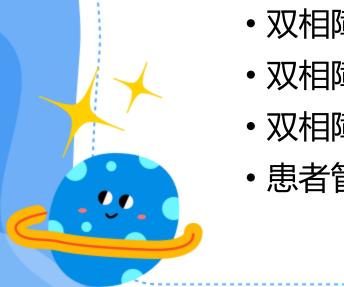


目录

- 双相障碍概述
- 双相障碍临床表现
- 双相障碍病因学探讨
- 双相障碍诊断与鉴别诊断
- 双相障碍治疗方案及选择
- 患者管理与教育支持

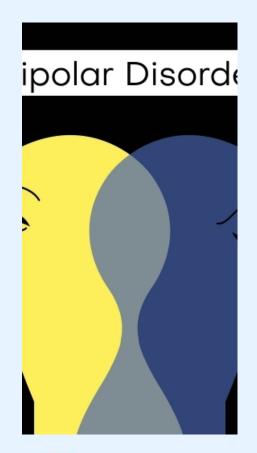


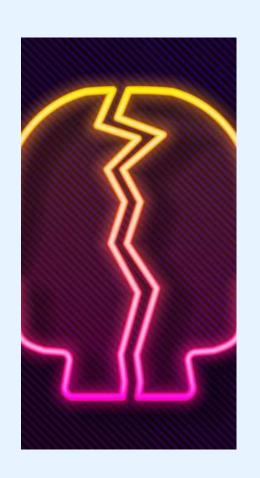
















定义

双相障碍(BD)是一种既有躁狂 症发作,又有抑郁症发作的常见 精神障碍。



特点

患者情绪在躁狂和抑郁两极间波动,具有反复、交替、不规则呈现的特性,同时伴随多种紊乱症状。





发病率及危害

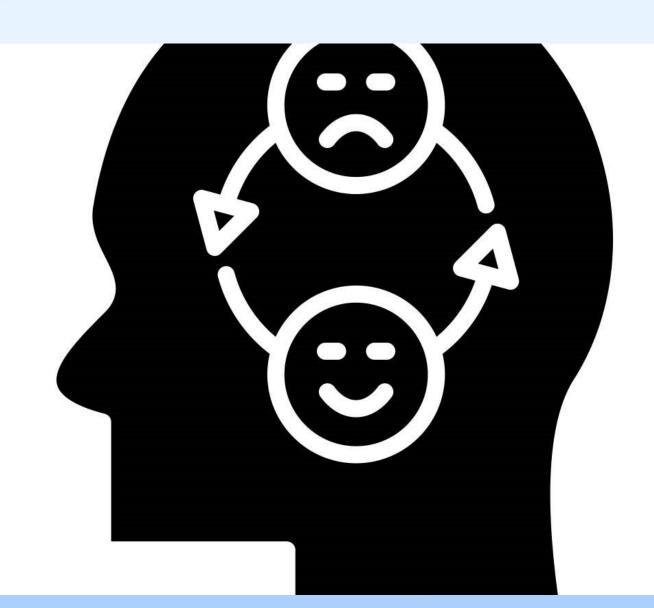


发病率

双相障碍是一种较为常见的精神障碍, 其发病率因地区、年龄、性别等因素 而异。

危害

双相障碍不仅影响患者的日常生活和 社会功能,还可能导致自sha、自残等 严重后果。此外,反复发作会对大脑 功能造成损害,使病情愈发复杂。



以下附赠各项管理制度英文版(不需要可删)

急救药品、器材管理制度:

l. Rescue drugs and equipment should be "five fixed" (fixed quantity and variety, designated placement, designated person storage, regular disinfection and sterilization, regular inspection and maintenance) and "tw	٥
imely" (timely inspection and maintenance, timely receipt and supplementation). The item is clearly marked and cannot be used arbitrarily.	

- 2. The necessary rescue equipment is complete, in good performance, and in standby condition.
- 3. The rescue drugs are complete, with clear drug labels and no discoloration, deterioration, expiration, or damage. They should be placed and used in the order of drug expiration dates (from right to left).
- 4. Emergency drugs and items for each department's rescue vehicle shall be uniformly equipped according to requirements. Specialized emergency drugs and items must be reviewed and approved by the department director to determine the type, quantity, specifications, and dosage to be equipped. Rescue vehicles must be placed in designated locations and managed by designated personnel to ensure safety and ease of use.
- 5. After using rescue drugs and equipment, they should be fully replenished within 24 hours. If they cannot be replenished due to special reasons, they should be noted on the handover registration form and reported to the head nurse for coordination and resolution to ensure timely use during patient rescue.
- 6. There is a registration book for the provision of drugs and equipment. Ensure consistency between accounts and materials, and handover between shifts.
- 7. Management of sealed rescue vehicles: Before sealing, the head nurse (or nurse in charge) and another nurse shall count the drugs and equipment according to the registration book of drug and equipment equipment, verify their accuracy, and seal them with a seal. Two people shall sign and fill in the sealing time. Nurses check the condition of the seals once per shift and complete the handover. The responsible nurses check once a week, and the head nurse and responsible nurses open the seals and inspect the drugs and equipment in the ambulance once a month, with records kept.
- 8. Non sealed rescue vehicle management: Each shift shall count the drugs and equipment according to the registration book and complete the handover. The responsible nurse shall inspect once a week, and the head nurse shall inspect once every two weeks and keep records, ensuring that the accounts match the materials.

护理文书书写制度:

- 1. Nursing staff strictly follow the latest requirements when writing nursing medical records.
- 2. The content of nursing records should be objective, truthful, accurate, timely, complete, and standardized.
- 3. All nursing documents should be written with a blue black or carbon ink pen.
- 4. All nursing documents should be written in Arabic numerals for date and time, with dates in years, months, and days, using a 24-hour system, specific to minutes. 5. Writing should use Chinese, medical terminology, and commonly used foreign language abbreviations; Complete record items; The text is neat, the handwriting is clear, and the layout is clean; Accurate expression, fluent sentences, simple and concise: correct format and punctuation, no typos.
- 6. When errors occur during the writing process, double line them on the wrong words, keep the original record clear and distinguishable, sign the modifier, indicate the modification time, continue to write the correct content, and do not use scraping, sticking, painting or other methods to cover up or remove the original handwriting. Each page should be modified no more than two times, otherwise the original recorder will promptly copy again (except for modifications made by superiors).
- 7. Nursing records written by intern nurses, probationary nurses, or unregistered nurses should be reviewed and signed by nurses with legal professional qualifications in this medical institution.
- 8. Further training nurses can only write nursing documents after being recognized by the medical institution receiving the training for their work ability.
- 9. Superior nursing staff have the responsibility to review and modify the written records of subordinate nursing staff. When making modifications, red double lines should be used to mark errors, write the modified content, sign and indicate the modification time.
- 10. Temperature records, medical orders, patient care records, and surgical inventory records should be archived on time.

诊断标准与分类





诊断标准

根据国际疾病分类(ICD)和美国精神障碍诊断与统计手册 (DSM)等相关诊断标准,双相障碍的诊断主要依据患者的 临床表现和病程特点。

分类

双相障碍可分为多种类型,如双相I型障碍(躁狂发作和抑郁发作均较严重),双相II型障碍(躁狂发作较轻,抑郁发作较重),以及环性心境障碍等。此外,根据发作频率、病程长短等因素,还可进一步细分。







情感高涨

患者自我感觉良好,主观体验特别愉快, 笑容满面,兴高采烈。

思维奔逸

患者联想过程加速,概念接踵而至,说话滔滔不绝,因难以使听众插话而感到烦恼。

活动增多

患者精力旺盛,兴趣广泛,动作快速敏捷,活动明显增多,且忍耐不住,整天忙忙碌碌,但做事往往虎头蛇尾,有始无终。

夸大观念及夸大妄想

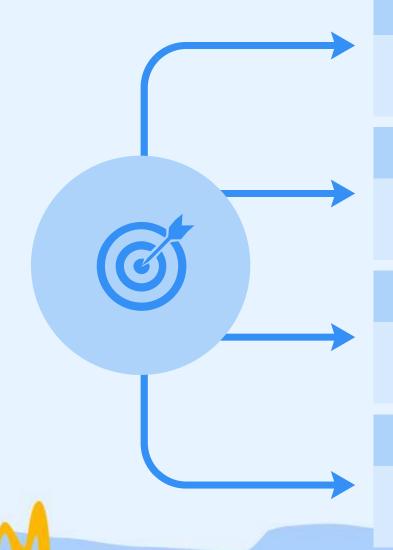
在心境高涨的背景上,患者常自我评价过高, 言语内容夸大,说话漫无边际,认为自己才 华出众,出身名门等。





抑郁发作症状





情绪低落

患者自我感觉不良,情绪低落,忧愁苦闷,唉声叹气,暗自落泪等。

思维迟缓

患者联想困难,思考问题吃力,反应迟钝,言语减少,声音低沉,对答困难。

活动减少

患者行动缓慢,生活懒散,不想做事,不愿与周围人接触交往,常独坐一旁或整日卧床。

焦虑、自责、自罪观念

在心境低落的基础上,患者常出现焦虑、烦躁不安,自责自罪,感到自己一无是处,严重时可出现罪恶妄想。



混合发作及快速循环型

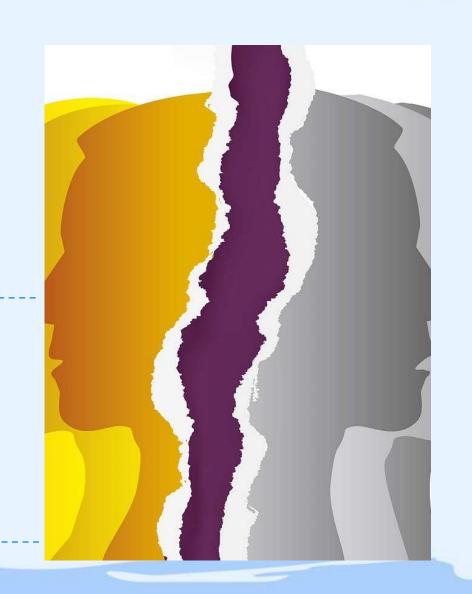


混合发作

指躁狂症状和抑郁症状在一次发作中同时出现或交替出现,临床上较为少见。

快速循环型

指患者在短时间内(通常为数周或数月)频繁出现躁狂发作和抑郁发作,每种 发作的持续时间较短,且发作间期不明显。







伴随症状与并发症





伴随症状

双相障碍患者常伴有睡眠障碍、食欲改变、性欲减退、物质滥用、焦虑、强迫等症状。

并发症

双相障碍患者可出现幻觉、妄想等精神病性症状,也可并发焦虑障碍、物质滥用及躯体疾病等。此外,双相障碍患者共病代谢综合征、糖尿病、高血压等躯体疾病的风险也显著增加。









双框

家族聚集性

双相障碍具有家族聚集性,家族中有人患病,其他成员患病风险增加。

02

01

遗传方式

多因素遗传,包括基因与环境交互作用。

03

基因研究

已发现多个与双相障碍相关的基因,如与情感调控、神经递质等相关的基因。









神经递质异常

5-羟色胺、去甲肾上腺素、多巴胺等神经递质在情感调控中起重要作用,双相障碍患者存在这些神经递质的异常。



神经内分泌异常

下丘脑-垂体-肾上腺轴等神经内分泌系统异常与双相障碍的发病有关。



神经可塑性与神经环路异常

长期应激、药物治疗等可影响神经可塑性和神经环路,与双相障碍的发病和病程有关。



以上内容仅为本文档的试下载部分,为可阅读页数的一半内容。如要下载或阅读全文,请访问: https://d.book118.com/505312301004011241