

Mental Health

Post Traumatic Stress Disorder

- S/sx: anxiety and stress that is experienced after a traumatic
 - Re-experiencing and flashbacks
 - Psychological distress that is triggered by a reminder of the event
 - Feeling empty or detached
- N: teach deep breathing, mindfulness, explain it is not their fault and their reaction is normal

Dissociative Disorders

Somatic Symptoms Disorder

- S/sx: persistent worry or complaints regarding physical illness without supporting physical symptoms
 - headache = brain tumor
 - Physical signs increase as stress increase
- N: assess how pt has dealt with adversity in the past
 - Help pt verbalize emotional feelings
 - Reattribution treatment
 - Empathize, give feedback, make connection

Bipolar Disorder

- S/sx: Episodes of mania/depression with periods of normal behavior in between
 - Mania – angers quickly, high self-confidence, euphoria, low appetite, restlessness
 - Depression – easily fatigued, poor conc. low self-esteem, low emotions, low sexual interest
- Rx: Lithium carbonate with adequate fluid – 2-3L/day
 - Lithium – under 1.5 = therapeutic
 - Depakote – anticonvulsant – can be alternative to lithium
 - Tegretol – anticonvulsant
 - May be combined with antipsychotic
- Tx: Mania
 - Remove hazardous objects from environment
 - Provide frequent rest, set limits on behavior
 - Avoid competitive activities
 - Remove excessive stimulation
- R: genetics, neurotransmitter changes or imbalances, prefrontal cortex dysfunction, stressful family life.

Obsessive Compulsive Disorder

- S/sx: unwanted repetitive thoughts and behavior that inhibit and impair their daily life
 - causes anxiety when they can't stop
 - ex. Hoarding, skin picking trichotillomania
- N: encourage patient to explore -feelings associated with behavior and then create small goals to boost confidence
- R: Genetics – 1st degree relatives
 - Sexual trauma, abuse or family history

Conversion Disorder

- S/sx: sudden onset of physical symptoms related to a psychological conflict/need
- Symptoms are beyond their conscious control – psychogenic seizures

Major Depressive Disorder

- S/sx: persistent depressed mood for at least two weeks, lack of interest and motivation, poor hygiene, anhedonia, thoughts of suicide or self-harm
- P: low serotonin, GABA and norepinephrine
- E: genetic, stressful life events, hormonal changes, learned helplessness
- A: affect, mood, feelings, communication though process and physical behavior
 - PHQ9 – most popular assessment tool
 - Hamilton Depression Scale
- R: younger populations, family hx

Dissociative Disorders

- S/sx: unconscious defense mechanism that protects the individual through emotional separation
- N: provide an undemanding and simple routine to decrease anxiety
 - Help pt identify orientation to person time and place
- Dissociative fugue – an episode of amnesia where an individual can't recall their past

Anxiety Disorders

General Anxiety Disorder

- Many non-specific worries
- Chronic – no depersonalization
- S/sx: excessive worry that is out proportion for your environment, sleep disturbance, inadequacy, extra time preparing for activities, seeking continual reassurance, avoidance
- R: overprotection, genetics, traumatic experience, verbal/physical abuse
- N: stay with pt, speak calmly and slowly, use simple language, assure patient that you are in control and can help, decrease excessive stimuli
- To help identify causation of anxiety:
 - Ask: What evidence do you have?
 - Is that fact or feeling?
 - What's the worst that could happen?
- To help identify coping strategies
 - Ask: What has helped you in the past?
 - What are your strengths?
- Say: Reframe situation pos. way

Separation Anxiety

- Normal for infants 8mo-18mo. Not normal for those older than 2 yrs
- Often manifests in GI disturbances and headaches

Agoraphobia

- Intense anxiety and fear associated with situations where escape would be difficult or embarrassing.
- Usually caused by an embarrassing childhood event

Social Anxiety Disorder

- Severe anxiety provoked by a social or public situation. Fear of saying or doing something foolish often fuels the anxiety.

Panic Disorder

- S/sx: acute episodes
 - history of panic attacks
 - sudden onset of extreme fear and doom
 - usually unpredictable and last about 10 minutes and then subsides
- N: Instruct pt to take slow, deep breaths
 - Keep directions and expectations minimal
 - Help pt identify what caused the attack
 - Identify coping mechanisms that work
 - CBT, anti-anxiety meds
 - Teach patient positive self-talk and effective breathing patterns
- Rx: Barbituates, benzodiazepines, sedatives

Levels of Anxiety

Mild Anxiety

- Occurs with everyday living and allows the person to focus on the task at hand. No perception is lost and there are only slight physical sx.

Moderate Anxiety

- Perception of surroundings becomes narrower and their ability to think clearly is diminished

Severe Anxiety

- Hyperfocused on a particular detail. Learning and problem solving are impaired. Trembling and pounding heart are common.

Panic

- Most extreme level of anxiety. The person is unable to understand what's happening around them. Behavior is erratic and impulsive.

Pharmacology

SSRIs

Indications

- Anxiety
- Depression
- OCD
- PTSD
- ADHD
- Bulimia
- Obesity
- PMDD
- Unlabeled use

Nursing

- Teach to avoid ETOH
- Monitor for suicidality
- Monitor WBCs – stop if low

Contraindications and Precautions

- Hypersensitivity
- Use of MAOIs in last two weeks
- Lactation
- Hx of seizures
- Diabetics
- Prolongs QT int.
- Pregnancy

Side Effects

- Nausea/ vomiting
- Dry mouth
- Insomnia
- BP changes
- Seizures

MAOIs

Indications

- Those who don't respond to SSRIs or SSNRIs
- Depression and anxiety

Nursing

- Teach pt to avoid foods high in tyramine like aged cheese and cured meats

Contraindications and Precautions

- Hypersensitivity
- Liver disease
- Phenochromocytoma
- Tramadol
- HF
- Renal disease
- St. John's wort

Side Effects

- Dry mouth
- Drowsiness
- Impulsiveness
- N/V
- Insomnia
- Headache
- HTN

Benzodiazapines

Indications

- Sedation before anesthesia anxiety reduction
- Sleep aid
- Skeletal muscle relaxation
- Anticonvulsant

Nursing

- Avoid operating heavy machinery
- Avoid alcohol and CNS depressants

Contraindications and Precautions

- Severe uncontrolled pain
- Hormonal contraceptives
 - Low metabolism
 - High risk of toxicity

Side Effects

- Headache
- Confusion
- Drowsiness
- Dizziness
- Tremors

Lithium

Indications

- Mood stabilization
- Manic episodes od Bipolar I
- Reduce sx associated with acute manic episodes

Contraindications and Precautions

- Dehydrated/ debilitated pt.s
- Sodium depletion/ hyponatremia
- Severe renal or CV disease
- Geri should have low dosage

Side Effects

- Dizziness
- Polyuria
- Thirst
- Dry mouth
- Anorexia
- Headache
- Fatigue
- Abdominal pain
- Tremors

Signs of toxicity

- Confusion
- Ecg changes
- Sedation
- Ataxia
- Blurred vision
- Hypotension
- Seizures
- Clonic movements