



# Mood Disorders

# Criteria for Depression

- Sad, depressed mood, most of the day, nearly everyday for two weeks or loss of interest and pleasure in usual activities, plus at least four of the following
  - Difficulties in sleeping (insomnia); not falling asleep initially; not returning to sleep after awakening in the middle of the night, and early morning awakenings; or, in some patients, a desire to sleep a great deal of the time.

# Criteria for Depression

- Shift in activity level, becoming either lethargic (psychomotor retardation) or agitated
- Poor appetite and weight loss, or increased appetite and weight gain
- Loss of energy, great fatigue
- Negative self-concept, self-reproach and self-blame; feelings of worthlessness and guilt

# [ Criteria for Depression ]

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- Complaints or evidence of difficulty concentrating, such as slowed thinking and indecisiveness
- Recurrent thoughts of death or suicide

# Criteria for Manic Episode

- Elevated or irritable mood for at least one week, plus three of the following (four if mood is irritable)
  - Increase in activity level at work, socially, or sexually
  - Unusual talkativeness; rapid speech
  - Flights of ideas or subjective impression that thoughts are racing
  - Less than usual amounts of sleep needed

# Criteria for Manic Episode

- Inflated self-esteem; belief that one has special talents, powers, and abilities
- Distractibility; attention is easily diverted
- Excessive involvement in pleasurable activities that are likely to have undesirable consequences, such as reckless spending

# Mood Disorders

- Major Depression, formerly called *Unipolar Depression*, affects around 5.2% to 17.1% of the population at any given time.
- Prevalence rates suggest that it is increasing in the 20<sup>th</sup> Century and that its age of onset is decreasing.
- Depression affects people differently across the lifespan.
  - Children typically have disturbances in behavior, or somatic complaints and don't necessarily admit to or recognize changes in mood.
  - Elderly typically are distractible or have memory loss.

# [ Depression ]

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- There are also cultural differences in depression.
- Sometimes depression is mild and more acute (short term) while at other times it can be very intense reaching psychotic proportions. Other times it is more chronic and last years.
- Episodes of depression tend to reoccur.



# [ Mania ]

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- Bipolar Type 1 Disorder involves episodes of both mania and depression.
- There is a lifetime prevalence rate of about 1% of the population beginning in the 20's.
- Episodes of mania tend to reoccur.

# Heterogeneity within Diagnoses

- There is great heterogeneity among the mood disorder categories.
  - Patients with the same disorders can vary tremendously
  - The length of time that symptoms persist varies greatly, too.
    - Some patients experience mania (symptoms last at least one week and greatly impairs functioning) while other patients experience **hypomania** (typically last about four days and does not greatly impair functioning).

# [ Heterogeneity within Diagnoses ]

- Some patients experience *melancholy* which is a specific pattern of symptoms and includes an inability to feel pleasure in anything and usually feel worse in the morning.
- Both mania and depression can take on psychotic symptoms as well including both mood congruent and mood incongruent features.
- This psychotic symptomatology can include *catatonia* which includes both motoric immobility or excessive, purposeless activity and agitation.

# Chronic forms of Mood Disorders

- Cyclothymic Disorder is a form of mania that includes frequent periods of depression and hypomania that can reoccur with periods lasting as long as two months. Often the symptoms are not as severe as a full blown episode of mania.
- Dysthymic Disorder is a form of depression that includes chronically present symptoms of depression. The difference between major depression and dysthymia is the duration of the symptoms (longer in dysthymia) and that dysthymia has fewer symptoms for a diagnosis (3 instead of 5). Dysthymic Disorder can last for many years.

# [ Other forms of mood disorders ]

- Sometimes mood disorders can be brought on by general medical conditions (ie, cancer or arthritis) or can be the result of substance abuse.
- Sometimes substance abuse can mask the presence of a mood disorder so when the substance is not present the mood disorder is present.
- Seasonal Affective Disorder typically happens in the Winter and may result from the loss of hours of sunlight.

# Etiology and Treatment of Mood Disorders

- Both are influenced by the practitioner's theoretical orientation.
- Group Therapy vs. Individual Therapy – Which works best?
- Family/Marital Therapy

# Etiology and Treatment of Mood Disorders

- Psychoanalytic
  - Etiology – There is some unconscious conflict
  - Treatment – Resolve that conflict using:
    - Freud believed that depression was introjected anger – the treatment involves learning how to not hold your anger in.
    - Free association
    - Hypnosis
    - Catharsis + Insight

# Etiology and Treatment of Mood Disorders

## ■ Behavioral

- Etiology – Maladaptive learning
  - May involve the loss of and/or lack of reinforcers in the environment
- Treatment – Relearn appropriate/effective behaviors
  - Social skills training
  - Assertiveness training
  - Relaxation training
  - Learned helplessness - Seligman



# Etiology and Treatment of Mood Disorders

- Humanistic
  - Etiology – Thwarted human growth and potential
  - Treatment – Unleash or unblock growth and nurture the healthy potential in the individual
    - Basic empathy
    - Unconditional positive regard
    - Genuineness
    - Relationship is especially important
- Other - Existential Therapy
  - All of the existential issues can result in anxiety and depression
  - Frank discussion of these concerns can be very useful

# Etiology and Treatment of Mood Disorders

- Cognitive
  - Etiology – Maladaptive thoughts
    - Beck's
      - The Negative view of self
      - The Negative interpretation of experiences
      - The Negative expectation of the future
    - [www.personalityresearch.org/papers/allen.html](http://www.personalityresearch.org/papers/allen.html)
  - Treatment – Alter distortions and maladaptive thoughts
    - Confrontation
    - Skills training
    - Problems solving approach

# Etiology and Treatment of Mood Disorders

## ■ Biological

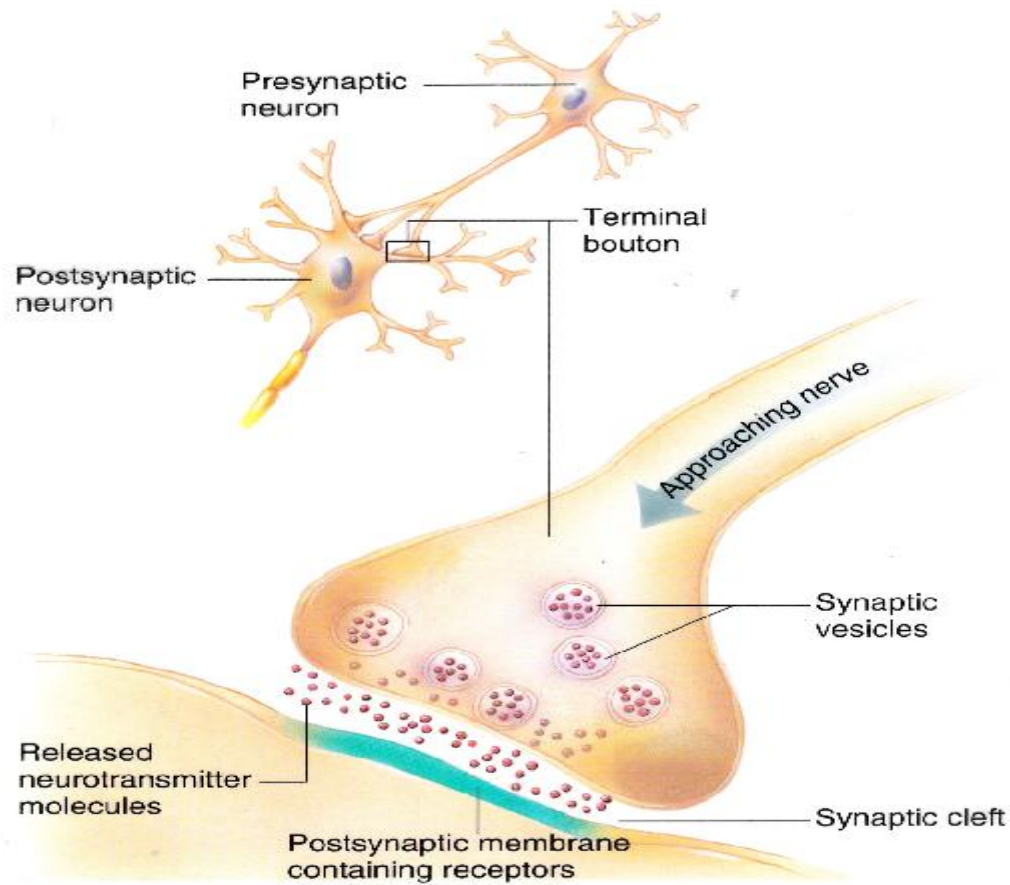
- This area of care has advanced perhaps more than any area in the treatment of mood disorders
- Etiology – Underlying biological issues
  - Based on the assumption that there is an imbalance of neurotransmitters in the nervous system
- Treatment – Provide symptomatic relief of anxiety and depression

# [ The Synapse ]

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Figure 3.21, page 82  
**The synapse**



# Etiology and Treatment of Mood Disorders

- Re-establish the proper level of neurotransmitters in the brain
  - The wide use of anti-depressant medications is evidence of the trend in the field of psychiatry
  - MAO-I
  - Tricyclic
  - SSRI
  - ECT
- Encourage lifestyle changes
- Systematically provide education to support life changes

# [ Signs of Suicide ]

- **Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself**
- **Looking for ways to kill oneself by seeking access to firearms, pills, or other means**
- **Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person**
- **Feeling hopeless**
- **Feeling rage or uncontrolled anger or seeking revenge**

# Signs of Suicide

- **Acting reckless or engaging in risky activities - seemingly without thinking**
- **Feeling trapped-like there's no way out**
- **Increasing alcohol or drug use**
- **Withdrawing from friends, family, and society**
- **Feeling anxious, agitated, or unable to sleep or sleeping all the time**
- **Experiencing dramatic mood changes**
- **Seeing no reason for living or having no sense of purpose in life**

# Conditions associated with increased risk of suicide

- Death or terminal illness of relative or friend.
- Divorce, separation, broken relationship, stress on family.
- Loss of health (real or imaginary).
- Loss of job, home, money, status, self-esteem, personal security.
- Alcohol or drug abuse.



# Conditions associated with increased risk of suicide

- Depression. In the young depression may be masked by hyperactivity or acting out behavior. In the elderly it may be incorrectly attributed to the natural effects of aging. Depression that seems to quickly disappear for no apparent reason is cause for concern. The early stages of recovery from depression can be a high risk period. Recent studies have associated anxiety disorders with increased risk for attempted suicide.

# Emotional and Behavioral Changes Associate with Suicide

- Overwhelming Pain: pain that threatens to exceed the person's pain coping capacities. Suicidal feelings are often the result of longstanding problems that have been exacerbated by recent precipitating events. The precipitating factors may be new pain or the loss of pain coping resources.
- Hopelessness: the feeling that the pain will continue or get worse; things will never get better.

# Emotional and Behavioral Changes Associate with Suicide

- Powerlessness: the feeling that one's resources for reducing pain are exhausted.
- Feelings of worthlessness, shame, guilt, self-hatred, “no one cares”. Fears of losing control, harming self or others.
- Personality becomes sad, withdrawn, tired, apathetic, anxious, irritable, or prone to angry outbursts.

# Emotional and Behavioral Changes Associate with Suicide

- **Declining performance in school, work, or other activities. (Occasionally the reverse: someone who volunteers for extra duties because they need to fill up their time.)**
- **Social isolation; or association with a group that has different moral standards than those of the family.**
- **Declining interest in sex, friends, or activities previously enjoyed.**
- **Neglect of personal welfare, deteriorating physical appearance.**

# Emotional and Behavioral Changes Associate with Suicide

- Alterations in either direction in sleeping or eating habits.
- (Particularly in the elderly) Self-starvation, dietary mismanagement, disobeying medical instructions.
- Difficult times: holidays, anniversaries, and the first week after discharge from a hospital; just before and after diagnosis of a major illness; just before and during disciplinary proceedings. Undocumented status adds to the stress of a crisis.

# [ What can I do to help? ]

- Take it seriously
- Remember: suicidal behavior is a cry for help.
- Be willing to give and get help sooner rather than later.
- Listen.
- ASK: “Are you having thoughts of suicide?”
- If the person is acutely suicidal, do not leave him alone.
- Urge professional help.
- No secrets.
- From crisis to recovery.