

This presentation is typical of mania. Behaviour is overly exuberant, and may involve 'out of character' risk taking (gambling or promiscuity). Termed hypomania if lasting several days without significant functional impairment, psychosis or hospitalisation. DDX: psychosis (but can be symptom of sev mania), personality disorder (esp histrionic, borderline, narcissistic), organic disease - suspect if older person first presentation (e.g. stimulant intoxication, steroids)

Management

Safety

Assessment

Confirmation of provisional diagnosis

Consultation

Immediate treatment

Transfer of care

Safety:

Close observation. Risk of absconding or self-harm.

Assessment

History:

- Key symptoms of mania are:

Extremely happy mood	↑Energy	↑Goal-directed activities
Irritable mood	↑Risk taking	Rapid speech
Grandiosity	↑Sexual activity	Racing thoughts
Decreased need for sleep	↑Spending money	Flight of ideas
- What were reasons/precipitants for presentation? Is this a change from usual?
- Any substance use?
- Assess the potential for harm: to self/others including injury, or damage to finances, relationships, reputation.
- Any past history of mania or psychiatric treatment?

Exam - Physical & Mental State

- Garish appearance, restless, often good humoured, but may be irritable with poor insight, rapid speech with topic jumping, grandiose delusions if sev mania.
- Physical exam may reveal self-neglect, evidence of intoxication/substance use.

Confirmation

Corroboration: from medical notes, GP, and particularly family & friends.

Investigations: Check drug levels & if ?organic cause e.g. UEC, CT brain, drug screen

Consultation

Consult with mental health team or D&A/Toxicology/Neurology etc. if organic.

Initial treatment

May need sedation - BDZ PO 1st line. See The Patient with Agitated or Aggressive Behaviour
Seek & treat organic illness, dehydration (from neglect), intoxications.

Transfer of care

Likely admission often involuntary under Mental Health Act as poor insight & high suicide rate.