia, are often symptoms of mental health disorders. During patient examinations, health care professional should pay close attention to reports of mental health disorder symptoms, such as sleep difficulties.

- The patient reports she is feeling "very down, all day, all the time" - the patient reports regarding her mood are relevant because they help provide some context regarding her mental state. Also, they can be used to help narrow down the type of mental health disorder from which the patient may be suffering. Language such as "I am feeling down, all day, all the time" or simply "I am feeling down" can indicate a depressive disorder may be present.

- The patient reports she has lost interest in activities she normally enjoys - the patient reports regarding activities is relevant because it may indicate the presence of anhedonia, a hallmark symptom of major depressive disorder.
- The patient's reports regarding difficulty focusing, concentrating and making decisions at work - the patient reports regarding difficulty focusing, concentrating and making decisions is relevant because they are symptoms of major depressive disorder.
- The patient's reports regarding energy, desire and interest her job - the previous patient reports are relevant because they may indicate the presence of additional major depressive disorder symptoms, such as loss of energy and interest.
- The patient reports regarding "missed days of work" - the patient reports regarding work could be relevant because they may indicate that her mood/state is leading to impairment and/or negatively impacting her ability to function, both of which point to the potential presence of major depressive disorder.
- The patient's previously outlined signs and symptoms have been present for a period of 3 weeks - the previous information is relevant because it provides a timeline regarding her signs and symptoms. A timeline regarding the signs and symptoms of a potential mental health disorder can be vital to the identification and diagnosis of a mental health disorder. Health care professionals should always attempt to note mental health disorder related timelines, i.e. how long a patient has been experiencing the potential signs and symptoms of a mental health disorder.
- The patient's comments indicating that she wouldn't care if "something bad" happens to her - the previous comment is relevant because it could indicate the presence of suicidal ideation, a symptom of major depressive disorder and a major concern for health care professionals. Any patient that may be suicidal should receive special attention from health care professionals. Health care professionals should be familiar with their specific health care facility's policies and procedures regarding suicidal patients as well as existing laws regarding suicide in the context of health care.

In what other ways are the aforementioned patient details relevant to the identification of a possible mental health disorder?

Based on the previously highlighted relevant patient details, which mental health disorder may the patient be suffering from?

Based on the previously highlighted relevant patient details, it appears the patient may be suffering from a major depressive disorder. A physician is required to diagnose the patient with

a major depressive disorder - however, taking the DSM-5 criteria for major depressive disorder into consideration, it does indeed appear the patient is suffering from a major depressive disorder.

Is it possible the patient may be suffering from another type of mental health disorder? If so, which one and why?

In addition to the potential for a major depressive disorder, what other concerns are relevant to the patient?

In addition to the possible presence of major depressive disorder, the most pressing concern that is relevant to the patient is the possibility of suicidal ideation. As previously highlighted the patient may be suicidal, which reinforces the point regarding suicide and depressive disorders. Suicidal ideation is very common in patients with potential depressive disorders. Health care professionals should always keep the aforementioned potential in mind when attempting to identify and/or assist in the diagnosis of depressive disorders, such as major depressive disorder.

What additional concerns may be relevant to the patient?

Case Study 2

A 27-year-old male presents with complaints of back pain, muscle tension and overall stiffness. Upon examination the patient reports that in addition to his back pain, muscle tension and stiffness he has been experiencing problems sleeping and has been "very worried." The patient goes on to explain that he has always been considered by his family and friends to be an individual who worries - however, for the past 8 - 12 months, his worrying has seemed to increase. The patient explains that he worries about everything from gas prices to his job to his mother who has recently been diagnosed with breast cancer. What the patient finds odd about his constant worrying is that he seems to be just as "mentally occupied and concerned" about trivial things like being able to download a movie as much as he is about his mother's illness. Upon further questioning the patient reveals that he is "basically keyed up about everything" and that irritability, restlessness and a lack of focus has accompanied his "mounting worries." By the end of the conversation the patient questions why his "consistent worries" are "taking over" his life and impacting his ability to function.

Case Study 2 Review

What patient information is relevant to the identification of a possible mental health disorder?

The patient information that may be most relevant to the identification of a possible mental health disorder may include the following: the patient presents with complaints of back pain, muscle tension and overall stiffness and the patient reports that he has been experiencing problems sleeping, he has been "very worried," he worries about everything from gas prices to his job to his mother, he seems to be just as "mentally occupied and concerned" about trivial things, like being able to download a movie as much as he is about his mother's illness, he feels "basically keyed up about everything" and irritability, restlessness and a lack of focus has accompanied his "mounting worries." Additional patient details that may be very relevant to the identification of a possible mental health disorder are as follows: the patient has always been considered by his family and friends to be an individual who worries, the patient has been experiencing the previously outlined signs and symptoms for a period of 8 - 12 months and the patient indicates that his "consistent worries" are "taking over" his life and impacting his ability to function.

Are there any other relevant patient details that may be used to help identify a possible mental health disorder?

Why is the aforementioned patient information relevant to the identification of a possible mental health disorder?

Each of the previously outlined patient details may have relevance to the identification of a possible mental health disorder. The relevance of each patient detail may be observed below.

- The patient presents with complaints of back pain, muscle tension and overall stiffness - the aforementioned patient details are relevant because, often, patients suffering from a mental health disorder present with complaints of back pain, muscle tension and overall stiffness, especially if they are suffering from an anxiety disorder. Patient complaints of back pain, muscle tension and overall stiffness, with no medical explanation, can be one of the first signs to a health care professional that a patient may be suffering from an anxiety disorder. Furthermore, the patient's muscle tension may be especially relevant to the identification of a possible mental health disorder because muscle tension is a symptom of generalized anxiety disorder.

- The patient's reports regarding sleep difficulties - the patient's report regarding his sleep is relevant because sleep difficulties such as insomnia are often symptoms of mental health disorders. During patient examinations, health care professional should pay close attention to reports of mental health disorder related symptoms, such as sleep difficulties.

- The patient's reports that he has been "very worried" - the aforementioned patient detail is relevant because it indicates there may be something more concerning to the patient's overall health and well-being present in addition to the patient's back pain, muscle tension and overall stiffness. As previously highlighted, patients suffering from mental health disorders may present

in various states, and may appear troubled and/or fearful. A patient's appearance, behavior, word choices and body language may all provide valuable insight into a patient's internal and mental state. Health care professionals should pay particular attention to a patient's appearance, behavior, word choices and body language when attempting to identify the presence of a possible mental health disorder because they can be an indication of an underlying mental health disorder. Additionally, the patient's excessive worrying may be especially relevant to the identification of a possible mental health disorder because excessive worry is a symptom of generalized anxiety disorder.

- The patient reports he worries about everything from gas prices to his job to his mother and that he seems to be just as "mentally occupied and concerned" about trivial things like being able to download a movie as much as he is about his mother's illness - the previous patient reports are relevant because they may indicate the presence of generalized anxiety disorder symptoms such as excessive anxiety and worry (apprehensive expectation) about a number of events or activities.

- The patient reports that he feels "basically keyed up about everything" and that he has experienced irritability, restlessness and a lack of focus - the previous patient reports are relevant because they are symptoms of generalized anxiety disorder. As previously mentioned, health care professionals should always attempt to note signs and symptoms of mental health disorders when attempting to identify a mental health disorder.

- The patient reports that has always been considered by his family and friends to be an individual who worries - the aforementioned patient detail is relevant because it provides insight into the patient's history regarding anxiety and worry. A long history of anxiety and excessive worrying may indicate the presence of an anxiety disorder. Health care professionals should note any patient related information which provides background information and/or insight into their medical history. The aforementioned information can prove to be invaluable when attempting to identify and/or help diagnose a mental health disorder.

- The patient reports that he has been experiencing the previously outlined signs and symptoms for a period of 8 - 12 months - the previous information is relevant because it provides a timeline regarding the patient's signs and symptoms. A timeline regarding the signs and symptoms of a potential mental health disorder can be vital to the identification and diagnosis of a mental health disorder. Health care professionals should always attempt to note mental health disorder related timelines, i.e. how long a patient has been experiencing the potential signs and symptoms of a mental health disorder.

- The patient indicates that his "consistent worries" are "taking over" his life and impacting his ability to function - the patient's previous reports are relevant because they may indicate that

the patient's mood/state is leading to impairment and/or negatively impacting his ability to function, both of which point to the potential presence of a mental health disorder.

In what other ways are the aforementioned patient details relevant to the identification of a possible mental health disorder?

Based on the previously highlighted relevant patient details, which mental health disorder may the patient be suffering from?

Based on the previously highlighted relevant patient details, it appears the patient may be suffering from a generalized anxiety disorder. A physician is required to diagnose the patient with a generalized anxiety disorder - however, taking the DSM-5 criteria for generalized anxiety disorder into consideration, it does indeed seem like the patient is suffering from a generalized anxiety disorder.

Is it possible the patient may be suffering from another type of mental health disorder? If so, which one and why?

In addition to the potential for a generalized anxiety disorder, what other concerns are relevant to the patient?

In addition to the possible presence of a generalized anxiety disorder, the most pressing concern that is relevant to the patient is the potential for depression and suicidal ideation. As previously outlined, often an anxiety disorder is accompanied by depression and, unfortunately, suicidal ideation. Health care professionals should be very aware that patients potentially suffering from an anxiety disorder may also be clinically depressed and/or suicidal. Health care professionals should make attempts to identify depression and suicidal ideation in patient populations suffering from anxiety disorders.

What additional concerns may be relevant to the patient?

Case Study 3

A 20-year-old female reports that she has not slept "in days." Upon questioning, the patient reveals that she recently dropped out of college because she was having trouble concentrating in class and that she felt like she "knew way more" than her peers and professors. The patient also confirms that she has been engaging in intercourse with multiple partners for "weeks" and has spent "all of her money partying." Upon examination the patient seems to be distracted. During further questioning the patient's speech becomes increasingly pressured and the patient reports that she has been experiencing consistent racing thoughts. The patient then goes on to explain that she would like to keep "partying" because it is her new goal and she would like to

start consuming alcohol. At the conclusion of the examination, the patient appears to be irritated.

Case Study 3 Review

What patient information is relevant to the identification of a possible mental health disorder?

The patient information that may be most relevant to the identification of a possible mental health disorder may include the following patient provided information: the patient reports she has not slept "in days," she recently dropped out of college because she was having trouble concentrating in class and because she felt like she "knew way more" than her peers and professors, she has been engaging in intercourse with multiple partners for "weeks," she spent "all of her money partying," she has been experiencing consistent racing thoughts, she would like to keep "partying" because it is her new goal and she would like to start consuming alcohol. Additional patient details that may be very relevant to the identification of a possible mental health disorder include: the patient's age, as well as the observed presence of pressured speech and irritability.

Are there any other relevant patient details that may be used to help identify a possible mental health disorder?

Why is the aforementioned patient information relevant to the identification of a possible mental health disorder?

Each of the previously outlined patient details may have relevance to the identification of a possible mental health disorder. The relevance of each patient detail may be observed below.

- The patient reports she has not sleep "in days" - the patient's report regarding her sleep is relevant because sleep difficulties, such as insomnia, are often symptoms of mental health disorders. Additionally, the patient's report regarding her sleep is relevant because it is a symptom associated with bipolar disorder.
- The patient reports she recently dropped out of college because she was having trouble concentrating in class - the aforementioned patient detail is relevant because it may indicate a symptom of bipolar disorder, e.g. distractibility.
- In addition to her troubles concentrating, the patient reported she dropped out of college because she "knew way more" than her peers and professors - the aforementioned patient detail is relevant because it may indicate symptoms of bipolar disorder, e.g. inflated self esteem and/or grandiosity.

- The patient reports she has been engaging in intercourse with multiple partners for "weeks" - the aforementioned patient detail is relevant because it may indicate a symptom of bipolar disorder, e.g. excess pleasurable or risky activity.

The previous patient detail may also hold relevance due to the "weeks" portion of the comment. The "weeks" portion of the comment helps provide a potential timeline regarding the patient's signs and symptoms, i.e. how long a patient has been experiencing the potential signs and symptoms of a mental health disorder. At times when attempting to identify a mental health disorder, patients may be very straightforward in providing a timeline, e.g. a patient may simply say "I have been experiencing my signs and symptoms for 2 weeks." Other times, like in Case Study 3, patients may be more cryptic when providing a mental health disorder related timeline. With that said, health care professionals should always attempt to identify or note a patient mental health disorder related timeline because it can be vital to the identification and diagnoses of a mental health disorder.

- The patient reports she has spent "all of her money partying" - the aforementioned patient detail is relevant because it may indicate symptoms of bipolar disorder, e.g. increased activity and/or excess pleasurable or risky activity.

- The patient reports she has been experiencing consistent racing thoughts - the aforementioned patient detail is relevant because it is a symptom of bipolar disorder.

- The patient reports that she would like to keep "partying" because it is her new goal - the aforementioned patient detail is relevant because it may indicate symptoms of bipolar disorder, e.g. increased activity, excess pleasurable or risky activity, elevated mood, increased goal-directed energy.

- The patient reports she would like to start consuming alcohol - the aforementioned patient detail is relevant because it may indicate symptoms of bipolar disorder, e.g. increased activity and/or excess pleasurable or risky activity.

- The patient's age (20-years-old) - the patient's age may be relevant because patients with mental health disorders, especially bipolar disorder, often present with signs and symptoms of undiagnosed mental health disorders in their 20's. Essentially, a patient in his or her 20's, will present with a cluster of mental health disorder related signs and symptoms and not know exactly how they are related. Without a known or diagnosed medical condition to attribute their signs and symptoms to, patients may appear confused or simply not know how to fully articulate their current state, leading to difficulties in effectively identifying the presence of a mental health disorder. Health care professionals should keep the aforementioned concepts in mind when attempting to identify and/or assist in the diagnoses of a mental health disorder to ensure the effective administration of health care.

- The observed presence of pressured speech and irritability - the aforementioned patient details are relevant because they are symptoms of bipolar disorder.

In what other ways are the aforementioned patient details relevant to the identification of a possible mental health disorder?

Based on the previously highlighted relevant patient details, which mental health disorder may the patient be suffering from?

Based on the previously highlighted relevant patient details and DSM-5 criteria, it appears the patient may be suffering from a bipolar disorder. With that said, a second question is posed - is the patient suffering from bipolar I disorder or bipolar II disorder? Unfortunately, based on the information provided in Case Study 3, the answer to the previously posed question may be elusive, which brings up a valid point.

At times, when attempting to identify a mental health disorder, patients may not initially provide all of the necessary information/enough information to effectively identify which type of mental health disorder from which they are suffering. In those cases, the effective identification of a mental health disorder may require follow-up questions from health care professionals to obtain the relevant information needed to identify a mental health disorder. Furthermore, health care professionals should keep in mind that when patients present with a potential mental health disorder, they may not be their best selves. Thus, health care professionals may have to employ patience and different methods/strategies, such as written patient questionnaires, to obtain the relevant information required to identify a mental health disorder.

Is it possible the patient may be suffering from another type of mental health disorder? If so, which one and why?

In addition to the potential for a bipolar disorder, what other concerns are relevant to the patient?

In addition to the possible presence of a bipolar disorder, the most pressing concern that is relevant to the patient is the potential for substance abuse. The patient plainly states that she would like to start consuming alcohol, which is a clear indication of the potential for substance abuse. Furthermore, the patient also stated that has spent "all of her money partying" and that she would like to keep "partying," which may indicate that some form of substance abuse may already be present. Substance abuse is very common in patients with potential mental health disorders. Health care professionals should always keep the aforementioned potential, as well as the signs of possible substance abuse, in mind when attempting to identify and/or assist in the diagnoses of mental health disorders such as bipolar disorder.

What additional concerns may be relevant to the patient?

Section 1: Summary

Identifying a specific mental health disorder can be challenging - however, it is essential to the administration of health care. Thus, health care professionals must be able to effectively identify specific mental health disorders in order to best serve patients. To do so, health care professionals must possess an understanding of mental health disorders and their presentation, especially when it pertains to the most widespread mental health disorders presently found among patient populations. That being said, some of the most widespread mental health disorders currently found in the health care climate include: depressive disorders, anxiety disorders and bipolar disorders.

A depressive disorder may refer to a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life. There are many different types of depressive disorders including: major depressive disorder, persistent depressive disorder, seasonal affective disorder, psychotic depression, postpartum depression, premenstrual dysphoric disorder and atypical depression. Of the previously highlighted types of clinically significant depression, one of the most common types of depressive disorders is major depressive disorder. When attempting to identify and/or assist in the diagnoses of major depressive disorder, health care professionals should note the signs and symptoms of major depressive disorder, e.g. depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt and/or suicidality, as well as the appearance, behavior, word choices and body language of patients. Doing so can help health care professionals effectively identify major depressive disorder and the issues or concerns that may arise with depression such as suicidal ideation. Health care professionals should be very aware that individuals suffering from major depressive disorder or other depressive disorders may be suicidal. Health care professionals should make every effort to identify the potential for suicide and prevent patient suicide when applicable.

In addition to depressive disorders, health care professionals may encounter many patients suffering from anxiety disorders. An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The various types of anxiety disorders include: generalized anxiety disorder, panic disorder, separation anxiety disorder, social anxiety disorder, agoraphobia and other types of phobias. One of the most common types of anxiety disorders is

generalized anxiety disorder. Potential signs and symptoms of generalized anxiety disorder include: excessive anxiety, excessive worry, restlessness, persistent feelings of being keyed up or on edge, easily fatigued, difficulty concentrating, mind feeling blank at times (mind going blank), irritability, muscle tension and sleep difficulties. When attempting to identify and/or assist in the diagnoses of generalized anxiety disorder, health care professionals should note the aforementioned signs and symptoms as well as the appearance, behavior, word choices and body language of patients. Health care professionals should also make an effort to note the presence of any of the main issues or concerns they may accompany anxiety disorders such as depression and suicidal ideation.

Finally, health care professionals should be familiar with bipolar disorders. Bipolar disorder may refer to a mental health disorder characterized by shifting periods or episodes of extreme mood disturbances, which include mania/ hypomania and may cause significant interference in daily life. The two main types of bipolar disorder include bipolar I disorder and bipolar II disorder. Bipolar I disorder is characterized by the presence of manic episodes, which may lead to marked impairment and can include psychosis/psychotic features, while bipolar II disorder is characterized by the presence of hypomanic episodes that are typically not severe enough to cause marked impairment and do not include psychosis/psychotic features. Signs and symptoms of bipolar disorders include the following: inflated self-esteem, grandiosity, decreased need for sleep, pressured speech, racing thoughts or flight of ideas, distractibility, increased activity, excess pleasurable or risky activity as well as the potential for depressive signs and symptoms. When attempting to identify and/or assist in the diagnoses of bipolar disorders, health care professionals should note the aforementioned signs and symptoms as well as the appearance, behavior, word choices and body language of patients. Furthermore, health care professionals should note that individuals potentially suffering from a bipolar disorder often report or allude to periods of increased sexual activity and/or spending. Moreover, individuals suffering from bipolar disorder may present with additional issues and concerns, such as substance abuse. Thus, health care professionals should be familiar with the signs and symptoms of various forms of substance abuse to best serve patients in need. Along those same lines, possessing insight into mental health disorders can help health care professionals to best serve their patients, as well as safely and effectively administer health care to patients in need.

Section 1: Key Concepts

- Some of the most common mental health disorders found in the current landscape of health care include: depressive disorders, anxiety disorders and bipolar disorders.
- To effectively identify or assist in the diagnoses of mental health disorders, health care professionals should possess insight into the various types of mental health disorders, their

signs and symptoms as well as the appearance, behavior, word choices and body language of patients potentially suffering from such disorders.

- Mental health disorders are typically diagnosed by a physician using criteria outlined in the DSM-5.
- Patients presenting with potential mental health disorders may also pose additional issues and concerns such as the presence of accompanying mental health disorders, suicidal ideation and substance abuse. Health care professionals should make a concerted effort to identify and manage any additional issues and concerns that may arise when administering health care to patients potentially suffering from mental health disorders, especially when it pertains to patients exhibiting suicidal ideation.

Section 1: Key Terms

Depressive disorder - a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life

Anhedonia - a loss of interest in previously enjoyable activities

Significant life event - any major shift in an individual's life

Suicidal ideation - thoughts of suicide and/or thoughts of planning suicide

Suicide - a death caused by self-directed injurious behavior with any intent to die as a result of the behavior

Suicide attempt - a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior; a suicide attempt may or may not result in injury

Anxiety disorder - a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Excessive worry (in regards to an anxiety disorder) - worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity and/or situation

Stress (as it relates to this course) - may refer to a factor that causes emotional, physical or psychological tension

Bipolar disorder - a mental health disorder characterized by shifting periods or episodes of extreme mood disturbances, which include mania/hypomania and may cause significant interference in daily life

Mania/manic episode - a distinct period of abnormally and persistently elevated, expansive, or irritable mood with increased goal-directed activity and energy

Hypomanic episode - a period of persistent disinhibition and mood elevation

Disinhibition - a lack of social restraint, impulsiveness and poor risk assessment

Mixed episode - a period where an individual experience symptoms of both mania/hypomania and depression at the same time

Section 1: Personal Reflection Question

How can health care professionals differentiate the various types of mental health disorders?

Section 2: Treatment

It has been established that it is vital for health care professionals to possess insight into mental health disorders in order to effectively identify the presence of mental health disorders. The question that remains is - why? The answer to the previously posed question is, treatment. It is paramount that patients suffering from mental health disorders receive treatment. Treatment for mental health disorders can come in many forms including psychotherapy. Psychotherapy, also known as talk therapy, may refer to the use of psychological techniques and/or psychotherapeutic approaches to help individuals overcome problems and develop healthier habits.³ There are many different types of psychotherapy that may be used to treat mental health disorders, such as cognitive behavioral therapy.

Cognitive Behavioral Therapy

Cognitive behavioral therapy may refer to a form of psychotherapy which focuses on helping individuals solve problems and create positive outcomes by changing unrealistically negative patterns of thought and behavior.⁴ In other words, cognitive behavioral therapy works to identify unrealistically negative thoughts and their relationship to negative behavior patterns and outcomes in order to develop constitutive ways of thinking that will ultimately lead to more positive behavior patterns and outcomes.

Dialectical Behavior Therapy

Another form of psychotherapy that may be used to treat mental health disorders is dialectical behavior therapy. Dialectical behavior therapy may refer to a form of psychotherapy which focuses on identifying self-destructive behaviors and negative thought patterns to foster positive behavioral changes.⁵ Dialectical behavior therapy is similar to cognitive behavioral therapy - however, dialectical behavior therapy encourages the recognition or acceptance of uncomfortable thoughts, feelings and behaviors in order to, ultimately, develop a plan for recovery.⁵ Essentially, dialectical behavior therapy encourages individuals to find a balance between their current state and change.

Interpersonal Therapy

Interpersonal therapy, an additional form of psychotherapy, may also be used to treat mental health disorders. Interpersonal therapy may refer to a time-limited, structured form of psychotherapy which focus on interpersonal relationships in order to improve social functioning while limiting the distress associated with mental health disorders.⁶ Interpersonal therapy typically lasts approximately 12 weeks and centers around skill building to help those suffering with mental health disorders problem solve, cope and manage aspects of life such as: relationships, grief, life transitions and interpersonal disputes.⁶ Additionally, interpersonal therapy focuses on the present or current events to assist patients in identifying triggers which may exacerbate their mental health related symptoms, while providing an understanding of how to avoid or resolve those triggers.⁶ In essence, interpersonal therapy works to alter the relationship patterns of those suffering from mental health disorders in order increase functioning.

Electroconvulsive Therapy (ECT)

ECT may refer to a procedure in which small electric currents are passed through the brain in order to trigger seizures.⁷ It is believed the seizures initiated by ECT alter the chemistry of the brain leading to a reversal of mental health disorder related symptoms. ECT is often used in patients where other therapeutic options have failed. The risk factors associated with ECT include confusion and memory loss.⁷ With that said, ECT has been shown to be both a safe and effective means of treatment for mental health disorders.⁷

Support Groups

Support groups may also be used as a therapeutic option for those suffering from mental health disorders. Support groups can be used to help those with mental health disorders avoid isolation and make connections with other individuals to improve upon symptoms and their quality of life. Health care professionals should be aware that various types of support groups

exist and that an individual may participate in one of more support group at a time to cope or manage his or her mental illness.

Exercise

Another option for the care of individuals with mental health disorders is exercise. Exercise may be used to supplement mental health related treatment. Age-related exercise recommendations may be found in Figure 3.

FIGURE 3: EXERCISE RECOMMENDATIONS⁸

Exercise Recommendations for individuals ages 6 - 17 years

- Children and adolescents should do 60 minutes (1 hour) or more of physical activity daily.
- Aerobic: most of the 60 or more minutes a day should be either moderate - or vigorous - intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week.
- Muscle-strengthening: as part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days of the week.
- Bone-strengthening: as part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days of the week.
- It is important to encourage young people to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety.

Exercise Recommendations for individuals ages 18 - 64 years

- All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.
- For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week.

- For additional and more extensive health benefits, adults should increase their aerobic physical activity to 300 minutes (5 hours) a week of moderate-intensity, or 150 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity activity. Additional health benefits are gained by engaging in physical activity beyond this amount.
- Adults should also include muscle-strengthening activities that involve all major muscle groups on 2 or more days a week.

Exercise Recommendations for individuals ages 65 years and older

- Older adults should follow the adult guidelines. When older adults cannot meet the adult guidelines, they should be as physically active as their abilities and conditions will allow.
- Older adults should do exercises that maintain or improve balance if they are at risk of falling.
- Older adults should determine their level of effort for physical activity relative to their level of fitness.
- Older adults with chronic conditions should understand whether and how their conditions affect their ability to do regular physical activity safely.

Pharmacological Treatment

As previously mentioned, there are many forms of treatment that may be used as care for individuals suffering from mental health disorders - however, one of the most predominant forms of treatment is the use of medications. That being the case, the rest of this section will focus on some of the most widely prescribed medications used to treat individuals suffering from mental health disorders. The medications highlighted in this section will be presented in informational segments. The information found below was derived from materials provided by the United States Food and Drug Administration (FDA).⁹ When reviewing the highlighted medications health care professionals should keep in mind that the following medications may be used alone or in combination with other medications or mental health related therapeutic options to treat a variety of mental health disorders.

Citalopram (Celexa)

Medication notes - Celexa belongs to a group of medications referred to as selective serotonin reuptake inhibitors (SSRIs). Celexa may be used to treat depression and other mental health disorders. Celexa is an orally administered medication. The mechanism of action of Celexa as an

antidepressant is believed to be linked to potentiation of serotonergic activity in the central nervous system (CNS) resulting from its inhibition of CNS neuronal reuptake of serotonin. A typical initial adult dose of Celexa is 20 mg daily. Celexa may be increased to a maximum dose of 40 mg/day at an interval of no less than one week. Doses above 40 mg/day are not recommended due to the risk of QT prolongation. More common side effects of Celexa may include: nausea, dry mouth, somnolence, insomnia, increased sweating, diarrhea, tremor and sexual dysfunction.

Safety notes - Celexa is contraindicated in patients with a hypersensitivity to citalopram or any of the inactive ingredients in Celexa. Concomitant use in patients taking monoamine oxidase inhibitors (MAOIs) and/or pimozide is also contraindicated. Warnings associated with Celexa include the following: patients with major depressive disorder, both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Suicide is a known risk of depression and certain other psychiatric disorders, and these disorders themselves are the strongest predictors of suicide. There has been a long-standing concern, however, that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment. All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.

Considerations for special patient populations - Celexa is not approved for use in pediatric patients. 20 mg/day is the maximum recommended dose for patients who are greater than 60 years of age, patients with hepatic impairment, and for CYP2C19 poor metabolizers or those patients taking cimetidine or another CYP2C19 inhibitor. No dosage adjustment is necessary for patients with mild or moderate renal impairment. Celexa should be used with caution in patients with severe renal impairment. Celexa falls in Pregnancy Category C.

Sertraline (Zoloft)

Medication notes - Zoloft is an SSRI indicated for the treatment of major depressive disorder, anxiety disorders and other types of mental health conditions. The mechanism of action of Zoloft is presumed to be linked to its inhibition of CNS neuronal uptake of serotonin. Zoloft should be administered once daily, either in the morning or evening. Common side effects of Zoloft include: nausea, diarrhea/loose stool, tremor, dyspepsia, decreased appetite, hyperhidrosis, ejaculation failure and decreased libido.

Safety notes - Zoloft is contraindicated in patients with a hypersensitivity to sertraline or any of the inactive ingredients in Zoloft. Concomitant use in patients taking MAOIs is contraindicated. Concomitant use in patients taking pimozide is contraindicated. Additionally, Zoloft oral concentrate is contraindicated with disulfiram (Antabuse) due to the alcohol content of the concentrate. Warnings and precautions associated with Zoloft include the following: increased risk of serotonin syndrome when co-administered with other serotonergic agents; increased risk of bleeding when used with aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), other antiplatelet drugs, warfarin, and other anticoagulants may increase risk; screen patients for bipolar disorder due to activation of mania/hypomania; use with caution in patients with seizure disorders and avoid use of antidepressants, including Zoloft, in patients with untreated anatomically narrow angles. Other warnings associated with Zoloft include the following: antidepressants increase the risk of suicidal thoughts and behaviors in pediatric and young adult patients, closely monitor for clinical worsening and emergence of suicidal thoughts and behaviors.

Considerations for special patient populations - The use of Zoloft in patients with liver disease should be approached with caution. Zoloft falls into Pregnancy Category C. Health care professionals should also consider the following pregnancy related precaution - third trimester use of Zoloft may increase risk for persistent pulmonary hypertension and withdrawal in the neonate.

Fluoxetine (Prozac)

Medication notes - Prozac is an SSRI indicated for the treatment of major depressive disorder and acute treatment of some anxiety disorders. Prozac may also be used in combination with olanzapine to treat acute depressive episodes associated with bipolar I disorder. A typical adult starting dose for Prozac is 20 mg daily. Common side effects of Prozac include: nausea, diarrhea, tremor, dry mouth, sweating, headaches, dizziness and weakness.

Safety notes - Prozac is contraindicated in patients with a hypersensitivity to Prozac or any of the inactive ingredients in Prozac. Additional Prozac contraindications include the following: concurrent use of MAOIs intended to treat psychiatric disorders with Prozac or within 5 weeks of stopping treatment with Prozac; do not use Prozac within 14 days of stopping an MAOI intended to treat psychiatric disorders; in addition, do not start Prozac in a patient who is being treated with linezolid or intravenous methylene blue; do not use Prozac with pimozide or thioridazine due to risk of QT prolongation and drug interaction; do not use thioridazine within 5 weeks of discontinuing Prozac. Warnings and precautions associated with Prozac include the following: serotonin syndrome has been reported with SSRIs and SNRIs, including Prozac, both when taken alone, but especially when co-administered with other serotonergic agents (including triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone,

amphetamines, and St. John's Wort). If such symptoms occur, discontinue Prozac and initiate supportive treatment. If concomitant use of Prozac with other serotonergic drugs is clinically warranted, patients should be made aware of a potential increased risk for serotonin syndrome, particularly during treatment initiation and dose increases. Patients should also be screened for bipolar disorder and monitored for mania/hypomania due to potential activation of mania/hypomania. Prozac should be used cautiously in patients with a history of seizures or with conditions that potentially lower the seizure threshold. Prozac may lead to altered appetite and significant weight loss. Prozac may increase the risk of bleeding when used with NSAIDs, aspirin, warfarin, or other drugs that affect coagulation/may potentiate the risk of gastrointestinal or other bleeding; angle-closure glaucoma has occurred in patients with untreated anatomically narrow angles treated with antidepressants; hyponatremia has been reported with Prozac in association with syndrome of inappropriate antidiuretic hormone (SIADH), consider discontinuing if symptomatic hyponatremia occurs; anxiety and insomnia may occur; QT prolongation and ventricular arrhythmia including Torsades de Pointes have been reported with Prozac use, use with caution in conditions that predispose to arrhythmias or increased fluoxetine exposure, use cautiously in patients with risk factors for QT prolongation; Prozac has potential to impair judgment, thinking, and motor skills. Other warnings associated with Prozac include the following: Prozac may lead to increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants; monitor for worsening and emergence of suicidal thoughts and behaviors.

Considerations for special patient populations - Lower or less frequent dosing may be appropriate in patients with cirrhosis. Prozac should be used during pregnancy only if the potential benefit justifies the potential risks to the fetus. Breast feeding is not recommended.

Escitalopram (Lexapro)

Medication notes - Lexapro is an SSRI indicated for the treatment of acute and maintenance treatment of major depressive disorder in adults and adolescents aged 12 - 17 years, as well as acute treatment of generalized anxiety disorder in adults. A typical adult dose of Lexapro is 10 mg once daily. Common side effects associated with Lexapro include: insomnia, ejaculation disorder (primarily ejaculatory delay), nausea, increased sweating, fatigue and somnolence, decreased libido and anorgasmia.

Safety notes - Lexapro is contraindicated in patients with a known hypersensitivity to escitalopram or citalopram or any of the inactive ingredients. Additional contraindications of Lexapro include: concurrent use of Lexapro with a MAOI (Lexapro should not be used within 14 days of stopping a MAOI intended to treat psychiatric disorders) as well as concurrent use of Lexapro with linezolid, intravenous methylene blue and pimozide. Warnings and precautions associated with Lexapro include the following: increased risk of suicidal thinking and behavior in

children, adolescents and young adults taking antidepressants for major depressive disorder and other psychiatric disorders; Lexapro is not approved for use in pediatric patients less than 12 years of age; monitor patients for clinical worsening, suicidality and unusual change in behavior, especially, during the initial few months of therapy or at times of dose changes; serotonin syndrome has been reported with SSRIs and SNRIs, including Lexapro, both when taken alone, but especially when co-administered with other serotonergic agents, if such symptoms occur, discontinue Lexapro and initiate supportive treatment; a gradual reduction in Lexapro dose rather than abrupt cessation is recommended whenever possible; prescribe with care in patients with a history of seizures; use cautiously in patients with a history of mania; use caution in concomitant use with NSAIDs, aspirin, warfarin or other drugs that affect coagulation; angle closure glaucoma has occurred in patients with untreated anatomically narrow angles treated with antidepressants; use caution in patients with diseases or conditions that produce altered metabolism or hemodynamic responses.

Considerations for special patient populations - Lexapro should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Caution should be exercised when administered to a nursing woman.

Lorazepam (Ativan)

Medication notes - Ativan belongs to a group of medications referred to as benzodiazepines. Ativan is indicated for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety or anxiety associated with depressive symptoms. Ativan may be administered orally. For optimal results, dose, frequency of administration, and duration of therapy should be individualized according to patient response. Side effects of Ativan may include: central nervous system (CNS) effects and respiratory depression as well as fatigue, drowsiness, amnesia, memory impairment, confusion, disorientation, depression, unmasking of depression, disinhibition, euphoria, suicidal ideation/attempt, ataxia, asthenia and extrapyramidal symptoms.

Safety notes - Ativan is contraindicated in patients with hypersensitivity to benzodiazepines or to any components of the formulation. Ativan is also contraindicated in patients with acute narrow-angle glaucoma. Warnings and precautions associated with Ativan include the following: concomitant use of benzodiazepines, including Ativan, and opioids may result in profound sedation, respiratory depression, coma, and death. Because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate. The use of benzodiazepines, including Ativan, may lead to physical and psychological dependence. The risk of dependence increases with higher doses and longer term use and is further increased in patients with a history of alcoholism or drug abuse or in patients with significant personality disorders.

Considerations for special patient populations - Ativan is not recommended for use in patients with a primary depressive disorder or psychosis. Ativan should be used with caution in patients with compromised respiratory function (e.g., COPD, sleep apnea syndrome). Elderly or debilitated patients may be more susceptible to the sedative effects of Ativan. Therefore, these patients should be monitored frequently and have their dosage adjusted carefully according to patient response; the initial dosage should not exceed 2 mg. The usual precautions for treating patients with impaired renal or hepatic function should be observed.

Alprazolam (Xanax)

Medication notes - Xanax is a benzodiazepine. Xanax is indicated for the management of anxiety disorders. For optimal results, Xanax doses, frequency of administration, and duration of therapy should be individualized according to patient response. In such cases, dosage should be increased cautiously to avoid adverse effects. Side effects of Xanax may include: drowsiness, tiredness, dizziness, sleep problems, memory problems, poor balance or coordination, slurred speech and trouble concentrating.

Safety notes - Xanax is contraindicated in patients with a known sensitivity to this drug or other benzodiazepines. Xanax is also contraindicated with the concurrent use of ketoconazole and/or itraconazole, since these medications significantly impair the oxidative metabolism mediated by cytochrome P450 3A (CYP3A). Warnings and precautions associated with Xanax include the following: concomitant use of benzodiazepines, including Xanax, and opioids may result in profound sedation, respiratory depression, coma, and death. Because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.

Considerations for special patient populations - The elderly may be more sensitive to the effects of benzodiazepines. Therefore, the smallest effective dose of Xanax should be used in the elderly to preclude the development of ataxia and over sedation. Xanax falls into Pregnancy Category D.

Diazepam (Valium)

Medication notes - Valium is a benzodiazepine derivative. Valium is indicated for the management of anxiety disorders or for the short term relief of the symptoms of anxiety. Valium dosages should be individualized for maximum beneficial effect. Common side effects associated with Valium include: drowsiness, fatigue, muscle weakness and ataxia.

Safety notes - Valium is contraindicated in patients with a known hypersensitivity to diazepam and in pediatric patients under 6 months of age. Valium is also contraindicated in patients with myasthenia gravis, severe respiratory insufficiency, severe hepatic insufficiency, sleep apnea

syndrome and acute narrow-angle glaucoma. Warnings associated with Valium include the following: concomitant use of benzodiazepines, including Valium, and opioids may result in profound sedation, respiratory depression, coma, and death. Because of the aforementioned risks, reserve concomitant prescribing of those drugs for use in patients for whom alternative treatment options are inadequate; follow patients for signs and symptoms of respiratory depression and sedation. Additionally, Valium is not recommended in the treatment of psychotic patients and should not be employed instead of appropriate treatment.

Considerations for special patient populations - In elderly patients, it is recommended that the dosage be limited to the smallest effective amount to preclude the development of ataxia or over sedation (2 mg to 2.5 mg once or twice daily, initially to be increased gradually as needed and tolerated). Valium falls into Pregnancy Category D. Breastfeeding is not recommended in patients receiving Valium.

Lithium

Medication notes - Lithium is a mood stabilizing agent indicated for the treatment of manic episodes and as maintenance treatment for Bipolar I Disorder. The typical adult starting dose for lithium oral tablets/capsules is 300 mg three times daily. Common side effects of lithium include: fine hand tremor, polyuria, mild thirst, nausea and general discomfort during initial treatment.

Safety notes - Lithium is contraindicated in patients with a known hypersensitivity to any inactive ingredient in the drug product. Warnings associated with lithium include the following: lithium toxicity is closely related to serum lithium concentrations, and can occur at doses close to therapeutic concentrations. Facilities for prompt and accurate serum lithium determinations should be available before initiating therapy. Additional warnings and precautions associated with lithium include the following: lithium-induced polyuria may develop during initiation of treatment; monitor for lithium toxicity and metabolic acidosis; dehydration from protracted sweating, diarrhea, or elevated temperatures from infection increases risk of hyponatremia and lithium toxicity; lithium-induced chronic kidney disease may occur and may be associated with structural changes in patients on chronic lithium therapy, monitor kidney function during treatment with lithium; hypothyroidism and hyperthyroidism may be possible, monitor thyroid function regularly; hypercalcemia and hyperparathyroidism may be associated with long-term lithium use, monitor serum calcium.

Considerations for special patient populations - Lithium may cause fetal and/or neonatal harm. When selecting or recommending lithium dosing for patients with renal impairment, health care professionals should use caution during dose selection; starting at the low end of the dosing range while carefully monitoring for side effects.

Lamotrigine (Lamictal)

Medication notes - Regarding mental health disorders, Lamictal is indicated for the maintenance treatment of bipolar I disorder in patients aged 18 years or older to delay the time to occurrence of mood episodes in patients treated for acute mood episodes with standard therapy. Dosing of Lamictal is based on concomitant medications, indication, and patient age. Common side effects of Lamictal include: nausea, insomnia, somnolence, back pain, fatigue, rash, rhinitis, abdominal pain and xerostomia.

Safety notes - Lamictal is contraindicated in patients with a known hypersensitivity to the drug or its ingredients. Warnings associated with lithium include the following: cases of life-threatening serious rashes, including Stevens-Johnson syndrome and toxic epidermal necrolysis, and/or rash-related death have been caused by lamotrigine; the rate of serious rash is greater in pediatric patients than in adults; benign rashes are also caused by Lamictal, however, it is not possible to predict which rashes will prove to be serious or life threatening; Lamictal should be discontinued at the first sign of rash, unless the rash is clearly not drug related. Additional warnings and precautions associated with Lamictal include: Lamictal may lead to fatal or life-threatening hypersensitivity reactions; blood dyscrasias (e.g., neutropenia, thrombocytopenia, pancytopenia) may occur, either with or without an associated hypersensitivity syndrome, monitor for signs of anemia, unexpected infection, or bleeding; suicidal behavior and ideation is possible, monitor patients for suicidal thoughts or behaviors; clinical worsening, emergence of new symptoms, and suicidal ideation/behaviors may be associated with treatment of bipolar disorder, patients should be closely monitored, particularly early in treatment or during dosage changes; monitor patients for signs of meningitis.

Considerations for special patient populations - Dosage adjustments of Lamictal are required in patients with moderate and severe liver impairment. Reduced maintenance doses may be effective for patients with significant renal impairment. Based on animal data, Lamictal may cause fetal harm.

Olanzapine (Zyprexa)

Medication notes - Zyprexa is an atypical antipsychotic medication indicated for acute treatment of manic or mixed episodes associated with bipolar I disorder and maintenance treatment of bipolar I disorder as well as other types of mental health disorders. The typical oral adult starting dose of Zyprexa for the treatment of bipolar I disorder (manic or mixed episodes) is 10 or 15 mg once daily. Side effects of Zyprexa may include: postural hypotension, constipation, weight gain, dizziness, personality disorder and akathisia.

Safety notes - Warnings associated with Zyprexa include the following: elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Zyprexa is not approved for the treatment of patients with dementia-related psychosis.

Considerations for special patient populations - Safety and effectiveness of Zyprexa in children < 13 years of age have not been established. Zyprexa should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Breast-feeding is not recommended.

Section 2: Summary

It is important for health care professionals to identify patients suffering from mental health disorders so they may receive treatment. Treatment options for mental health disorders include: psychotherapy, cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, ECT, support groups and exercise as well as the use of medications. Some of the most widely prescribed medications used to treat mental health disorders includes: citalopram (Celexa), sertraline (Zoloft), fluoxetine (Prozac), escitalopram (Lexapro), lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), lithium, lamotrigine (Lamictal) and olanzapine (Zyprexa). Health care professionals should be familiar with mental health disorder treatment options to best serve patients being treated for mental health disorders.

Section 2: Key Concepts

- It is vital for health care professionals to possess insight into mental health disorders in order to effectively identify the presence of mental health disorders.
- It is paramount that patients suffering from mental health disorders receive treatment.
- Treatment for mental health disorders includes: psychotherapy, cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, ECT, support groups and exercise, as well as the use of medications.
- Some of the most widely prescribed medications used to treat mental health disorders includes: citalopram (Celexa), sertraline (Zoloft), fluoxetine (Prozac), escitalopram (Lexapro), lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), lithium, lamotrigine (Lamictal) and olanzapine (Zyprexa).
- Health care professionals should be familiar with available mental health disorder treatment options.

Section 2: Key Terms

Psychotherapy (also known as talk therapy) - the use of psychological techniques and/or psychotherapeutic approaches to help individuals overcome problems and develop healthier habits³

Cognitive behavioral therapy - a form of psychotherapy which focuses on helping individuals solve problems and create positive outcomes by changing unrealistically negative patterns of thought and behavior⁴

Dialectical behavior therapy - a form of psychotherapy which focuses on identifying self-destructive behaviors and negative thought patterns to foster positive behavioral changes⁵

Interpersonal therapy - a time-limited, structured form of psychotherapy which focus on interpersonal relationships in order to improve social functioning while limiting the distress associated with mental health disorders⁶

Electroconvulsive therapy (ECT) - a procedure in which small electric currents are passed through the brain in order to trigger seizures to treat mental health disorders⁷

Section 2: Personal Reflection Question

What therapeutic options may be used to treat patients suffering from mental health disorders?

Course Review

The following questions are presented below to further review the concepts found in this course. By reviewing the following questions, health care professionals can obtain practical knowledge, which may be used to ensure the safe and effective administration of health care to individuals suffering from or living with mental health disorders.

What is major depressive disorder?

Major depressive disorder may refer to a form of depression that occurs most days of the week for a period of 2 weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

What are potential symptoms of generalized anxiety disorder?

Symptoms of generalized anxiety disorder may include the following: excessive anxiety, excessive worry

restlessness, persistent feelings of being keyed up or on edge, fatigue, difficulty concentrating, mind feeling blank at times (mind going blank), irritability, muscle tension and sleep difficulties.

What is a key difference between bipolar I disorder and bipolar II disorder?

Health care professionals may identify several differences between bipolar I disorder and bipolar II disorder. With that said, a key difference between bipolar I disorder and bipolar II disorder is the presence of manic episodes versus hypomanic episodes. Bipolar I disorder is characterized by manic episodes while bipolar II disorder is characterized by hypomanic episodes. A manic episode may refer to a distinct period of abnormally and persistently elevated, expansive, or irritable mood with increased goal-directed activity and energy. A hypomanic episode may refer to a period of persistent disinhibition and mood elevation.

What is cognitive behavioral therapy?

Cognitive behavioral therapy may refer to a form of psychotherapy which focuses on helping individuals solve problems and create positive outcomes by changing unrealistically negative patterns of thought and behavior.⁴

What is electroconvulsive therapy (ECT)?

ECT may refer to a procedure in which small electric currents are passed through the brain in order to trigger seizures.⁷ It is believed the seizures initiated by ECT alter the chemistry of the brain leading to a reversal of mental health disorder related symptoms.⁷ ECT is often used in patients where other therapeutic options have failed.

Regarding Celexa, what considerations should be made for special patient populations?

There may be many considerations required by health care professionals when administering Celexa to special patient populations. However, according to materials provided by the FDA, some of the most pertinent considerations for special patient populations include the following: Celexa is not approved for use in pediatric patients; 20 mg/day is the maximum recommended dose for patients who are greater than 60 years of age, patients with hepatic impairment, and for CYP2C19 poor metabolizers or those patients taking cimetidine or another CYP2C19 inhibitors; no dosage adjustment is necessary for patients with mild or moderate renal impairment; Celexa should be used with caution in patients with severe renal impairment; Celexa falls into Pregnancy Category C.⁹

What contraindications are associated with Lexapro?

According to materials provided by the FDA, Lexapro is contraindicated in patients with a known hypersensitivity to escitalopram or citalopram or any of the inactive ingredients.⁹ Additional contraindications of Lexapro include: concurrent use of Lexapro with a MAOI (Lexapro should

not be used within 14 days of stopping a MAOI intended to treat psychiatric disorders) as well as concurrent use of Lexapro with linezolid, intravenous methylene blue and pimozide.⁹

According to materials provided by the FDA, what warnings are associated with the concomitant use of Ativan and opioids?

The warnings associated with the concomitant use of Ativan and opioids include the following: concomitant use of benzodiazepines, including Ativan, and opioids may result in profound sedation, respiratory depression, coma, and death.⁹ Because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.⁹

Regarding Valium, what considerations should be made for special patient populations?

There may be many considerations required by health care professionals when administering Valium to special patient populations. However, according to materials provided by the FDA, some of the most pertinent considerations for special patient populations include the following: in elderly patients, it is recommended that the dosage be limited to the smallest effective amount to preclude the development of ataxia or over sedation (2 mg to 2.5 mg once or twice daily, initially to be increased gradually as needed and tolerated); Valium falls into Pregnancy Category D; breastfeeding is not recommended in patients receiving Valium.⁹

According to materials provided by the FDA, what warnings are associated with lithium?

Warnings associated with lithium include the following: lithium toxicity is closely related to serum lithium concentrations, and can occur at doses close to therapeutic concentrations, facilities for prompt and accurate serum lithium determinations should be available before initiating therapy; lithium-induced polyuria may develop during initiation of treatment; monitor for lithium toxicity and metabolic acidosis; dehydration from protracted sweating, diarrhea, or elevated temperatures from infection increases risk of hyponatremia and lithium toxicity; lithium-induced chronic kidney disease may occur and may be associated with structural changes in patients on chronic lithium therapy, monitor kidney function during treatment with lithium; hypothyroidism and hyperthyroidism may be possible, monitor thyroid function regularly; hypercalcemia and hyperparathyroidism may be associated with long-term lithium use, monitor serum calcium.⁹

According to materials provided by the FDA, what warnings are associated with Lamotrigine (Lamictal)?

Warnings associated with Lamictal include the following: cases of life-threatening serious rashes, including Stevens-Johnson syndrome and toxic epidermal necrolysis, and/or rash-related death have been caused by lamotrigine; the rate of serious rash is greater in pediatric patients than in adults; benign rashes are also caused by Lamictal; however, it is not possible to predict

which rashes will prove to be serious or life threatening; Lamictal should be discontinued at the first sign of rash, unless the rash is clearly not drug related.⁹

Conclusion

Health care professionals must be able to effectively identify specific mental health disorders in order to best serve their patients. To do so, health care professionals should possess an understanding of mental health disorders and their presentation, especially when it pertains to the most widespread mental health disorders presently found among patient populations. That being said, some of the most widespread mental health disorders currently found in the health care climate include: depressive disorders, anxiety disorders and bipolar disorders.

A depressive disorder may refer to a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life. There are many different types of depressive disorders including: major depressive disorder, persistent depressive disorder, seasonal affective disorder, psychotic depression, postpartum depression, premenstrual dysphoric disorder and atypical depression. Of the previously highlighted types of depression, one of the most common types of depressive disorders is major depressive disorder. When attempting to identify and/or assist in the diagnoses of major depressive disorder, health care professionals should note the signs and symptoms of major depressive disorder, e.g. depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, feelings of worthlessness or excessive guilt and/or suicidality, as well as the appearance, behavior, word choices and body language of patients. Health care professionals should also be very aware that individuals suffering from major depressive disorders or other depressive disorders may be suicidal. Health care professionals should make every effort to identify the potential for suicide and prevent patient suicide when applicable.

In addition to depressive disorders, health care professionals may also encounter many patients suffering from anxiety disorders. An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The various types of anxiety disorders include: generalized anxiety disorder, panic disorder, separation anxiety disorder, social anxiety disorder, agoraphobia and other types of phobias. When attempting to identify and/or assist in the diagnoses of generalized anxiety disorder, health care professionals should note signs and symptoms, e.g. excessive anxiety, excessive worry, restlessness, as well as the appearance, behavior, word choices and body language of patients. Health care professionals should also make an effort to note the presence of any of the main issues or concerns that may accompany anxiety disorders such as depression and suicidal ideation.

Health care professionals should also be familiar with bipolar disorders. The two main types of bipolar disorder include bipolar I disorder and bipolar II disorder. Bipolar I disorder is characterized by the presence of manic episodes, which may lead to marked impairment and can include psychosis/psychotic features, while bipolar II disorder is characterized by the presence of hypomanic episodes that are typically not severe enough to cause marked impairment and do not include psychosis/psychotic features. Signs and symptoms of bipolar disorders include the following: inflated self-esteem, grandiosity, decreased need for sleep, pressured speech, racing thoughts or flight of ideas, distractibility, increased activity, excess pleasurable or risky activity as well as the potential for depressive signs and symptoms. When attempting to identify and/or assist in the diagnoses of bipolar disorders, health care professionals should note the aforementioned signs and symptoms as well as the appearance, behavior, word choices and body language of patients. Furthermore, health care professionals should note that individuals potentially suffering from a bipolar disorder often report or elude to periods of increased sexual activity and/or spending. Moreover, individuals suffering from bipolar disorder may present with additional issues and concerns such as substance abuse. Thus, health care professionals should be familiar with the signs and symptoms of substance abuse.

It is important for health care professionals to identify patients suffering from mental health disorders so they may receive treatment. Treatment for mental health disorders includes: psychotherapy, cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, ECT, support groups and exercise as well as the use of medications. With that said, it is of the utmost importance for health care professionals to possess insight regarding mental health disorder identification and treatment. The effective identification of mental health disorders and treatment can provide patients suffering from mental health disorders the help they require to, ultimately, optimize outcomes and improve upon their quality of life.

References

1. www.cdc.gov
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition External Arlington, VA: American Psychiatric Publishing, 2013.
3. "Understanding Psychotherapy and How it Works," www.apa.org
4. David et al. Why Cognitive Behavioral Therapy Is the Current Gold Standard of Psychotherapy. Front Psychiatry. 2018; 9: 4. Published online 2018 Jan 29. doi: 10.3389/fpsy.2018.00004.

5. Reddy et al. Empirical Reality of Dialectical Behavioral Therapy in Borderline Personality. Indian J Psychol Med. 2017 Mar-Apr; 39(2): 105–108. doi: 10.4103/IJPSYM.IJPSYM_132_17.
6. Cuijpers P et al. Interpersonal Psychotherapy for Mental Health Problems: A Comprehensive Meta-Analysis. Am J Psychiatry. 2016 Jul 1;173(7):680-7. doi: 10.1176/appi.ajp.2015.15091141. Epub 2016 Apr 1.
7. Singh et al. How Electroconvulsive Therapy Works?: Understanding the Neurobiological Mechanisms. Clin Psychopharmacol Neurosci. 2017 Aug; 15(3): 210–221. Published online 2017 Aug 31. doi: 10.9758/cpn.2017.15.3.210.
8. "Dietary Guidelines for Americans 2015 - 2020," <https://health.gov>
9. www.fda.gov





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