**The Assignment**

Examine Case Study: An Asian American Woman With Bipolar Disorder. You will be asked to make three decisions concerning the medication to prescribe to this client. Be sure to consider factors that might impact the client's pharmacokinetic and pharmacodynamic processes.

At each decision point stop to complete the following:

Decision #1

Which decision did you select?

Why did you select this decision? Support your response with evidence and references to the Learning Resources.

What were you hoping to achieve by making this decision? Support your response with evidence and references to the Learning Resources.

Explain any difference between what you expected to achieve with Decision #1 and the results of the decision. Why were they different?

Decision #2

Why did you select this decision? Support your response with evidence and references to the Learning Resources.

What were you hoping to achieve by making this decision? Support your response with evidence and references to the Learning Resources.

Explain any difference between what you expected to achieve with Decision #2 and the results of the decision. Why were they different?

Decision #3

Why did you select this decision? Support your response with evidence and references to the Learning Resources.

What were you hoping to achieve by making this decision? Support your response with evidence and references to the Learning Resources.

Explain any difference between what you expected to achieve with Decision #3 and the results of the decision. Why were they different?

Also include how ethical considerations might impact your treatment plan and communication with clients.

Finally: 1. Complete the decision tree (keep track of what you selected. come up with a rational reason why you chose it. Come up with patient specific rational reason behind not choosing the other two options not chosen).

2. Write paper addressing all section listed based on the decision tree.

**Case Study: Bipolar Therapy for Client of Korean Descent/Ancestry:**

**BACKGROUND INFORMATION**

The client is a 26-year-old woman of Korean descent who presents to her first appointment following a 21-day hospitalization for onset of acute mania. She was diagnosed with bipolar I disorder.

Upon arrival in your office, she is quite "busy," playing with things on your desk and shifting from side to side in her chair. She informs you that "they said I was bipolar, I don't believe that, do you? I just like to talk, and dance, and sing. Did I tell you that I liked to cook?"

She weight 110 lbs. and is 5' 5"

**SUBJECTIVE**

Patient reports "fantastic" mood. Reports that she sleeps about 5 hours/night to which she adds "I hate sleep, it's no fun."

You reviewed her hospital records and find that she has been medically worked up by a physician who reported her to be in overall good health. Lab studies were all within normal limits. You find that the patient had genetic testing in the hospital (specifically GeneSight testing) as none of the medications that they were treating her with seemed to work.

Genetic testing reveals that she is positive for CYP2D6\*10 allele.

Patient confesses that she stopped taking her lithium (which was prescribed in the hospital) since she was discharged two weeks ago.

**MENTAL STATUS EXAM**

The patient is alert, oriented to person, place, time, and event. She is dressed quite oddly- wearing what appears to be an evening gown to her appointment. Speech is rapid, pressured, tangential. Self-reported mood is euthymic. Affect broad. Patient denies visual or auditory hallucinations, no overt delusional or paranoid thought processes readily apparent. Judgment is grossly intact, but insight is clearly impaired. She is currently denying suicidal or homicidal ideation.

The Young Mania Rating Scale (YMRS) score is 22

RESOURCES

§ Chen, R., Wang, H., Shi, J., Shen, K., & Hu, P. (2015). Cytochrome P450 2D6 genotype & affects the pharmacokinetics of controlled-release paroxetine in healthy Chinese subjects: comparison of traditional phenotype & activity score systems. European Journal of Clinical Pharmacology, 71(7), 835-841. doi:10.1007/s00228-015-1855-6

**Decisions Made and Outcomes (Needed to formulate the paper)**

**Choices for Decision 1:** Select what the PMHNP should do: Begin Lithium 300 mg orally BID, Begin Risperdal 1 mg orally BID, or Begin Seroquel XR 100 mg orally at HS.

**My decision:** I chose to Begin Risperdal 1 mg orally BID

* **Outcome: RESULTS OF DECISION POINT ONE: Client returns to clinic in four weeks**
* **Client is accompanied today by her mother who must help the client into your office, the client looks very sedated and lethargic**
* **Client's mother explains that “she has been like this since about a week after the last office visit”**

**Choices for Decision 2:**

Select what the PMHNP should do next:

 Discontinue Risperdal and start Lithium sustained release 300 mg orally BID

 Decrease Risperdal to 1 mg at HS

 Change Risperdal to 2 mg at HS

**My decision:** I chose to decrease Risperdal to 1mg at HS

* **Outcome: RESULTS OF DECISION POINT TWO:** **Client returns to clinic in four weeks**
* **Client is less sedate, less lethargic and shows symptom improvement**
* **Young Mania Rating Scale has decreased from 22 to 16 (a bit more than a 25% decrease in symptoms)**

**Choices for Decision 3:** Decision Point Three Select what the PMHNP should do next:

Select what the PMHNP should do next:

 Continue at same dose of Risperdal and reassess in 4 weeks

 Increase Risperdal back to 1 mg orally BID

 Change to Latuda 40 mg orally daily

**My decision:** I choose to Continue at same dose of Risperdal and reassess in 4 weeks

**Outcome:**Guidance to Student

 Continue at same dose of Risperdal and reassess in 4 weeks

Guidance to Student

At this point, the PMHNP may be wise to allow the client to remain at the same dose and reassess in 4 weeks. Recall that the client is of Korean descent and is positive for CYP2D6\*10 allele. As a result, she may have slower clearance of Risperdal from her system, which may have resulted in higher than normal levels of Risperdal in the blood, which in turn resulted in sedation. Therefore, if we were to increase back to 1 mg orally BID, she may have the same side effects. Latuda is FDA approved for bipolar I depression, which is not the presentation we are attempting to treat. Additionally, it is quite expensive and many insurance companies will not pay for it until other agents have been attempted and failed.