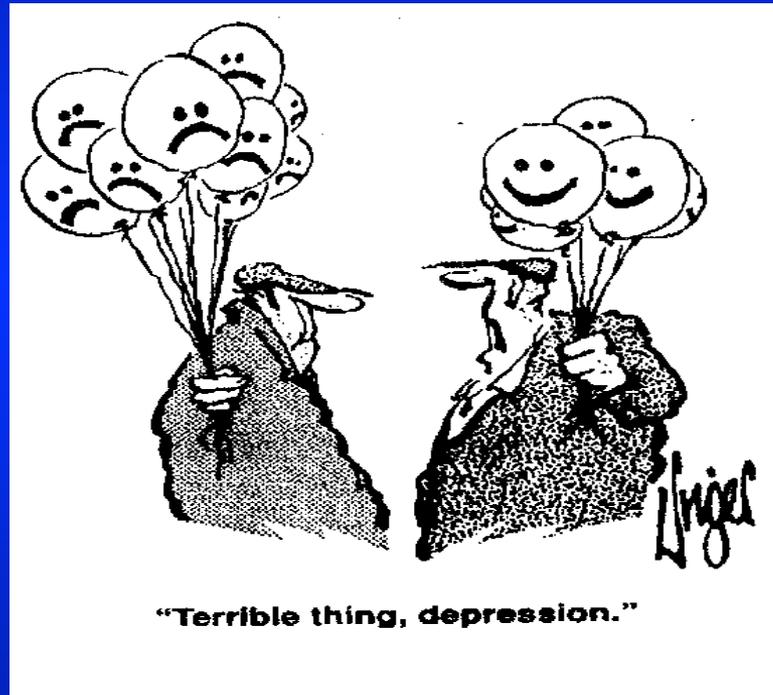


Mood Disorders

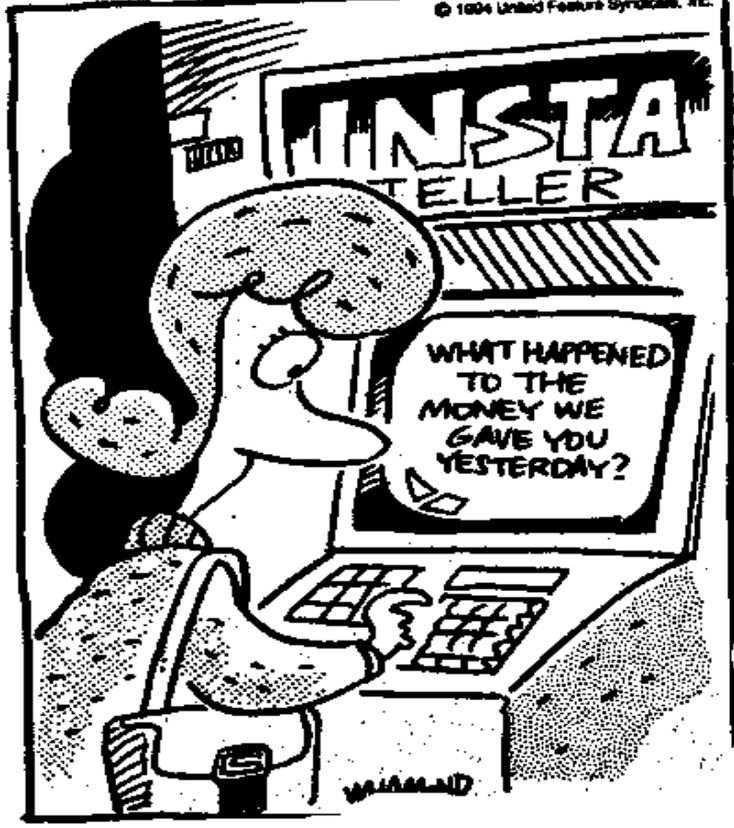


Gross deviation in mood

Depression

- ◆ Affective: Depressed mood (kids-irritability), or anhedonia for 2 weeks minimum.
- ◆ Cognitive: worthlessness/ guilt, hopelessness, indecisiveness/ concentration, suicidal.
- ◆ Somatic (vegetative): weight/ appetite, sleep (insomnia or hypersomnia), loss of energy/ fatigue, psychomotor agitation/ retardation.

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Mania

- ◆ Excessive involvement in pleasurable activities with increased potential for negative consequences (buying sprees, sexual indiscretions, business investments).
- ◆ Affective: Elevated, expansive or irritable mood.
- ◆ Cognitive: grandiosity, incoherent speech, flight of ideas/ racing thoughts, distractibility
- ◆ Somatic: decreased need for sleep, talkative or pressured speech, psychomotor agitation/ goal directed activity (social, work/school, sexual).

Unipolar vs. Bipolar Mood Disorders

- ◆ Unipolar depression.
- ◆ Bipolar both mania and depression alternating.
- ◆ Mixed States - both mania & depression together. Usually severe disorder requiring hospitalization.
- ◆ Hypomania less severe than mania, otherwise presentation same.
- ◆ Spontaneous remissions (9-12 months depression, 6 months mania) and episodic course (temporal patterns).

Major Depression - Prevalence

- ◆ 8-18% general population (Karnoe et al., 1987), 7.8% average, incidence 3.7% in last year.
- ◆ Up to 26% female, 12% male.
- ◆ UW & UWO 1st year undergraduates, 30% dysphoric, 10% clinically depressed.

Major Depression - Course

- ◆ Onset 27 years, with spontaneous remission in 9-12 months for 90%.
- ◆ Most straightforward is major depressive episode, single episode.
- ◆ Episodic nature, only 5-15% one episode, average 5-6 episodes lifetime.
- ◆ Recurrence common, 50% recur within 2 years following 1st episode, 80% chance of 3rd episode if 2 previous.
- ◆ Suicide common, 15% (Gotlib et al., 1993).

Dysthymia

- ◆ Dysthymia, milder but persistent (2 years for diagnosis).
- ◆ Median Duration, 5 years, with little improvement across lifespan (can last 20-30 years).
- ◆ Early vs. Late Onset Dysthymia
 - Early Onset (before 21 years): 1) greater chronicity, 2) poorer prognosis, and 3) greater likelihood of familial transmission.
- ◆ Double Depression (42% of those with dysthymia), dysthymia & major depressive episodes (61% do not recover within 2 years), severe psychopathology, pessimistic prognosis.

Mood Disorders - Depression

Symptom Modifiers

Psychotic

- ◆ Hallucinations & delusions in some with depression or mania.
- ◆ Either mood congruent or incongruent.
- ◆ Poor prognosis

Mood Disorders - Depression Symptom Modifiers

◆ Melancholic

- Somatic symptoms (early morning awakening, weight loss, anhedonia, loss of libido).
- More common in elderly.
- Endogenous, responds well to drugs (MAOI) & ECT

◆ Atypical

- Overeating, oversleeping, anxiety.

◆ Catatonic (extremely rare)

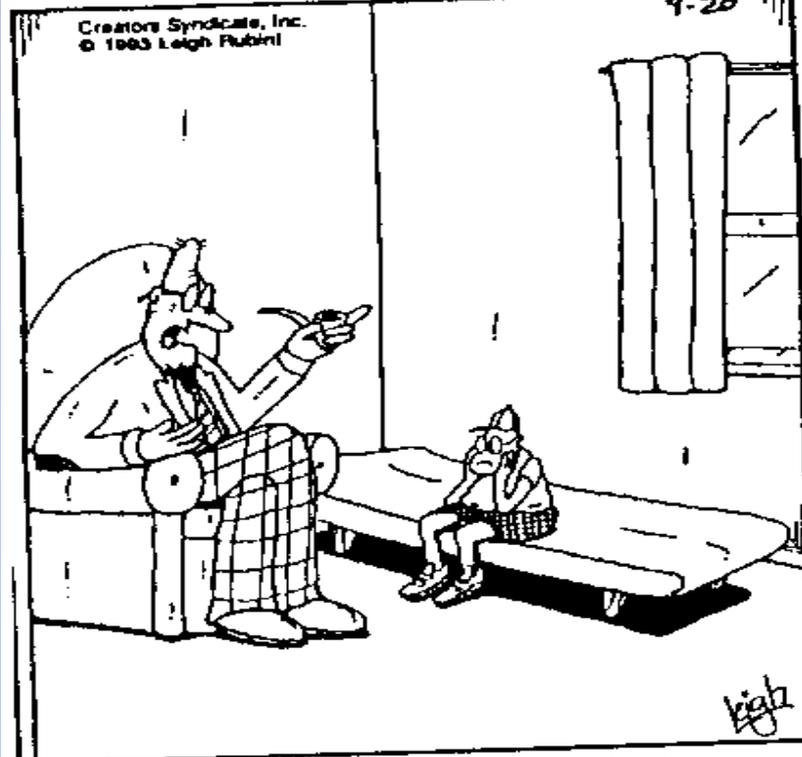
- Catalepsy or little movement.

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By Leigh Rubin

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"I'm afraid that I won't be able to treat your depression until next fall, son. Because unfortunately, at this time, there just ain't no cure for the summertime blues."

Mood Disorders - Subtypes

◆ Seasonal Affective Disorder

- Excessive sleep, weight gain, carbohydrate craving.
- Melatonin produced only in dark (winter blues, cabin fever).
- Morning phototherapy.

◆ Postpartum

- Gotlib et al. (1989) 5% maximum.
- 50-80% blues within 1-5 days postpartum.
- 1/1000 psychotic depression or mania within 1-3 days postpartum.
- More severe reactions predict similar in future births.

Mood Disorders - Grief Reactions

- ◆ 62% experience severe depression following death, not considered abnormal.
- ◆ Grief resolve in several months (up to a year is common).
- ◆ 20% experience pathological grief reaction (psychotic, worthless or suicidal).

Mood Disorders - Special Populations

◆ Elderly

- Late onset common & chronic, marked by sleep difficulties, hypochondriasis, agitation.
- Complicated by dementia.
- Equal prevalence for men and women.

◆ Children

- Very young manifest changes in facial expression, eating, sleeping & play.
- Older children's mimic adults.
- Depression & Bipolar peak in adolescence.
- Bipolar adolescents impulsive, accident-prone.
- Conduct disorder for boys.
- Dangerous due to skyrocketing suicide attempts during adolescence.

Bipolar Disorders



- ◆ Key feature is alternating manic & depressive episodes
- ◆ Subtypes
 - Bipolar I (Mania, Mania & Depression).
 - Bipolar II (Hypomania & Depression).
 - Bipolar III (Treatment induced Mania or Hypomania).
 - Bipolar IV (Relative with BPD, presents with only depression).

Bipolar Disorders - Prevalence



- ◆ 1% of general population, equal for males and females (0.9-1.1%, 0.6-1.3%, respectively).
- ◆ 50% of patients with BPD have a parent with BPD.
- ◆ If a parent has BPD, 25-30% of offspring have BPD.

Bipolar Disorders - Course



- ◆ Onset 18 & 22 years (Bipolar I & II, respectively), rarely after 40.
- ◆ BPD (I) 93-100% have 1+ episodes
 - 19-85% have 3+ episodes
 - 15-53% chronically ill.
- ◆ Duration typically 4 months, depressed phase longer.
- ◆ Median # episodes is 8.
- ◆ Suicide common, 19% (range 9-60%).
- ◆ Rapid Cycling (4 + episodes in a year).
 - 20% experience, first onset is usually depression.
 - 90% of rapid cyclers are female.

Cyclothymia



- ◆ Less severe than bipolar, lasting 2 years.
- ◆ Little or no euthymia.
- ◆ Onset modal age is 12-14 years.
- ◆ 1/3 will develop bipolar disorder.
- ◆ Subtypes: 1) predominantly depressive, 2) predominantly manic, 3) both.

Assessment

- ◆ BDI
- ◆ BHS
- ◆ PAI
- ◆ MMPI
- ◆ CES-D
- ◆ ZUNG

Diagnostic Criteria



◆ Complete DSM-IV Diagnostic Criteria