Mood Disorders



Mood Disorders

- A category of mental disorders in which significant and chronic disruption in mood is the predominant symptom, causing impaired cognitive, behavioral, and physical functioning
 - Major depression
 - Dysthymic disorder
 - Bipolar disorder
 - Cyclothymic disorder



Table 1 - Characteristics of disorders that can present with depression

Diagnosis	Characteristics
Major depressive disorder	Five or more of the following symptoms must be present for at least 2 weeks (one must be anhedonia or depressed mood): loss of pleasure in usual activities (anhedonia), depressed mood, feelings of worthlessness or inappropriate guilt, inability to concentrate, fatigue or loss of energy, insomnia or hypersomnia, psychomotor agitation or retardation, significant weight loss or gain, recurrent thoughts of death or suicide
Dysthymic disorder / Persistent Depressive Disorder	Predominately depressed mood and other depressive symptoms present for at least 2 years, but criteria for major depression are not met
Bipolar disorder type I	At least one episode of mania (extreme, inappropriate elevated mood), usually alternating with major depressive episodes
Bipolar disorder type II	At least one episode of hypomania and at least one episode of major depression; hypomanic symptoms (euphoria or irritability) are milder and of shorter duration than manic symptoms and do not dramatically affect work or social life
Cyclothymic disorder	Short periods of mild depression and hypomania, lasting a few days to a few weeks; separated by short periods of normal mood

Persistent Depressive Disorder

(Formerly Dysthymic Disorder)

- Chronic, low-grade depressed feelings that are not severe enough to be major depression
- Symptoms lasting for over 2 years (1 year in children/adolescents)
- May develop in response to trauma, but does not decrease with time
- Some people with dysthymic disorder experience <u>double</u> <u>depression</u>, characterized by one or more episodes of major depression on top of their ongoing dysthymia.



Persistent depressive disorder (in children and adolescents, mood can be irritable and duration must be 1 year or longer)

Depressed mood for most of the day, for more days than not, for 2 years or longer

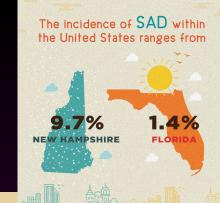
Presence of 2 or more of the following during the same period

- · Poor appetite or overeating
- · Insomnia or hypersomnia
- · Low energy or fatigue
- · Low self-esteem
- · Impaired concentration or indecisiveness
- Hopelessness

Never without symptoms for more than 2 months

Seasonal Affective Disorder

- Cyclic severe depression and elevated mood
- Seasonal regularity Sad in winter, OK in summer



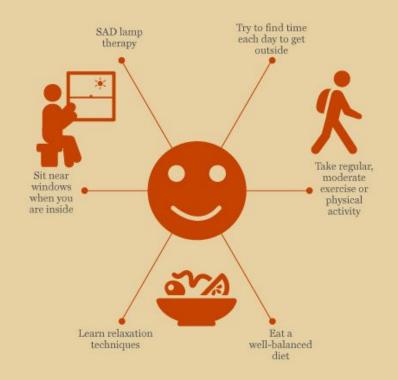
SYMPTOMS OF SAD

Individual experiences with SAD vary, but there are a few symptoms you can look out for if you are feeling blue:



TREATMENTS OF SAI

If you are experiencing SAD, or a case of the winter blues, consult with your doctor about the following treatments:



Major Depression

A mood disorder characterized by extreme and persistent feelings of despondency, worthlessness and hopelessness

- Prolonged, very severe symptoms
- Passes without remission for at least 2 weeks
- Global negativity and pessimism
- Very low self-esteem





Symptoms of Major Depression Must Exhibit for 2 Weeks or Longer

Emotional symptoms

- Feelings of sadness, hopelessness, helplessness, guilt, emptiness, or worthlessness
- Feeling emotionally disconnected from others
- Turning away from other people

Behavioral symptoms

- Dejected facial expression
- Makes less eye contact; eyes downcast
- Smiles less often
- Slowed movements, speech, and gestures
- Tearfulness or spontaneous episodes of crying
- Loss of interest or pleasure in usual activities, including sex
 • Withdrawal from social activities

Cognitive symptoms

- Difficulty thinking, concentrating, and remembering
- Global negativity and essimism
- Suicidal thoughts or preoccupation with death

Physical symptoms

- Changes in appetite resulting in significant weight loss or gain
- Insomnia, early morning awakening or oversleeping
- Vague but chronic aches and pains
- Diminished sexual interest
- Loss of physical and mental energy
- Global feelings of anxiety
 Restlessness, fidgety activity

Major Depressive Disorder: DSM-5

 A. 5 (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: do not include symptoms that are clearly attributable to another medical condition

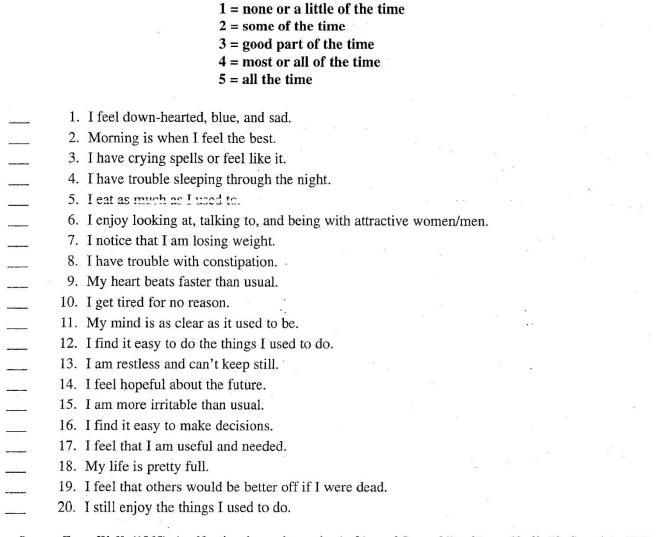
- O (1) Depressed mood most of the day, nearly every day
- (2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
- (3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
- O (4) Insomnia or Hypersomnia nearly every day
- O (5) Psychomotor agitation or retardation nearly every day
- O (6) Fatigue or loss of energy nearly every day
- O (7) Feelings of worthlessness or excessive or inappropriate guilt nearly every day
- O (8) Diminished ability to think or concentrate, or indecisiveness, nearly every day
- (9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The episode is not attributable to the physiological effects of a substance or another medical condition
- E. There has never been a manic episode or a hypomanic episode
- Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition. The symptoms are not better accounted for by Bereavement

Prevalence and Course of Major Depression

- Most common reason people seek treatment.
- Sadness warns us to stop and take appropriate measures
- Depression is psychic hibernation slows us down, defuses aggression, helps us let go of unattainable goals, restrains risk taking
- Women are twice as likely as men to be diagnosed with major depression
- Untreated episodes can become recurring and more serious
- Seasonal affective disorder (SAD)—onset with changing seasons

Self-Rating Depression Scale

Instructions: Read each statement carefully. Use the following scale to indicate how often you have felt that way during the past two weeks. (If you are on a diet, respond to statements 5 and 7 as though you were not on a diet.)



Source: Zung, W. K. (1965). A self-rating depression scale. Archives of General Psychiatry, 12, 63-70. Copyright 1965, American Medical Association.

Scoring Your Self-Rating Depression Scale

- Reverse Your responses (1=5, 2=4, 3=3, 4=2, 5=1) to items: 2, 5, 6, 11, 12, 14, 16, 17, 18, 20
- Now add up all your numbers (including the new reversed scores) to find you total score.
- Range of total scores will be 20 to 80.
- Scores of 50-59 suggest mild to moderate depression
- Scores of 60-69 indicate moderate to severe depression
- Scores 70 and above indicate severe depression.

Explaining Mood Disorders



Depression Facts

Finding the cause for Depression means having to explain the following:

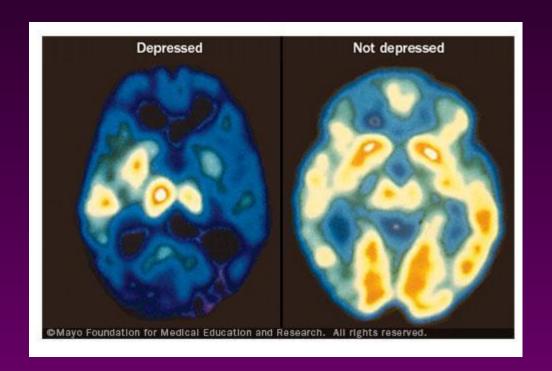
- Behavioral & Cognitive changes accompany depression
- Depression is widespread
- Women's risk of depression is double men's
- Most major-depression episodes go away with time
- Stressful events usually preceed depression
- With each new generation, depression is striking earlier, affecting more people with the highest rates in developed countries
 - Today's youth 3X more likely to suffer depression

Biological Factors

- Hereditary may be a factor:
 - Risk increases if parent or sibling have disorder
 - Identical twins:
 - 50% chance for depression if one has it
 - Linkage Analysis scientists looking at families with a history of depression or bipolar and searching for differences in their genes versus those without the disorder

The Depressed Brain

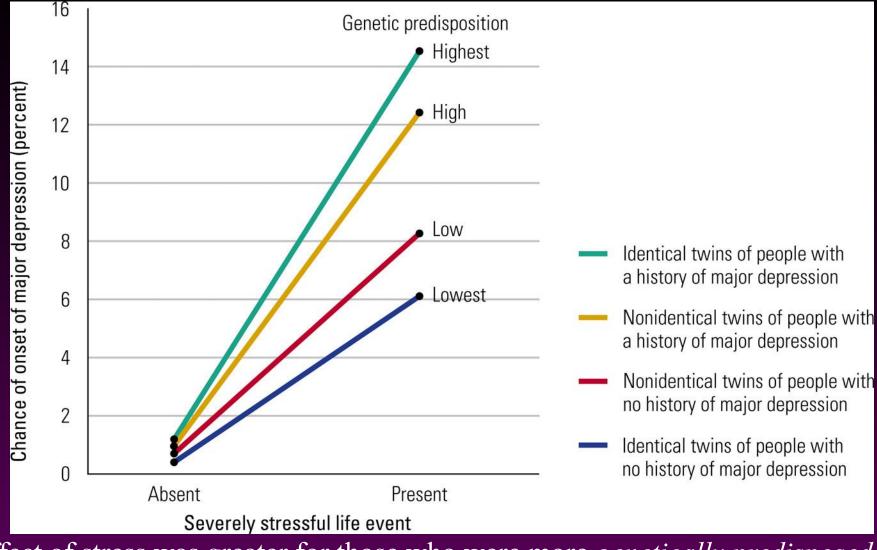
- Depressed individuals tend to have depressed brains.
 - -PET scans indicate less activity during periods of depression



Biologically Explaining Mood Disorders

- Depression seems to come out of an *interaction* of a stressful environment and genetic susceptibility
- Frontal lobe is 7% smaller than normal in severe depression
- Neurotransmitter theories
 - Norepinephrine (lacking in depression, too much in mania)
 - Serotonin
- Antidepressants (block reuptake) increase the availability of norepinephrine and serotonin.
 - They relieve the symptoms of major depression in about 80% of the people who take them

The Role of Stress & Genetics



Effect of stress was greater for those who were more genetically predisposed for depression (based on the status of their twin sisters, as shown in the key) than for those who were less genetically predisposed.

(Adapted from Kendler & others, 1995)

Cognitive Bases for Depression

- Self-defeating beliefs & negative explanatory style feed depression's cycle
- A.T. Beck: depressed people hold pessimistic views of
 - themselves
 - the world
 - the future
- Depressed people distort their experiences in negative ways
 - exaggerate bad experiences
 - minimize good experiences
- Self-Defeating Beliefs can create *Learned Helplessness*

Cognitive Bases for Depression

- Ruminating staying focused on the negative
- Hopelessness theory
 - depression results from a pattern of thinking
 - person loses hope that life will get better
 - negative experiences are due to stable, global reasons
 - e.g., "I didn't get the job because I'm stupid and inept" vs. "I didn't get the job because the interview didn't go well"

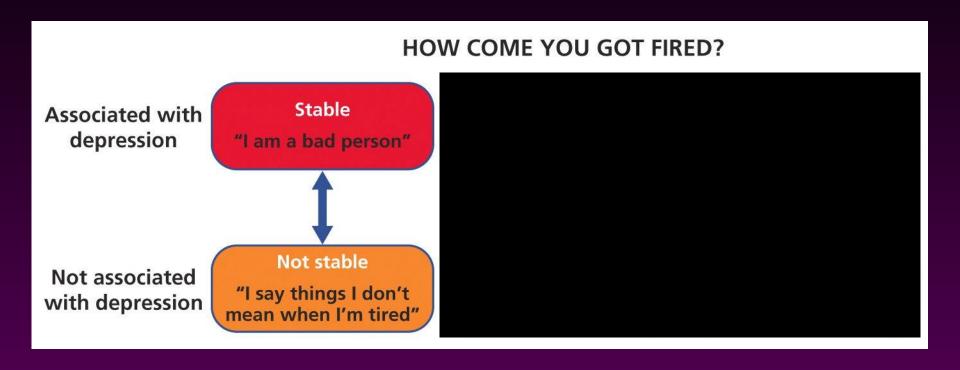
Social-Cognitive Factors

- Depression may be a variation of learned helplessness.
- Negative Explanatory Style Depressed individuals attribute events using the following characteristics:
 - Stable: the bad situation will last for a long time
 - Internal: they are at fault
 - -Global: all of life is bad

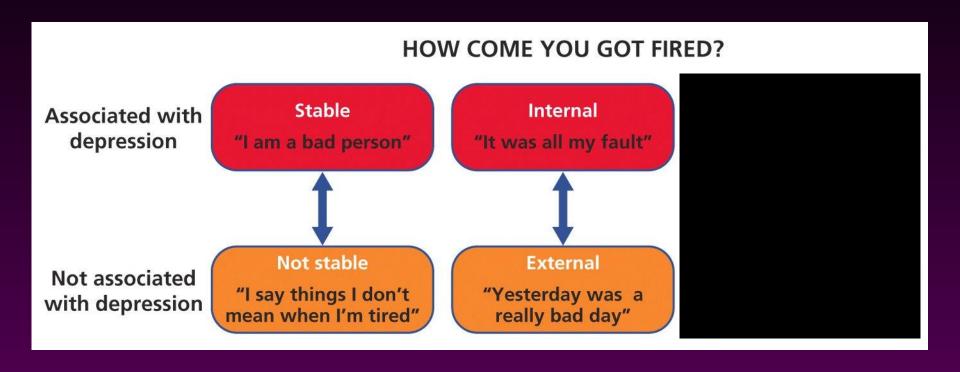
Negative Explanatory Style

	HOW COME YOU GOT FIRED?
Associated with depression	
Not associated with depression	

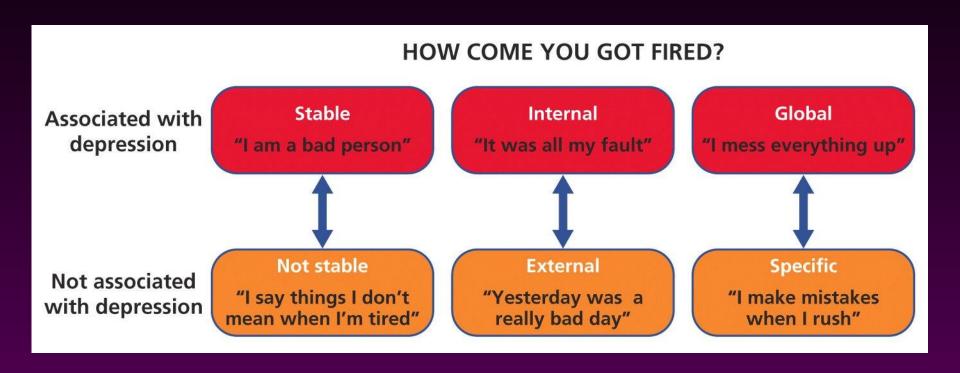
Negative Explanatory Style



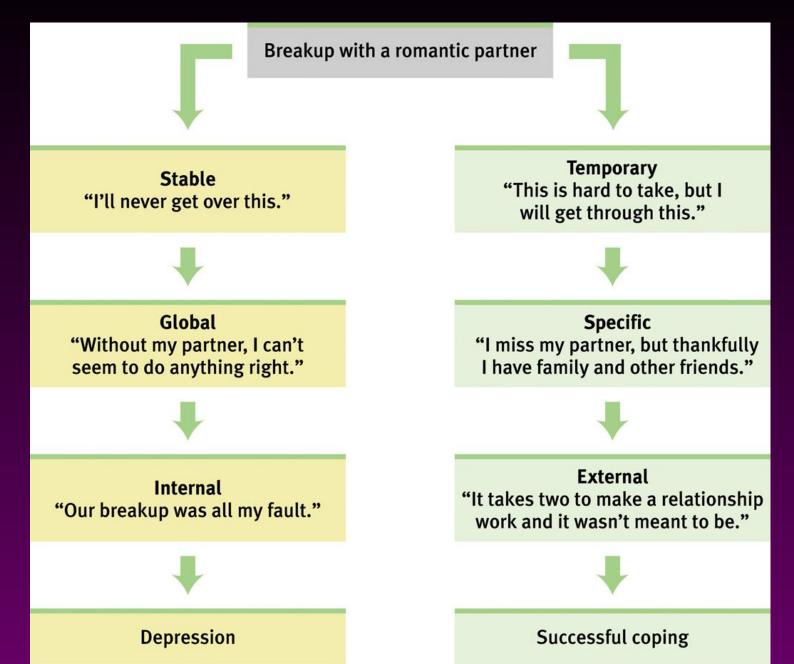
Negative Explanatory Style



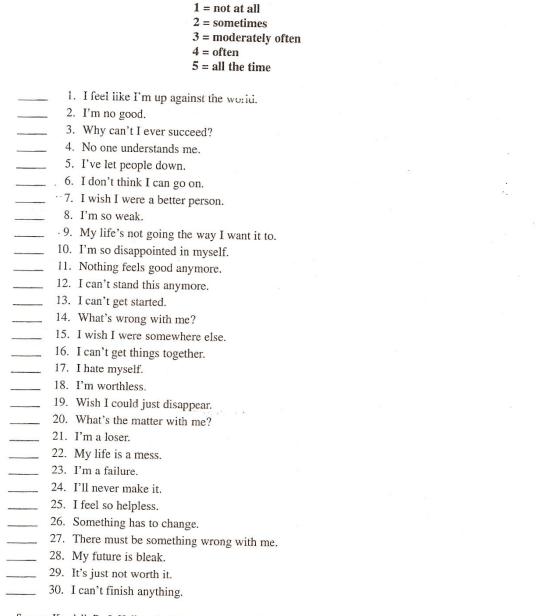
Attributions



Negative Explanatory Style Example



Listed below are a variety of thoughts that pop into people's heads. Please read each thought and indicate how frequently, if at all, the thought occurred to you *over the last week*. Please read each item carefully and fill in the blank with the appropriate number, using the following scale:

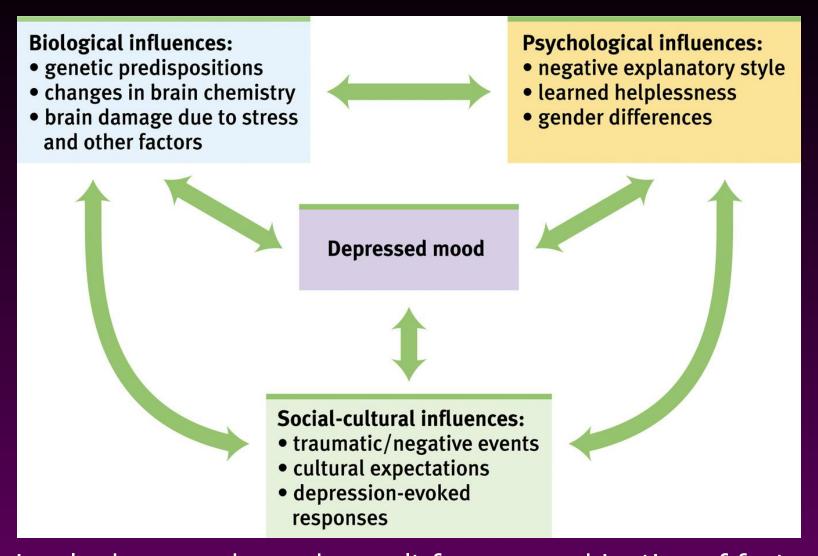


Source: Kendall, P., & Hollon, S. (1980). Cognitive self statements in depression: Development of an Automatic Thoughts Questionnaire. *Cognitive Therapy and Research*, 4, 383–395. Copyright © 1989 Philip C. Kendall.

Negative Automatic Thoughts Finding Your Score

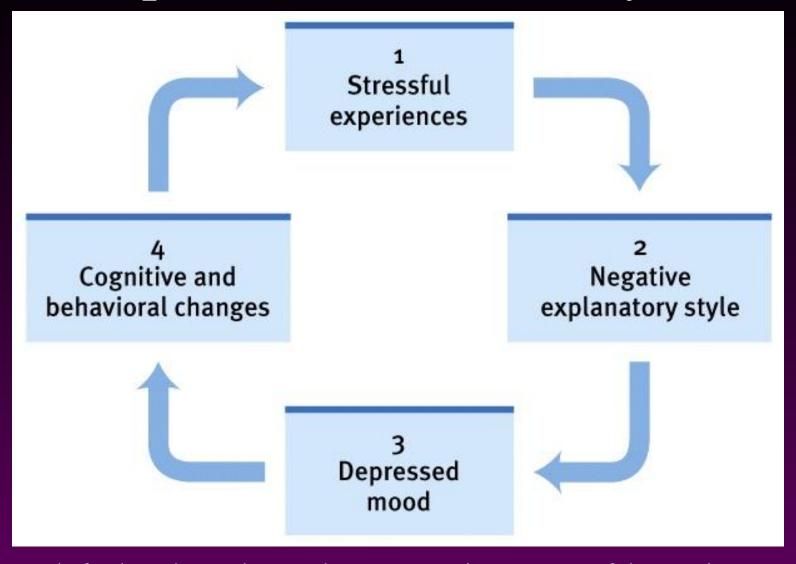
- Add up your total score.
- Scores will fall from 30 (no depression) to 150 (maximum depression).
- Mean (average) score is 79.6 for depressed people and 48.6 for nondepressed people.
- This "test" looks for specific measures of depression:
 - Personal dissatisfaction & desire for change (items 14 & 20)
 - Negative Expectations (items 3 & 24)
 - Low Self-Esteem (items 17 & 18)
 - Helplessness (items 29 & 30)

Bio-Psycho-Social Model of Depression



Seriously depressed moods result from a combination of factors, which affect each other. Altering any one component can alter the others.

Depression's Vicious Cycle



Bad moods feed on themselves: When we experience a stressful event it can cause us to feel down, we think negatively & remember bad experiences which then can effect our behaviors.