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Doctors 2021 - رَوح - Medicine - Mu

PSYCHOLOGY SHEET

Mood disorder

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Mood Disorders

Introduction

- **Mood is a subjective feeling that is experienced internally. (Symptoms)**
- **Affect is the external expression of mood.(Signs)**
- **Healthy persons experience a wide range of moods; they feel in control of their moods and affects.**
- **Mood disorders are a group of clinical conditions characterized by a loss of that sense of control.**

The mood changes throughout the day, There are ups & downs in mood.
mood container When we talk about "two extremes" in mood, we refer to mania and depression, which are two distinct and opposite emotional states often associated with mood disorders.

Mood disorders arise when I go to these two extremes Also Being in a state without mood changes is considered a disorder called apathy or flat affect where an individual experiences a lack of emotional response, interest, or motivation.

Classification of mood disorders

A- Depressive Disorders (also called unipolar disorders because no mania is exhibited) which includes:
(dealing with a depressive episode)
1- Major depressive disorders
2-Dysthymic disorder (Dysthymic for Depression)
3-Depressive disorders not otherwise specified.

B- Bipolar Disorders: Characterized by one or more manic or hypomanic episode and usually by one or more depressive episodes, which includes:
(Dealing with two episodes: one of mania and another of depression).
1- Bipolar disorder I
2- Bipolar disorder II
3- Cyclothymic disorder

EPIDEMIOLOGY

الجدول من ميدكولوجي

	MDD	Bipolar
A-Prevalence	10-15% in women 5-12% in men	Bipolar I = 0.4-1.6% Bipolar II =0.5% (These prevalence rates apply to both males and females)
B- Sex	Women : Men = 2:1 Why? Child birth, hormonal differences, psychosocial stressors	Women = men
C- Mean age of onset	MDD = 40 years	Bipolar I = 30 years (Bipolar I common in young age (فترة العشرينيّات) ,)
D- Marital Status:	More in single, divorced, separated, poor interpersonal relations Married individuals are less susceptible to depression.	
E-Socioeconomic Status	No correlation for MDD, Depression more in rural areas.	bipolar more in high SES

نادر الكبار

Etiology

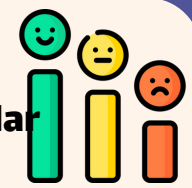
A- Biological Factors

- **Genetic predisposition**

Adoption studies: Incidence of mood disorders is higher among biological families than among adoptive families.

Twin studies: Concordance rates are higher for monozygotic twins than for dizygotic twins (especially for bipolar disorders.

- **Dysfunction in neurotransmission (like serotonin, dopamine) in the brain.**
- **Abnormal cortisol levels (hormone secreted by adrenal cortex).**
- **REM (rapid eye movement) sleep disturbances.**
- **The sleep cycle starts with non-rapid eye movement (NREM) sleep, also known as the first stage of drowsiness, which lasts for several minutes.**
- **Then, after one hour or one hour and half the individual transitions into rapid eye movement (REM) sleep, which is a deep sleep stage where dreaming, including nightmares, occurs.**
- **The sleep cycle repeats, going through NREM and REM stages multiple times throughout the night. disturbances in the sleep cycle, particularly disruptions in REM can increase the risk of developing mood disorders**



B-Psychosocial factors

- Life stressor commonly precede the occurrence of first MDD and bipolar disorder.
- Life events common in past history of patients : Loss of parent before the age of11 years, loss of spouse , unemployment, psychosocial stressors.

C- Sociocultural factors: Cultural differences, social experiences, low socioeconomic status, gender differences (more common in women). Lack of social support.

Types of depressive disorders

(Types of depression are similar in signs & symptoms but differ in severity and duration)

1- Major Depression: A disorder in which a group of symptoms, such as depressed mood, loss of interest, sleep disturbances, feelings of worthlessness, and inability to concentrate, are present for at least two weeks.

- Major depression is disabling and prevents a person from functioning normally.
- Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

It is not necessary for the patient to go through several episodes to diagnose him with MDD .

If the patient has experienced a single episode of MDD in their lifetime, he would be given the label of MDD.

Signs and symptoms of depression

1- Psychological symptoms

A- Depressed mood and sadness.

B- Loss of interest and lack of enjoyment (anhedonia: inability to feel happy ,pleasure and enjoy)

C- Sense of emptiness, helplessness, hopelessness, worthlessness, pessimism, death wishes, suicidal thoughts, loss of self esteem, self blame and guilt

D- Psychotic symptoms in severe cases and are going with low mood Delusions of guilt, nihilism, poverty and somatic delusions.

Hallucinations: auditory, visual.

***When dealing with patients who have depression, it is crucial to ask them about suicidal thoughts or any attempts of self-harm.يجب أن اسأل المريض

If a patient reports having suicidal thoughts and has a specific plan, it is necessary to increase vigilance اليقظة and monitoring of the patient's safety.

One way to ensure the safety of a patient with suicidal thoughts is through one-to-one observation. This means assigning تعيين a healthcare professional to closely observe and monitor the patient continuously.

One-to-one observation is especially important during shift changes or shift endorsements when the responsibility for the patient's care is transferred from one healthcare provider to another.

*** During this transition, it is essential to communicate any critical information, such as suicidal ideation or increased risk of self-harm, to ensure the patient's safety and continuity of care. يجب أن ازيد المراقبة لاسيما فترة تبديل الشفت

***during shift endorsements, which are the times when healthcare providers transfer care responsibilities, patients with depression may be at a higher risk of suicide

2- Physiological symptoms (somatic symptoms)

a- Diminished appetite

B- Weight loss

C- loss of sexual desire

D- Sleep disturbance: insomnia, early morning awakening, interrupted sleep

E- Pains (Headache, back pain)

The pain is not due to a direct physical ailment, but it originates from psychological distress and emotional struggles associated with depression. Once individuals overcome their condition or receive appropriate treatment, the physical symptoms, known as somatic symptoms, tend to diminish and may eventually disappear.

F- Digestive upsets and loss of appetite Sometimes .atypical symptoms (increased appetite and hypersomnia)

3- Behavioural symptoms

A- Negligence of self care

B- Social withdrawal, suicidal attempts

4- Motor and cognitive functions

A- Difficulty in attention and concentration

B- Slow thinking

C- Psychomotor retardation حركته قليلة or agitation عصبي وحركته عالية

D- Negative view of self, world and future

5- impaired social and occupational functioning.

DSM IV criteria of Major Depressive episode

- Five or more symptoms present in the past 2 weeks with at least one that includes either 1 or 2 or both

1- Depressed mood and sadness

2- Loss of interest or pleasure (anhedonia)

3- change in appetite

4- Insomnia or hypersomnia

5- Psychomotor retardation or agitation

6- Fatigue, loss of energy, or sexual problems

7-Feeling of worthlessness or excessive guilt

8- Decreased ability to think

9- Recurrent thoughts of death, suicidal ideas, or attempts

To Diagnosis :

1. A person must experience five or more symptoms from a list of nine symptoms .Among these five symptoms, at least one must include either symptom of point 1 or symptom of point 2, or both.
2. Must be severe & present in the past 2 weeks
3. the symptoms observed should not be due to medical conditions, such as hypothyroidism, or drug abuse, such as CNS stimulants or CNS depressants. Additionally, the symptoms should not be a result of the normal bereavement process following the death of a loved one.

- According to DSM-IV if the symptoms of grief and mourning (bereavement process) persist for more than a month, the individual may enter into Acute Stress Disorder (ASD).
- ASD is classified as one of the types of anxiety disorders.

Types of depressive disorders

2- Dysthymic disorder: characterized by long-term (2 years or longer) symptoms that may not be severe enough to disable a person but can prevent normal functioning or feeling well.

People with dysthymia may also experience one or more episodes of major depression during their lifetimes.

- MDD has a duration of 2 weeks and is severe enough to disable daily functioning.
- Dysthymic disorder has a duration of 2 years and may not be severe enough to disable daily functioning

3-Depressive disorders not otherwise specified (مش مع تصنيف MDD nor Dysthymic disorder)

A- Minor depression:

is characterized by having symptoms for 2 weeks or longer (but not severe symptoms) that does not meet full criteria for major depression.
Without treatment, people with minor depression are at high risk for developing major depressive disorder.

- Minor depression shares the same DURATION as MDD, but differs in SEVERITY.
- Minor depression shares the same SEVERITY as Dysthymic Disorder but differs in DURATION.

- Minor depression mostly, we deal with it without medications, just psychotherapy.

B- Psychotic depression (Major depressive disorder with psychotic features): which occurs when a person has severe depression plus some form of psychosis, such as having disturbing false beliefs or a break with reality (delusions), or hearing or seeing upsetting things that others cannot hear or see (hallucinations).

How to differentiate between schizoaffective schizophrenia & Psychotic depression?

By following the criteria of diagnosis step by step, if the patient corresponds to criteria of schizophrenia then the patient is suffering from schizoaffective schizophrenia, and the same way is applied for patients of psychotic depression.

C- Postpartum depression (Postpartum blues): اكتئآب ما بعد الولادة
which is much more serious than the "baby blues" that many women experience after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming.
It is estimated that 10 to 15 precent of women experience postpartum depression after giving birth.

D- Baby blues:

A common temporary psychological state right after childbirth when a new mother may have sudden mood swings تقلبات مزاجية, feeling very happy, then very sad, cry for no apparent reason, feel impatient, unusually irritable, restless, anxious, lonely and sad. The baby blues may last only a few hours or as long as 1 to 2 weeks after delivery. The baby blues in this sense are less severe than a postpartum depression.

E- Seasonal affective disorder (SAD): الاكتئاب الموسمي which is characterized by the onset of depression during the winter months, when there is less natural sunlight. The depression generally lifts during spring and summer.

Treatment options for (SAD) may include medications, as well as psychotherapy, which can involve phototherapy.

One drawback of phototherapy is that it often requires multiple sessions per week. Additionally, its effectiveness is more immediate rather than long-term.

F- Mood Disorder Due to General Medical Condition:

Characterized by depressed mood and/or elevatd or irritable mood as a direct result of a general medical condition. Such as: Thyroid, diabetes, adrenal diseases, Rheumatoid arthritis and AIDS.

G- Substance-Induced Mood Disorder: Prominent and persistent disturbance of mood attributable to use of a substance or cessation of substance use. Such as: sedatives , hypnotics, opioids, phencyclidine, or prescribed as contraceptive pills, corticosteroids, reserpine, cimetidine, alpha methyldopa, propranolol, amphetamines)

Due to drug abuse, a person may develop depression, and vice versa. Similarly, drug abuse can also lead to the development of schizophrenia, and the reverse is also true. When an individual experiences both drug abuse and a mental illness, such as depression or schizophrenia, it is referred to as a dual diagnosis.

Risk factors

Factors that seem to increase the risk of developing or triggering depression, include:

- Having biological relatives with depression
- Being a woman
- Having traumatic experiences as a child
- Having family members or friends who have been depressed(بسبب حزنه على الشخص)

Empathy: put yourself in someone's shoes, understanding his feelings and doing something for him /her

sympathy: feeling of pity الشفقة for another without doing something (no real supporting) for him/ her

- Experiencing stressful life events, such as the death of a loved one

• Having few friends or other personal relationships

• Recently having given birth (postpartum depression)

• Experiencing stressful life events, such as the death of a loved one

• Having few friends or other personal relationships

• Recently having given birth (postpartum depression)

• Having been depressed previously

• Having a serious illness, such as cancer, diabetes, heart disease, Alzheimer's or HIV/AIDS

• Having certain personality traits, such as having low self-esteem and being overly dependent, self-critical or pessimistic (negative)

• Abusing alcohol, nicotine or illicit drugs

Complications

Complications associated with depression can include:

Due to depression, a patient may develop

- Alcohol abuse
- Substance abuse
- Anxiety
- Work or school problems
- Family conflicts
- Relationship difficulties
- Social isolation
- Suicide
- Self-mutilation (injury), such as cutting

لا تجربة ولا فضول في الادمان

Management of MDD:

I-Medications. (psychopharmacology)

II- Electroconvulsive therapy (ECT).

III- Psychotherapy

****Medications. (psychopharmacology)**

The treatment for depression includes three groups of antidepressants: Selective serotonin reuptake inhibitors (SSRIs), Tricyclic antidepressants (TCAs), and Monoamine oxidase inhibitors (MAOIs).

- ****SSRIs are the first-choice treatment due to their effectiveness and fewer side effects compared to other groups.**
- **If SSRIs are not effective, TCAs are considered as a second-line treatment. TCAs have more side effects.**
- **MAOIs(الخيار الاخير، اختاره مضطرًا) are the last resort. MAOIs can interact with tyramine, a substance found in certain foods like smoked meats, and nuts. When tyramine interacts with MAOIs, it can cause a dangerous condition called hypertensive crisis, which leads to a critical increase in blood pressure that may require intensive care.**

People taking MAOIs should avoid consuming tyramine-rich foods to prevent hypertensive crises. They are advised to follow a tyramine-free diet.

****Because of the risk of hypertensive crisis MAOIs are avoided as a first-line treatment**

Bipolar Disorder

- **Bipolar disorder is a type of mood disorders.**
- **It is characterized by a deregulation of emotion**
- **Persons with bipolar disorder demonstrate a wide range of changing emotions, from intense elation (e.g. mania or hypomania) to severe depression.**

Hypomania is a condition with symptoms similar to mania, but it is less severe.

- **In bipolar Manic or Hypomanic Episode can last for several days or even weeks...**
- **In mood swings there are rapid changes in mood that occur within the same day.**

Types of Bipolar Disorder :

1-Bipolar Disorder Type 1

- **Manic episode & depressive episode (2 extremis)**

2- Bipolar Disorder Type 2

- **Never had manic episode.**
- **At least 1 hypomanic & depressive episode**
- **If a person has experienced even a single manic episode, they are diagnosed with bipolar 1.**

On the other hand, if the person has never had a full manic episode, but they have experienced hypomania along with depressive episodes, they are diagnosed with bipolar 2.

3- Cyclothymic Disorder

- **Chronic and relatively continual mood disorder with hypomanic episodes and depressed moods that do not meet criteria for major depressive episode.**
- **Symptoms present for more than 2 years, never symptom free for more than 2 months.**

The signs and symptoms of Bipolar Disorder

(include those of depression, which were previously mentioned, along with the signs and symptoms of mania and hypomania.)

1- psychological

—> Mood: elation, euphoria, and irritability

—> Thinking: racing thought ,flights of ideas, mood related psychotic symptoms e.g delusions of grandiosity and power

—> Speech: hypertalkativness in a loud and rapid voice

—>Judgment: impaired

2- Behavioural

- Hyperactivity, restlessness ما بقعد، بضل يتحرك

- Grandiose attitude and inflated self esteem

- Increased sociability, aggression and excitement

- Enthusiasm حماسي , multiple projects

- Sexual and social disinhibiting

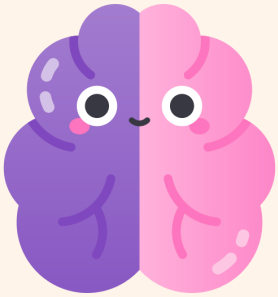
- Wearing bright colours, excessive cosmetics

Bipolar Patient in depression episode tend to wear dark color but in manic episode tend to wear bright color

3- **Physiological** Full energy and lack of sense of exhaustion, decreased need for sleep, increased sexual activity, excessive eating.

4- **Cognitive and psychomotor**

- Hyperactive
- Psychomotor agitation
- Distractibility.



Clinical Presentation DSMIV for Manic Episode

To diagnose a patient with a manic episode:

1. At least three of the following symptoms must be present during an episode of elevated mood that are present persistently **for at least 1 week**

- Elevated, expansive, or irritable mood
- Racing thoughts/flight of ideas
- Pressured speech كلامه سريع
- Increase in goal directed behavior
- Psychomotor agitation الحركة عنده عالية
- Increase in pleasure seeking behavior
- Grandiosity
- May spend large amounts of money
- Psychotic symptoms.
- Decrease need for sleep

هانت والله :)

DSMIV for Manic Episode

- The mood disturbance **is sufficiently severe** to cause marked impairment in occupational and social functioning.
- The **symptoms are not due to** the direct physiological effects of a substance (e.g., a **drug of abuse**, a medication, or other treatments) or a **general medical condition** (e.g., hyperthyroidism).

Hypomanic Episode

- Same as the Manic episode with the following exceptions:

Not as severe to cause impairment in social and/or occupational functioning. **(less severe than manic episode)**

- Occurs for at least 4 days.

Depressive Episode

In depressive episode, five (or more) of the following symptoms should be present during the same 2-week period and at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure are present.

- **Depressed mood**
- **Markedly diminished interest or pleasure**
- **Significant weight loss or weight gain**
- **Insomnia or hypersomnia**
- **Psychomotor agitation or retardation)**
- **Fatigue or loss of energy**
- **Feelings of worthlessness or excessive or inappropriate guilt**
- **Diminished ability to think or concentrate**
- **Recurrent thoughts of death committing suicide**

Depressive Episode

To diagnose a patient with a Depressive Episode:

1.The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

2.The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

3.∪ The symptoms are not better accounted for by bereavement

Risk factors

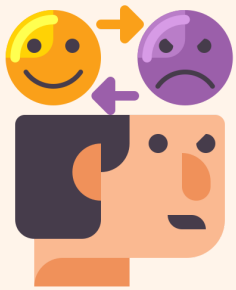
Factors that may increase the risk of developing bipolar disorder include:

1. **Having blood relatives such as a parent or sibling with bipolar disorder**
2. **Periods of high stress**
3. **Drug or alcohol abuse**
4. **Major life changes, such as the death of a loved one**
5. **Being in your early 20s**

Complications due to bipolar

- **Left untreated, bipolar disorder can result in serious problems that affect every area of your life. These can include:**
- **Problems related to substance and alcohol abuse Legal problems**
- **Financial problems**
- **Relationship troubles**
- **Isolation and loneliness**
- **Poor work or school performance**
- **Frequent absences from work or school**

Management and Treatment



- Psychopharmacology
- ECT
- Psychotherapies
- Nursing interventions

**Psychopharmacology

- Bipolar patient who be in :
- Depressive episodes, antidepressants that elevate serotonin levels are commonly used.
- On the other hand, for manic or hypomanic episodes, anti-manic drugs like lithium carbonate are prescribed to decrease serotonin levels.
- Lithium carbonate, being a naturally occurring element in the body, can lead to toxicity when used as a medication. To ensure safe and effective treatment, regular monitoring of the patient's blood lithium levels is necessary.

- **The normal lithium level for individuals not taking lithium medication ranges from 0.6 to 1.2 mmol/L,
- while the therapeutic level for patients on lithium treatment normal level will be between 0.6 and 1.5 mmol/L.
- Levels above 1.5 mmol/L can result in lithium toxicity, which can range from mild to severe.
- **Lithium toxicity is categorized based on blood lithium levels as follows:
- 1.5-2 mmol/L: Mild toxicity
- 2-3.5 mmol/L: Moderate toxicity
- Above 3.5 mmol/L: Severe toxicity
- To initiate lithium treatment and reach the therapeutic dose, blood lithium levels should be checked once to twice a week. (Before reach therapeutic dose)
- Once the therapeutic dose is achieved, monitoring can be reduced to once to twice a month.

عوض الله عزيز.. إذا حلّ غمرك بالسرور والرضا، حتى تكاد تنسى الطعم المُرّ الذي تذوقته، إن الله لا يُهملك ولا ينساك، يعلم أنّك تنتظر، تنتظر مؤمنًا مُحسنًا الظن بهِ ترى العسير يسير والشاق سهلاً لأنك تعرف من قلبك أن الله معك ويسمعك وسيجزيك."