



Mood Disorders

An Overview of Mood Disorders

- Mood Disorders
 - Gross deviations in mood
 - Major depressive episodes
 - Manic and hypomanic episodes
- Types of DSM-IV-TR Depressive Disorders
 - Major depressive disorder
 - Dysthymic disorder
- Types of DSM-IV-TR Bipolar Disorders
 - Bipolar I disorder
 - Bipolar II disorder
 - Cyclothymic disorder

Major Depression: An Overview

- Major Depressive Episode: Overview and Defining Features
 - Extremely depressed mood – Lasting at least 2 weeks
 - Cognitive symptoms (e.g., feeling worthless or indecisive)
 - Disturbed physical functioning
 - Anhedonia – Loss of pleasure/interest in usual activities
- Major Depressive Disorder
 - Single episode – Highly unusual
 - Recurrent episodes – More common

Dysthymia: An Overview

- Overview and Defining Features
 - Milder symptoms of depression than major depression
 - Persists for at least 2 years
 - Can persist unchanged over long periods – ≥ 20 years
- Facts and Statistics
 - Late onset – Typically in the early 20s
 - Early onset – Before age 21
 - Greater chronicity, poorer prognosis

Bipolar I Disorder: An Overview

- Overview and Defining Features
 - Alternating full major depressive and manic episodes
- Facts and Statistics
 - Average age on onset is 18 years
 - Can begin in childhood
 - Tends to be chronic
 - Suicide is a common consequence

Bipolar II Disorder: An Overview

- Overview and Defining Features
 - Alternating major depressive and hypomanic episodes
- Facts and Statistics
 - Average age of onset is 22 years
 - Can begin in childhood
 - 10 to 13% of cases progress to full Bipolar I disorder
 - Tends to be chronic

Cyclothymic Disorder: An Overview

- Overview and Defining Features
 - More chronic version of bipolar disorder
 - Manic and major depressive episodes are less severe
 - Manic or depressive mood states persist for long periods
 - Pattern must last for at least 2 years for adults
 - Must last at least 1 year for children and adolescents
- Facts and Statistics
 - Average age of onset is about 12 or 14 years
 - Cyclothymia tends to be chronic and lifelong
 - Most are female
 - High risk for developing Bipolar I or II disorder

Additional Defining Criteria for Mood Disorders: Symptom Specifiers

- Symptom Specifiers
 - Atypical – Oversleep, overeat, weight gain, anxiety
 - Melancholic – Severe depressive and somatic symptoms
 - Chronic – Major depression only, lasting 2 years
 - Catatonic – Absence of movement, very serious
 - Psychotic – Mood congruent hallucinations/delusions
 - Mood incongruent features possible, but rare
 - Postpartum – Manic or depressive episodes after childbirth

Additional Defining Criteria for Mood Disorders: Course Specifiers

- Course Specifiers
 - Longitudinal course
 - Past history of mood disturbance
 - History of recovery from depression and/or mania
 - Rapid cycling pattern – For Bipolar I and II disorder only
 - Seasonal pattern
 - Depressive symptoms likely during a certain seasons

Mood Disorders: Additional Facts and Statistics

- Worldwide Lifetime Prevalence
 - 16.1% for Major Depression
 - 3.6% for Dysthymia
 - 1.3% for Bipolar
- Sex Differences
 - Females are more likely to suffer from major depression
 - Difference in depression disappear at age 65
 - Bipolar disorders equally affect males and females
- Fundamentally Similar in Children and Adults
- Prevalence of Depression Does not Vary Across Subcultures
- Relation Between Anxiety and Depression
 - Most depressed persons are anxious
 - Not all anxious persons are depressed

Mood Disorders: Familial and Genetic Influences

- Family Studies
 - Rate is high in relatives of probands
 - Relatives of bipolar probands – Risk for unipolar depression
- Adoption Studies
 - Data are mixed
- Twin Studies
 - Concordance rates are high in identical twins
 - Severe cases have a stronger genetic contribution
 - Heritability rates are higher for females
 - Vulnerability for unipolar or bipolar disorder
 - Appear to be inherited separately

Mood Disorders: Neurobiological Influences

- Neurotransmitters
 - Serotonin and its relation with other neurotransmitters
 - Mood disorders are related to low levels of serotonin
 - The “permissive” hypothesis
- Stress-induced neuronal injury
 - For MDD and BPD
- Endocrine System
 - Elevated cortisol
- Sleep Disturbance
 - Hallmark of most mood disorders
 - Relation between depression and sleep

Mood Disorders: Psychological Influences (Learned Helplessness)

- The Learned Helplessness Theory of Depression
 - Related to lack of perceived control over life events
- Lack of positive reinforcement
- Depressive Attributional Style
 - Internal attributions
 - Negative outcomes are one's own fault
 - Stable attributions
 - Believing future negative outcomes will be one's fault
 - Global attribution
 - Believing negative events disrupt many life activities
 - All three domains contribute to a sense of hopelessness

Mood Disorders: Psychological Influences (Cognitive Theory)

- Aaron T. Beck's Cognitive Theory of Depression
 - Depressed persons engage in cognitive errors
 - A tendency to interpret life events negatively
- Types of Cognitive Errors
 - Arbitrary inference – Overemphasize the negative
 - Overgeneralization – Negatives apply to all situations
- Cognitive Errors and the Depressive Cognitive Triad
 - Think negatively about oneself
 - Think negatively about the world
 - Think negatively about the future

Mood Disorders: Social and Cultural Dimensions

- Age
 - Different presentation by age
 - Child/Adolescent – Irritability and acting out
 - Older adults – Delusions and health concerns
- Class – Positive correlation with poverty
- Gender Imbalances
 - Females over males
 - Found in all mood disorders, except bipolar disorders
 - Gender imbalance likely due to socialization
- Social Support
 - Related to depression
 - Lack of support predicts late onset depression
 - Substantial support predicts recovery from depression

Integrative Model of Mood Disorders

- Shared Biological Vulnerability
 - Overactive neurobiological response to stress
- Exposure to Stress
 - Kills or injures neurons
 - Activates hormones that affect neurotransmitter systems
 - Turns on certain genes
 - Affects circadian rhythms
 - Activates dormant psychological vulnerabilities
 - Contributes to sense of uncontrollability
 - Fosters a sense of helplessness and hopelessness
 - Deactivation
- Social and Interpersonal Relationships are Moderators

Treatment of Mood Disorders: Tricyclic Medications

- Widely Used – Examples include Tofranil, Elavil
- Block Reuptake
 - Norepinephrine and Other Neurotransmitters
- Takes 2 to 8 Weeks for the Effects to be Known
- Negative Side Effects Are Common
- May be Lethal in Excessive Doses

Treatment of Mood Disorders: Selective Serotonergic Re-uptake Inhibitors (SSRIs)

- Specifically Block Reuptake of Serotonin
 - Fluoxetine (Prozac) is the most popular SSRI
- SSRIs Pose No Unique Risk of Suicide or Violence
- Negative Side Effects Are Common

Treatment of Bipolar Disorders: Lithium

- Lithium Is a Common Salt
 - Primary drug of choice for bipolar disorders
 - Side Effects May Be Severe
 - Dosage must be carefully monitored
- Valproic Acid - Anticonvulsant
 - Works in Li non-responders
- Other AC meds
 - Topiramate
 - Lamotrigine
 - Tegretol

Treatment of Mood Disorders: Electroconvulsive Therapy (ECT)

- ECT
 - Involves applying brief electrical current to the brain
 - Results in temporary seizures
 - Usually 6 to 10 treatments are required
- ECT Is Effective for Cases of Severe Depression
- Side Effects Are Few and Include Short-Term Memory Loss
- Unclear Why ECT Works – May start up production on neuro-protective substances
- Relapse Following ECT Is Common

Psychological Treatment of Mood Disorders

- Cognitive Therapy
 - Addresses cognitive errors in thinking
 - Also includes behavioral components
- Behavioral Activation – Operant conditioning
 - Involves increased contact with reinforcing events
- Interpersonal Psychotherapy
 - Focuses on problematic interpersonal relationships
- Outcomes with Psychological Treatments
 - Are comparable to medications

Summary of Mood Disorders

- All Mood Disorders Share
 - Gross deviations in mood
 - Unipolar or bipolar deviations in mood
 - Common biological and psychological vulnerability
- Occur in Children, Adults, and the Elderly
- Onset, Maintenance, and Treatment are affected by
 - Stress
 - Social Support
- Suicide Is an Increasing Problem
 - Not Unique to Mood Disorders
- Medications and Psychotherapy Produce Similar Results
- Relapse Rates for Mood Disorders Are High