

Pharmacist management of a neuropsychiatric patient in an outpatient clinic

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Introduction

Bipolar disorder is a brain disorder that is characterized by alternating shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

Four Types of Bipolar Disorder:

- Bipolar I disorder is defined by manic episodes that last at least 7 days. Depressive episodes occur can as well lasting at least 2 weeks.
- Bipolar II disorder is defined by a pattern of depressive episodes and hypomanic episodes that last at least 4 days.
- Cyclothymic Disorder is defined by numerous periods of hypomanic symptoms and depressive symptoms lasting for at least 2 years. However, the symptoms do not meet the diagnostic requirements for a hypomanic episode and a depressive episode.
- Other Specified and Unspecified Bipolar and Related Disorders is defined by bipolar disorder symptoms that do not match the other three categories.

Case Presentation

Patient:

54 year old female with a complaint of uncontrolled crying, states her medications are not working and wants to try something new . Patient has a history of testing positive for Lupus and Depression, Short Bowel Resection and Total Thyroidectomy

The patient has been diagnosed with MDD in 2012

Signs and symptoms:

Episodes of anger and agitation.

She goes days without showering at times and hardly wants to leave her house.

Recently confessed to lately wanting to go to bars and meet men.

Suggestions of possible bipolar disorder was brought up to her and patient refused to accept to see a psychiatrist due to the stigma.

Clinical Course

Initial Treatment: Cymbalta

Recently discontinued then initiated on Effexor twice daily

Recent Development: Effexor twice daily to three times daily

Patient has been “feeling on edge” since the Effexor daily dose was increased

Olanzapine Treatment:

Patient was initiated on Olanzapine to alleviate symptoms of anger and agitation but she discovered on her own that it could cause weight gain leading to the patient to never start the Olanzapine.

Mood Stabilizer Treatment:

Patient has tried Lithium in the past for treatment and it failed to show any improvement of her condition.

Discussion

The American Psychological Association (APA) states that for patients with Bipolar Disorder the acute treatment consists of a Mood Stabilizer and a Second Generation Antipsychotic (SGA)

Treatment with a dopamine antagonist can alleviate symptoms such as agitation, anger and unusual behavior.

The patient was prescribed Antidepressant(s) but these drugs can induce manic episodes and switching. Meaning a sudden change in mood and behavior

Discontinue patient’s Wellbutrin and Effexor

Conclusions

The goal of treatment is to stabilize the mood of the patient without inducing a depressive or manic state.

Abilify would be an optimal choice due to low risk of weight gain.

The patient case that is presented can be used as an informative tool to not only pharmacists but also healthcare professionals. The goal is not only to better understand the disease state but also give an opportunity for healthcare providers to use their combined knowledge and determine the most appropriate therapy in Bipolar patients.

References

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