This Instructor’s Guide contains:
Brief Description, Objectives, Discussion Questions, Pretest, Post-test, Answer Keys and Glossary for this program, Psychotropic Medications: Bipolar Disorder. The questions included in this Guide follow the NCLEX model. Institutions that have purchased this program, Psychotropic Medications, from Concept Media have permission to duplicate any of the contents of this Instructor’s Guide for teaching purposes.
Psychotropic Medications: Bipolar Disorder

Program Description:

This program focuses on the patient with bipolar disorder, including the effects of the disease on daily life, current treatments, how the medications affect brain function, and the medication side effects, including precautions to be observed.

Objectives:

Upon completion of this program, the learner will be able to:

1. discuss the basic signs, symptoms, and physiology of bipolar disorder.
2. understand the major types of psychotropic medications used in treatment for this mental disorder.
3. discuss theories of how these medications work within the brain.
4. verbalize assessment of the patient with bipolar disorders.
5. discuss side effects of the psychotropic medications used in the treatment of bipolar disorder.
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Previewing Questions:

True or False

1. Individuals with a bipolar disorder often dread the periods of depression, but many are reluctant to give up the highs associated with the manic phase.
2. Bipolar disorder is not the same thing as a mood disorder.
3. Some individuals with bipolar disorder suffer mood swings numerous times in a day or a week.
4. Bipolar disorder can lead to psychosis, but not obsessive-compulsive disorder.
5. The cause of bipolar disorder is now well understood.
6. Migraine, panic disorder, and bulimia may be comorbid conditions with bipolar disorder.
7. Lithium is the only FDA approved treatment for bipolar disorder.
8. Long-term potential side effects of lithium include hypothyroidism and kidney damage.
9. Anticonvulsants are also being used to treat bipolar disorder.
10. Anticonvulsants appear to slow down and stabilize the release of specific neurotransmitters associated with bipolar disorder.
11. Hepatitis or alcohol abuse are not contraindications to the use of anticonvulsant medications for the treatment of bipolar disorder.
12. Balance, speech, and blood pressure may be adversely affected by anticonvulsants.
13. Symbyax®, a combination of fluoxetine and olanzapine, treats the depression stages of the disorder without triggering mania.
14. Antidepressants may cause bipolar cycle acceleration.
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Previewing Questions: Answer Key

Correct Answer Blacked Out

1. False
2. True
3. False
4. True
5. True
6. False
7. True
8. False
9. False
10. False
11. True
12. False
13. False
14. False
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Discussion Questions:

1. How does bipolar disorder impact daily life?

2. What are some of the reasons that individuals with bipolar disorder might not comply with medication prescribed by the physician?
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Post-Test Questions:

1. Mood disorders include:
   a. bipolar disorder.
   b. major depression.
   c. major depression with psychotic features.
   d. a and b
   e. All of the above

2. In the United States, the lifetime risk of suffering from a major depressive disorder is:
   a. slightly higher for men than for women.
   b. slightly lower for men than for women.
   c. approximately twice as high for women.
   d. equal for both men and women.

3. The primary treatments for mood disorders are:
   a. antidepressants.
   b. mood stabilizers and atypical antipsychotics.
   c. antidepressants and mood stabilizers.
   d. antidepressants, mood stabilizers, and atypical antipsychotics.

4. Bipolar disorder may be marked by:
   a. severe mood swings, even on a daily basis.
   b. remission and recurrence.
   c. development of psychosis.
   d. long periods of mania followed by long periods of depression.
   e. Any of the above

5. Bipolar 1 disorder is marked by:
   a. one or more depressive episodes along with at least one episode of hypomania.
   b. one or more manic episodes and occasional depressive episodes.
   c. one or more manic episodes and one or more depressive episodes.
   d. infrequent manic episodes and prolonged periods of depression.
   e. frequent manic episodes and brief periods of depression.

6. Bipolar 2 disorder is marked by:
   a. one or more depressive episodes along with at least one episode of hypomania.
   b. one or more manic episodes and occasional depressive episodes.
   c. one or more manic episodes and one or more depressive episodes.
   d. infrequent manic episodes and prolonged periods of depression.
   e. frequent manic episodes and brief periods of depression.
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Post-Test Questions:

7. The medication which has been the mainstay in the treatment of bipolar disorders is
   a. divalproex sodium.
   b. carbamazepine.
   c. lamotrigine.
   d. lithium sodium.
   e. topriamate.

8. Drugs from what other class of medications are now being found to be helpful in the treatment of bipolar disorder?
   a. major tranquilizers
   b. antidepressants
   c. statins
   d. anticonvulsants
   e. chemotherapeutic agents

9. When these alternative drugs are used, it is recommended that _____ be monitored.
   a. kidney function
   b. liver function
   c. liver and kidney function
   d. blood glucose
   e. blood lipids

10. Development of nystagmus is a side effect most commonly associated with _____ toxicity.
    a. lithium
    b. carbamazepine
    c. lamotrigine
    d. topiramate
    e. divalproex

11. Symbyax® is a combination drug approved for use in bipolar disorder containing fluoxetine and _____.
    a. lithium
    b. carbamazepine
    c. topiramate
    d. olanzapine
    e. lamotrigine

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Post-Test Questions: (continued)

12. Which of the following is NOT an atypical antipsychotic approved for use in bipolar disorder?
   a. risperidone
   b. olanzapine
   c. ziprasidone
   d. fluoxetine
   e. quetiapine

13. Antidepressants are indicated for bipolar disorder only if:
   a. depression is more prominent than mania.
   b. lithium is ineffective.
   c. mood stabilizers have failed to adequately control the depressed phase.
   d. the patient is experiencing excessive weight gain on lithium.
   e. the patient has a concurrent seizure disorder.

14. Use of antidepressants in bipolar disorder:
   a. usually causes few problems.
   b. may cause bipolar cycle acceleration.
   c. may cause rebound depression.
   d. may increase the intensity of both depression and mania.
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Post-Test Questions Answer Key:

1. a b c d e
2. a b e d e
3. a b c e e
4. a b c d e
5. a b e d e
6. b c d e e
7. a b c e e
8. a b c e e
9. a b e d e
10. a c e d e
11. a b c e e
12. a b c e e
13. a b e d e
14. a c d e e
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Glossary

Akathisia – an extrapyramidal effect characterized by an uncontrollable motor restlessness, often a side-effect of first-generation psychotropic medications.

Alogia—a lack of speech or phraseology

Anhedonia—a lack of humor/joy

Anxiety Disorders – a mental health disorder characterized by anxiety unattached to any obvious source. It is often accompanied by physiological symptoms such as sweating, cardiac disturbances, diarrhea, or vertigo.

Anxiolytic agent – medication used to treat an anxiety disorder.

Apathy – lack of feeling or emotion.

Atypical agents – second generation psychotropic medications; they tend to have less imposing side-effect profiles and to be better at controlling negative symptoms.

Atypical depression – a depressive illness whose clinical features include mood reactivity, irritability, increase in sleep and hunger, and psychomotor agitation.

Avolition - a lack of drive and/or initiative, accompanied by difficulty in making decisions.

Bipolar Disorder – mood disorders characterized by alternating episodes of depression and mania or by episodes of depression alternating with mild non-psychotic excitement. Former designation was manic depression.

Catatonia – a form of schizophrenia characterized by a marked psychomotor disturbance that may involve stupor, mutism, negativism, rigidity, purposeless excitement, and inappropriate or bizarre posturing

Cognitive symptoms – lack of comprehension in day-to-day activities, attention deficits, memory lapses, and poor abstract reasoning.

Command hallucinations – hallucinations in which the individual is instructed to harm self or another.

Comorbid condition – a medical condition which exists simultaneously with another medical condition, usually independently, but which may aggravate the other problem.

Delusion – a false belief that persists despite the facts and outside the normal beliefs of the individual’s culture or social group.

Depression – a disorder marked by sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal thoughts or attempt.
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Glossary (continued):

**Dyskinesia** – an extrapyramidal effect characterized by unusual movements such as facial grimacing, tongue protrusion, and other non-cramping abnormal muscle movements.

**Dysphoria** - a state of feeling unwell or unhappy.

**Dystonia** – an extrapyramidal effect characterized by muscle cramping which may produce severe distortions of the face, neck, and back.

**Euphoria** – a feeling of well-being or elation, but often groundless, disproportionate to its cause, or inappropriate to the situation or circumstances.

**Extrapyramidal symptoms (EPS)** – abnormal movements brought on by psychotropic medications. These movements are caused by stimulation of descending nerve tracts other than the pyramidal tracts.

**Flat affect** – lack of facial expression or visible emotion.

**Generalized Anxiety Disorder (GAD)** – an anxiety disorder in which the individual suffers from excessive worry during a majority of the days over at least a six month period; this anxiety tends to revolve around a variety of events rather than focusing on a specific aspect of life.

**Hallucination** – a perception of a visual image or sound with no external cause and not shared by others who may be present.

**Mania** – high excitation manifested by mental and physical hyperactivity, disorganized behavior, and elevated mood.

**Melancholia** – a mental condition characterized by extreme depression, bodily complaints, and often hallucinations and delusions.

**Monoamine oxidase inhibitors (MAOIs)** – a class of antidepressants that block the enzyme system responsible for breaking down monoamines such as norepinephrine and serotonin, leaving more of the neurotransmitters available.

**Mood symptoms** - a symptom subset seen in schizoaffective disorder. They include mood swings, extreme emotional states such as euphoria or dysphoria, grandiose ideas, unwarranted belligerence, and extreme anguish.

**Multiple mechanism antidepressants** – class of antidepressants that tend to enhance both serotonin and norepinephrine. They may have a greater likelihood of achieving symptom control than single-mechanism antidepressants.

**Negative symptoms** – a lack of normal response, lack of drive, lack of speech, withdrawal from the surroundings, failure to enjoy activities, food, etc.

**Neuro-developmental Disorder** – disease process occurring because of abnormal development of the brain and nervous system.
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Glossary (continued):

Neuroleptic agent – an antipsychotic medication.

Neurotransmitter – a substance that transports nerve impulses across a synapse.

Obsessive-Compulsive Disorder (OCD) – a psychoneurotic disorder in which the patient is driven by obsessions or compulsions or both. If the patient fails to perform the rituals, extreme anxiety can result.

Panic Disorder – an anxiety disorder marked by recurrent panic attacks; left untreated, the patient may develop phobic disorders.

Paranoia – a form of psychosis characterized by systematic delusions of persecution or grandeur; usually without hallucinations.

Pathognomonic – those things distinctively characteristic of a particular disease or condition; specific symptoms which lead readily to a diagnosis.

Phobia – an irrational fear resulting in a conscious avoidance of the feared object, activity, or situation.

Photosensitivity – being sensitive or sensitized to the action of radiant energy; usually seen as a side effect to a medication or the result of a comorbid condition.

Positive Symptoms – active symptoms of mental disorder, such as hallucinations, delusions, paranoia, disorganized speech, agitation, and catatonia.

Pseudoparkinsonism - an extrapyramidal effect characterized by flat affect, muscle rigidity, slowed body movement, and/or a shuffling gait.

Psychomotor agitation – physical and mental excitation which sometimes accompanies depression.

Psychomotor retardation – the slowing of physical and mental processes which sometimes accompanies depression.

Psychosis – a serious mental disorder characterized by defective or lost contact with reality; often accompanied by hallucinations or delusions.

Psychotropic agent – Medication used for the treatment of mental illness.

Schizoaffective Disorder – condition in which a patient exhibits symptoms of both schizophrenia and bipolar disorder.

Schizophrenia - a psychotic disorder characterized by loss of contact with the environment, noticeable deterioration in the level of functioning in everyday life, and by disintegration of personality. Former terminology - dementia praecox.

Selective serotonin reuptake inhibitors (SSRIs) – antidepressants which inhibit the reuptake of serotonin into the neurons. They have low impact on the reuptake of norepinephrine.
Glossary (continued):

**Typical agents** – first generation psychotropic medications.

**Tricyclic antidepressant agents (TCAs)** – A class of antidepressant effective in treating all depressive subtypes, especially the severe melancholic subtype of major depressive disorder. They affect other receptor systems which may cause neurologic and cardiovascular adverse events.