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
  - Dysthymia
    - 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

- 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
• 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

2 Years or More

Facts and Statistics

Double Depression

Clinical Description

Dysthymia
Dysthymia

Major Depression

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

Mania

Major Depression
Bipolar Disorders: Bipolar II
Clinical Description
- Major Depressive Episodes alternate with
- Hypomaniac Episodes

Bipolar Disorders: Cyclothymia
Clinical Description
- Dysthymic Episodes alternate with
- Hypomaniac Episodes

Bipolar Disorders
- Features of manic or hypomaniac 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)

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 carbamezepine

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