Bipolar Mood Disorder

The bipolar I disorder criteria represents the classic manic-depressive disorder or affective psychosis described in the nineteenth century. It differs from the classic description only to the extent that neither psychosis nor the lifetime experience of a major depressive episode is a requirement. However, the majority of individuals whose symptoms meet the criteria for a full manic episode also experience major depressive episodes during the course of their lives.

Dementia

Dementia is a syndrome – usually of a chronic or progressive nature – in which there is deterioration in cognitive function beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not affected, unless combined with another condition. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behavior, or motivation.

Patient Profile:

Z.A is a 60 years old bipolar patient who was also diagnosed with dementia. He is an in-patients in mental health hospital. Z.A is a retired manager who is married with having 2 sons. He has mild Hypertension. It is suspected that his diagnose is due to hereditary as he has an out-patient sister. He was first admitted because of his maladaptive behavior. The family reported that they noticed Z.A having visual and auditory hallucinations. Although, the nurses reported that he is not experiencing any kind of hallucinations.

Z.A is an active and social patient as the nurses reported but he suddenly shows episodes of maladaptive behavior. These episodes are mostly elicited by the bipolar manic episodes.

Evaluation (OT Mental health assessment):

From observation, it was noticed that Z.A is very talkative with difficulty controlling his flow of talkativeness. He is oriented to the time and place, and have some self-awareness. After the evaluation, he was given a percentage of being 50% neurosis. This percentage was given as sometimes he start to imagine things that did not happen, he said that he went to the stadium and watched the match live.

Values and concerns:

He aims to have his own business. He said that he wants to start working with trading. This is due to his feeling of boredom. He reported that he feels bored because he has nothing to do. This boredom is normal due to the long hospitalization.

Client's Desired Outcomes:

-Quality of life   -Wellbeing

Performance pattern:

Roles: Husband, Father, Grandfather, friend

Habits: Reading newspaper (fixed habit)

Rituals: Praying, Reading Quran

Routines: He has a usual fixed routine of eating, sitting with others and sleeping.

Functional checklist:

Z.A is independent in most of the occupational areas, ADLs, IADLs, and leisure participation. In rest and sleep area he got a score of 5 due to his nightmares affecting his sleep participation. He also has a problem in leisure exploration. Lastly, he had a score of 5 in social participation as he needs supervision due to his maladaptive behavior.

Clients Factors:

- She has adequate sensory functions.

- Adequate neuromuscular functions, except involuntary movements as he has intention tremors.

- Inadequate mental functions, memory, higher level cognitive, perception, orientation and sequencing. Beside adequate attention, thought, consciousness, and drive.

- Adequate environments and contexts except the social context because of his aggression and maladaptive behavior.

Performance skills:

- Motor skills are effective, except calibration as he is slow.

- Process skills are effective.

- Social and interaction skills are effective, unless his aggression.

House Tree person (HTP) projection test: (figure 1)

The purpose of the HTP is to measure aspects of the person's unconsciousness through interpretation of drawings.

- **House:** has no windows or road in front of the door, which means that his relation to the outside world is not good, which may be due to his long stay at hospital, and the hallucinations he experience during the manic episodes.

- **Tree:** Has long branches, he explained that it is similar to a tree in his old house that he misses. This shows his hanging on the past memories.

- **Person:** body disfigurement, with no clear face or body core. This expresses his anger that is elicited during the episodes.

Montreal Cognitive Assessment (MoCA):

MoCA is a widely used screening assessment for detecting cognitive impairment. It was created in 1996, and was validated in the setting of mild cognitive impairment, and has subsequently been used in numerous other settings clinically.

- Visuospatial abilities: He got 2/ 5 (couldn't draw a cube and clock properly)

- Naming: 3/3

- Memory: his working memory is good as he remembered 4/5. But his LTM is affected as he got 0/5.

- Attention: He got 2/2

- Language: ½ as he could repeat only one sentence

- Abstract reasoning: 2/2

- Orientation: 6/6

  - His overall score is 19/30 representing a cognitive impairment due to dementia.

Problem statement:

1. Z.A has a problem in socially interacting with others appropriately and politely because of his maladaptive behavior due to poor communication skills and aggression elicited by manic episodes.

2. Z.A has difficulty in exploring leisure activities due to poor self-awareness and boredom caused by long hospitalization.

Goals:

LTG: Z.A will be able to participate in a group activity of his leisure with friends politely and independently for 1 hour after 2 months.

STG1: Z.A will be able to plan for a leisure activity and ask the nurses for the requirements politely with minimal assistance after 1 month.

STG2: Z.A will be able to participate in a leisure activity with 3 nurses appropriately with minimal assistance.

Intervention Plan:

- Firm kindness and matter of fact (CBT)
  - o to control his maladaptive behavior
- Reality orientation (CBT)
  - o To control his hallucinations
- Relaxation techniques (CBT, Psychodynamic)
  - o To control the nightmares he has.

- Using weighted cuffs

    o To control the intention tremor.

- Engage in a group activity (Card game) of his leisure and reinforce to control his

    maladaptive behavior. (CBT, MOHO, Psychodynamic)

Approaches used:

- Establish:

    o Frustration tolerance

    o Control of behavior

- Prevention:

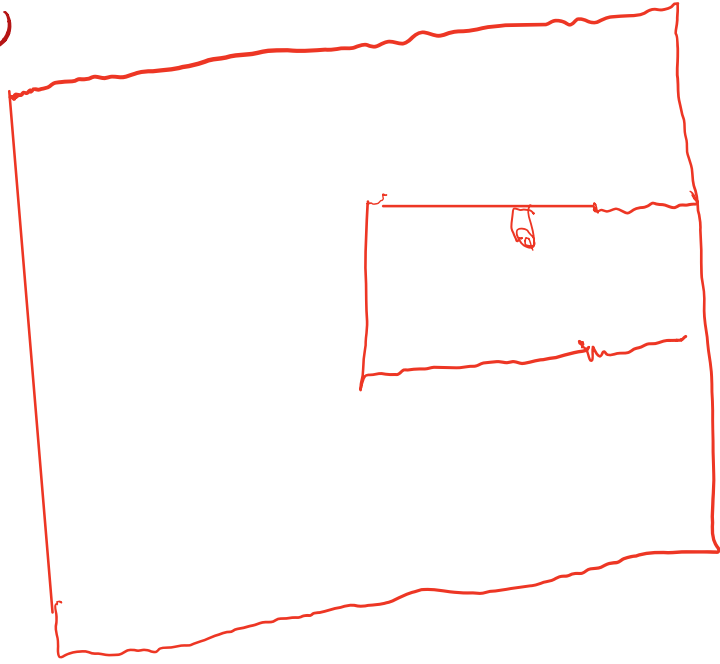   o To prevent deterioration

Clinical reasoning used:

- Procedural questioning

    o To collect the client's background information

- Interactive reasoning & Conditional reasoning

    o To develop the intervention plan based on the client's concerns and the therapists

        point of view.

References:

1. American Occupational Therapy Association. (2014). Occupational therapy practice
   framework: Domain and process (3rd ed.). American Journal of Occupational Therapy,
   68, S1–S48. https://doi.org/10.5014/ajot.2014.682006
2. Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual
   of Mental Disorders, Fifth Edition. Arlington, VA: American Psychiatric Association, 2013.
3. Ikiugu, M. N., & Ciaravino, E. A. (2007). *Psychosocial conceptual practice models in occupational
   therapy: Building adaptive capability*. St. Louis, Mo: Mosby Elsevier.

(Figure 1)

شكل:

شكل:
١٥

انسان

التقييم المعرفي المتبع في مونتريال (MOCA)

باللغة العربية

الاسم:

مستوى الدراسة:

الجنس:

تاريخ الولادة:

التاريخ:

بصري فراغي / تنفيذي

انسخ المكعب

ارسم ساعة حائط
(الساعة الحادية عشرة وعشر دقائق)
(٣ علامات)

بداية

نهاية

العلامات

[X] المحيط   [ ] الأرقام   [X] العقارب

٢/٥

[X]   [✓] ١

التسمية

[✓]   [+]   [✓]

٣/٣

التذكرة

اقرأ قائمة الكلمات واطلب من المريض ان يعيدها.. اجر الاختبار مرتين. اعد التذكير بعد ٥ دقائق

	وجه	مخمل	مدرسة	قرنفلة	ازرق
الاختبار ١	✓	✓	✓		
الاختبار ٢	✓	✓	✓	✓	

لا علامات

الانتباه

اقرأ سلسلة الأرقام (رقم كل ثانية)

يجب على المريض ان يعيدها [✓]   ٢ ١ ٨ ٥ ٤

يجب على المريض ان يعيدها بالعكس [✓]   ٢ ٤ ٧

٢/٢

اقرأ سلسلة الأحرف. على المريض ان يقرع بيده عند سماع كل حرف الف. لا علامات اذا كانت الأخطاء ≤ ٢

ف ب أ س م ن أ ج ك ل ب أ ف أ ك ت د ط د أ أ ج م و ف أ أ ب [ ]

خطأ   ١/١

اطرح ٧ من كل رقم متسلسل اعتبارا من ١٠٠   ٩٣ [✓]   ٨٦ [X]   ٧٩ [X]   ٧٢ [✓]   ٦٥ [✓]

٤ او ٥ طرح صحيحة، ٣ علامات. ٢ أو٣ طروح صحيحة، علامتان، طرح واحد صحيح، علامة، صفر طرح صحيح، لا علامة   ٣/٢

اللغة

أعد،   الهر يختبئ دائما تحت المقعد عندما يدخل الكلب الغرفة   [ ] x

أبو تسيب زار جاره واطمأن عن صحته [✓]   ٢/١

سهولة الكلام   اذكر ما امكن من كلمات تبدأ بحرف (ف) خلال دقيقة [ ] عدد صحيح ≤ ١١ كلمة   7   ١/٠

التجريد

اوجه الشبه مثلا بين برتقالة - موزة = فاكهة   قطار- دراجة [✓]   ساعة - مسطرة [✓]   ٢/٢

التذكير

على المريض ان يتذكر الأسماء دون دلائل	وجه [ ]	مخمل [ ]	مدرسة [ ]	قرنفلة [ ]	أزرق [ ]	علامات للتذكر دون دلائل فقط
الدليل الصنفي						
دليل خيار الأجوبة						

اختياري   ٥/٠

التوجيه

التاريخ [✓]   الشهر [✓]   السنة [✓]   اليوم [✓]   المكان [✓]   المدينة [✓]   ٦/٦

المجموع   ٣٠/١٩

أضف علامة اذا كانت سنين الدراسة > ١٢ سنة

الطبيعي ≤ ٣٠/٢٦