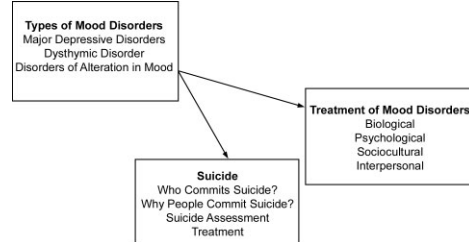


Chapter 8

Mood Disorders



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Euphoria

Euphoric mood:

A feeling state that is more cheerful and elated than average, possibly even ecstatic.

Dysphoric mood:

Unpleasant feelings, such as sadness or irritability.

Dysphoria

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Episode

A time-limited period during which specific symptoms of a disorder are present.

The clinician will:

1. Rate severity: *mild, moderate, or severe*.
2. Note whether it's the first episode or a recurrence.
3. Specify nature of a prominent set of symptoms (e.g., *catatonic, postpartum*).

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Depressive Disorders

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MAJOR DEPRESSIVE DISORDER

- Depressed mood.
- Lethargic or agitated.
- Disturbed eating and/or sleeping.
- Duration: at least 2 weeks.
- Most cases run their course some time after 6 months.

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Types of Depression

In episodes with **melancholic features**, people lose interest or pleasure in most daily activities.

People with a **seasonal pattern** develop a depressive episode at about the same time each year, usually 2 months in fall or winter.

Seasonal Affective Disorder



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Prevalence and Course

Out of every 100 people, about 13 men and 21 women develop this disorder at some point in life.

About 40% will never have a second episode.

So 60% will have a second major depressive episode.



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Dysthymic Disorder

- Have symptoms of major depression, but not as deeply or as intensely.
- **Chronic:** Have symptoms for at least 2 years, during which they are symptom-free for no more than 2 months.



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Major Depressive Disorder

5 or more symptoms including sadness or loss of interest or pleasure.

At least **2 weeks** in duration.

Dysthymic Disorder

3 or more symptoms including depressed mood.

At least **2 years** in duration.

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Disorders Involving Alterations in Mood

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BIPOLAR DISORDER

A mood disorder involving manic episodes and very disruptive experiences of heightened mood, possibly alternating with major depressive episodes.



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BIPOLAR DISORDER

- Suffer mania and sometimes depression
- Manic episode
 - Racing thoughts
 - Hyperactivity
 - Easily distracted
 - Grandiose sense of self
 - May hear voices
 - Highly energetic



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BIPOLAR DISORDER

TYPES

- **Bipolar I disorder:** One or more **manic** episodes, and **maybe depressive** episodes.
- **Bipolar II disorder:** One or more **major depressive episodes** and at least one **hypomanic** (mildly manic) episode.



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Prevalence and Course

- 1.6% of the U.S. population.
- First episode for men more likely to be manic.
- First episode for women more likely to be major depressive.
- After a single manic episode, 90% experience subsequent episodes.
- Under 15% have 4-8 mood episodes in a single year: **rapid cyclers**.

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Cyclothymic Disorder

- Dramatic and recurrent mood shifts.
- Not as intense as bipolar.
- Chronic condition: Lasts at least 2 years.
- May feel productive and creative but others regard them as moody, irritable.



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Bipolar Type I	Bipolar Type II	Cyclothymic Disorder
Manic episodes and possibly depressive episodes.	Hypomania with major depressive episodes.	Hypomania with mild depressive episodes.
Duration varies.	Duration varies.	At least 2 years in duration.

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Theories and Treatment of Mood Disorders

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BIOLOGICAL PERSPECTIVES ON MOOD DISORDERS

GENETICS

- First-degree relatives of those with major depression twice as likely to develop depressive disorders are people in the general population.
- Heritability estimated at 31-42%.



BIOCHEMICAL FACTORS

- Catecholamine hypothesis
- Indolamine hypothesis
- Monoamine depletion model
- Stress hormone

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PSYCHOLOGICAL PERSPECTIVES

■ PSYCHODYNAMIC

- Rejection or loss of parental love.
- Defensive mechanisms.

■ BEHAVIORAL & COGNITIVE

- Low response-contingent positive reinforcement.
- Lack of social skills.
- Stressful life events.

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Lewinsohn's Behavioral View of Depression

Stressor leads to reduction in reinforcers

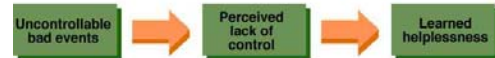
Person withdraws

Reinforcers further reduced

More withdrawal and depression

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LEARNED HELPLESSNESS



Learned helplessness:

The passive resignation produced by repeated exposure to negative events that are perceived to be unavoidable.

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COGNITIVE PERSPECTIVES

Cognitive Triad

A negative view of

1. the self
2. the world, and
3. the future.

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Cognitive Distortions

Drawing erroneous or negative conclusions from experience.

- Overgeneralizing
- Selective Abstraction
- Excessive Responsibility
- Assuming Temporal Causality
- Making Excessive Self-Reference
- Catastrophizing
- Dichotomous Thinking

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SOCIOCULTURAL PERSPECTIVE

- ❑ INTERPERSONAL
- ❑ DISTURBED SOCIAL FUNCTIONING
- ❑ IMPAIRED SOCIAL RELATIONSHIPS
- ❑ SIGNIFICANT INTERPLAY WITH BEHAVIORAL AND COGNITIVE PERSPECTIVES

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BIOLOGICAL TREATMENT

Medications

Despite media attention to suicide risk, individuals treated with SSRIs exhibit lower suicide rate than those treated with other antidepressants.



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BIOLOGICAL TREATMENT

Electroconvulsive Therapy (ECT)

“Shock Treatment”

- lifesaving in severe depression cases where medications alone were ineffective
- especially true over age 60
- administered until mood returns to normal, usually 6-8 sessions

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Behavioral Treatment

- ❑ **Assessment**
 - ❑ Frequency,
 - ❑ Quality, and
 - ❑ Range of Activities and Social Interactions.
- ❑ **Implementation of Treatment**
 - ❑ Change social skills.
 - ❑ Change environment.
 - ❑ Develop new behaviors.

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Cognitive Treatment

COGNITIVE RESTRUCTURING

1. Client identifies and monitors dysfunctional automatic thoughts.
2. Client learns to recognize connection between thoughts, emotions, and actions.
3. Client evaluates the reasonableness of the automatic thoughts.
4. Client learns to substitute more reasonable thoughts.
5. Client must identify and alter dysfunctional assumptions.

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INTERPERSONAL INTERVENTION

- INTERPERSONAL THERAPY -
 - ❑ Assess magnitude and nature of depression.
 - ❑ Form a treatment plan focusing on primary problems.
 - ❑ Carry out the plan.
- BEHAVIORAL MARITAL THERAPY



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Suicide

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SUICIDE

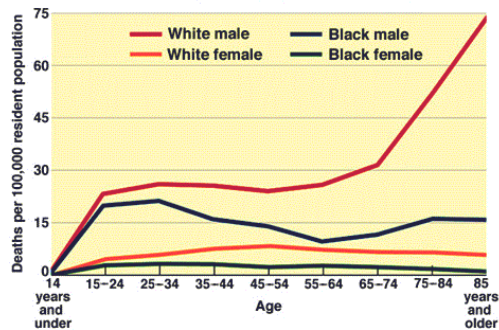
WHO COMMITS SUICIDE?

- About 30,000 Americans a year.
- Women *attempt* more often, but male success rate is 4 times as high.
- More white.
- More unmarried.
- Associated DSM disorders.



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Suicide Rates in the US



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WHY SUICIDE?

- **BIOLOGICAL**
 - Family history.
 - Abnormal neurochemical levels.
 - Stress and immune system functioning.
- **PSYCHOLOGICAL**
 - Expression of hopelessness.
 - Belief that stressor is insurmountable.
 - Plea for interpersonal communication.
- **SOCIOCULTURAL**
 - Anomie.

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Suicide Risk Factors

- *Demographic or Social Factors*
 - Young or elderly male
 - Native American or Caucasian
 - Single (especially if widowed)
 - Economic/occupational stress
 - Incarceration
 - Gambling history
 - Easy access to firearm

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Suicide Risk Factors

- *Clinical Factors*
 - Major psychiatric illness
 - Personality disorder
 - Impulsive or violent traits
 - Current medical illness
 - Family history of suicide
 - Previous self-injurious acts or attempts
 - Anger, agitation, excessive preoccupation
 - Abuse of alcohol, drugs, heavy smoking
 - Easy access to toxins (including medicines)
 - Suicide plans, preparation, or note
 - Low ambivalence about dying vs. living

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Suicide Risk Factors

- *Factors Specific to Youth*
 - Less racial difference
 - Recent marriage, unwanted pregnancy
 - Lack of family support
 - Abuse history
 - School problems
 - Social ostracism, humiliation
 - Conduct disorder
 - Homosexual orientation

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Suicide Risk Factors

- *Precipitating Factors*
 - Recent stressors, especially losses of security in these domains
 - Emotional
 - Social
 - Physical
 - Financial

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ASSESSMENT OF SUICIDALITY

ASSESS RISK FACTORS

- Suicidal intent. (A Plan)
- Suicidal lethality.
- Talking about suicide.
- Giving away possessions.

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TREATING SUICIDALITY

- PROVIDE SOCIAL SUPPORT
- THERAPY
 - Cognitive/behavioral techniques.
 - Suicide prevention centers.
 - Suicide hotlines.



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