

Chapter 7

Mood Disorders

An Overview of Mood Disorders

- Gross Deviations in Mood
- 2 Fundamental states: Depression & Mania
- Depression: “The Low”
 - Major Depressive Episode
 - The most commonly diagnosed & most severe depression
 - Depressed (or in children, irritable) mood state that lasts at least 2 weeks
 - Cognitive symptoms
 - Feelings of worthlessness or inappropriate guilt
 - Diminished ability to concentrate or indecisiveness

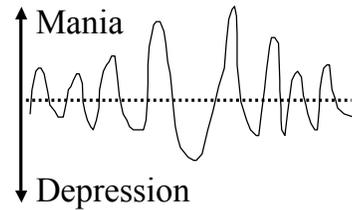
- Disturbed physical functions (vegetative symptoms) (central to the disorder)
 - Insomnia or hypersomnia nearly every day
 - Significant weight loss or gain or change in appetite
 - Fatigue or loss of energy nearly every day
 - Psychomotor agitation or retardation
- Nearly always accompanied by markedly diminished interest or ability to experience pleasure (anhedonia) from life
- Average duration if untreated: 9 months

- Dysthymic Disorder
 - Similar symptoms to Major Depressive Episode, but milder
 - Also fewer symptoms: need only 2 of the symptoms, as opposed to 5 in Major Depressive Episode
 - A persistently depressed (or, in children & adolescents, irritable) mood that continues for at least 2 years
 - During those 2 years, the individual has never been without the symptoms for more than 2 months at a time
 - Most people with Dysthymia eventually experience a major depressive episode

- Mania: “The High”
 - Abnormally exaggerated elation, joy, or euphoria **OR** irritability (common toward the end of the episode) lasting at least 1 week
 - Cognitive symptoms
 - Inflated self-esteem or grandiosity
 - Flight of ideas (too many ideas at once)/ racing thoughts
 - Distractibility
 - Physical symptoms
 - Decreased need for sleep

- Behavioral symptoms
 - More talkative / pressured speech
 - Psychomotor agitation or increase in goal-directed activity
 - Excessive involvement in pleasurable activities with a high potential for painful consequences
- Average duration if untreated: 3 to 6 months

- Hypomanic episode
 - Less severe version of a manic episode
 - Does not cause marked impairment in social or occupation functioning



The Structure of Mood Disorders

- Unipolar Mood Disorder
 - Either Depression **or** Mania
- Bipolar Mood Disorder
 - Alternates Between Depression and Mania
 - Somewhat misleading term
 - An individual can experience manic symptoms but feel depressed or anxious at the same time
 - *Dysphoric Manic or Mixed Episode*

- Important to Determine the Course
 - Temporal Patterning of the Episodes
 - Important to prevent future episodes, not just relieve current symptoms

The Nature of Mood Disorders

- Depressive Disorders
 - Major Depressive Disorder
 - Dysthymic Disorder
 - Double Depression
- Bipolar Disorders
 - Bipolar I and Bipolar II Disorders
 - Cyclothymic Disorder

Major Depressive Disorder

Clinical Description

- Major Depressive Episode
- No Manic or Hypomanic Episodes
- Single episode or Recurrent

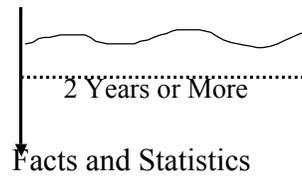


2 Weeks or More

Facts and Statistics

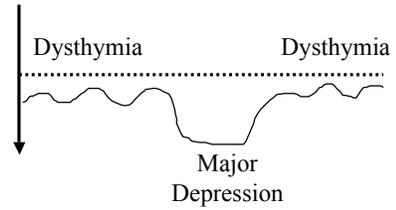
Dysthymia

Clinical Description



Double Depression

Clinical Description



Bereavement

- Normal grief reaction
 - Presents with some symptoms characteristic of Major Depressive Episode
 - Sadness
 - Insomnia
 - Poor appetite
 - Weight loss
- Pathological grief reaction / Impacted grief reaction
 - Bereavement is considered a disorder only if:
 - Symptoms are still present 2 months after the loss
 - Or there are severe symptoms, e.g., psychotic features or suicidal ideation

•Prominent Symptoms:

- Intrusive memories & distressingly strong yearnings for the loved one
- Avoiding people or places that are reminders of the loved one

•Treatment

- Help the individual re-experience the trauma under close supervision

•Prevention

- Mourning rituals

Bipolar Disorders

Major Features

- Experience Both
 - Manic Episodes
 - Major Depressive Episodes
- “Roller coaster ride from peaks of elation to depths of despair”

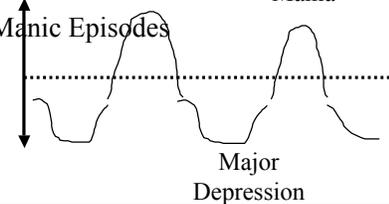
Bipolar Disorders: Bipolar I

Clinical Description

- Major Depressive Episodes

alternate with

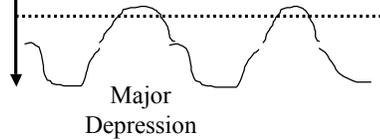
- Full Manic Episodes



Bipolar Disorders: Bipolar II

Clinical Description

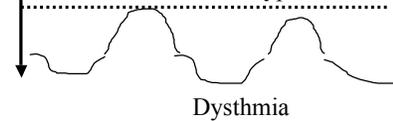
- Major Depressive Episodes alternate with
- Hypomanic Episodes



Bipolar Disorders: Cyclothymia

Clinical Description

- Dysthymic Episodes alternate with
- Hypomanic Episodes



Bipolar Disorders

- Features of manic or hypomanic episodes
- General Facts and Statistics

Feature Specifiers in Mood Disorders

Recent Episode and Pattern

- Atypical
- Melancholic
- Chronic
- Catatonic
 - Catalepsy
- Psychotic
- Postpartum

Specifiers Describing Course & Pattern

- Longitudinal Course
 - Past Episodes of Depression or Mania
- Rapid-Cycling
- Seasonal Pattern
 - Seasonal Affective Disorder (SAD)

Mood Disorders: Facts and Prevalence

- Fundamentally Similar in Children and Adults
 - But looks different at different developmental stages
- In the Elderly
- Across cultures
- Among the creative
- Big overlap between anxiety & depression

Mood Disorders: Biological Causes

Familial & Genetic Influences

- Family Studies
- Twin Studies

Neurotransmitters

- Low levels of serotonin relative to norepinephrine & dopamine
 - Permissive Hypothesis

Endocrine Function

- Cortisol (stress hormone)
- Dexamethasone Suppression Test (DST)

Mood Disorders: Biological Causes

Sleep and Circadian Rhythms

Brain waves

Psychological Causes

- Stressful Life Events
- Learned Helplessness (Martin Seligman)
 - Depressive Attributional Style
 - Internal
 - Stable
 - Global
- Negative Cognitive Styles
 - Arbitrary inference
 - Overgeneralization
 - Beck's Cognitive Triad
 - Negative Schema About
Self, Immediate world, & Future

Social & Cultural Dimensions

- Marital disruption
- Gender-role stereotypes
- Social Support

Deadlier Side of Mood Disorders: Suicide

- Statistics in the United States
- Risk Factors
 - Family history of suicide
 - Extremely low levels of serotonin
 - Existing psychological disorders
 - Severe, stressful event that is experienced as shameful or humiliating

Treatment of Mood Disorders

Medications

- Tricyclic Antidepressants
 - Imipramine (Tofranil)
 - Amitriptyline (Elavil)
 - Dangers of Desipramine
 - Block neurotransmitter reuptake, (esp. norepinephrine) allowing them to pool in the synapse & eventually desensitize or down-regulate the transmission of that neurotransmitter
 - Side Effects
 - Lethal if taken in excessive doses
- MAO Inhibitors
 - Block Enzyme MonoAmine Oxidase

- SSRIs (Paxil, Zoloft, Prozac)
 - Block presynaptic reuptake of serotonin
 - Prozac (fluoxetine)
 - Myths
 - Side Effects
- Newest antidepressants
 - Venlafaxine
 - Nefazodone

- Herbal solutions
 - St. John's Wort
- Pregnancy & nursing
- Lithium
 - Patients who don't respond can take other mood stabilizers such as carbamazepine

Other Medical Treatments

- Electroconvulsive Therapy (ECT)
- Transcranial magnetic stimuli

• Psychological Interventions

- Beck's Cognitive Therapy
 - Teach clients to identify thought distortions & balance thoughts
 - Underlying negative cognitive schemas are later identified & modified
 - Socratic, team approach
 - Thought records
 - Homework
 - Hypothesis testing
 - Activating activities
 - Activities of mastery
 - Pleasurable activities
 - Exercise

- Interpersonal Psychotherapy
 - Focuses on resolving problems in existing relationships & learning to form important new interpersonal relationships
 - Highly structured, 15-20 weekly sessions
 - Identify life stressors precipitating the depression
 - Work collaboratively on interpersonal problems