

Mood Disorders

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Introduction

- Mood is a subjective feeling that is experienced internally.
- Affect is the external expression of mood.
- 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.



Classification of mood disorders

A- Depressive Disorders (also called unipolar disorders because no mania is exhibited)

which includes:

1- Major depressive disorders

2-Dysthymic disorder

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:

- 1- Bipolar disorder I
- 2- Bipolar disorder II
- 3- Cyclothymic disorder



■ Epidemiology

■ A-Prevalence

■ - Life time prevalence

■ MDD 10-15% in women
5-12% in men

Bipolar I = 0.4-1.6%

Bipolar II = 0.5%

■ B- Sex

■ In MDD

■ -Women : Men = 2:1

■ Why? Child birth, hormonal differences, psychosocial stressors

■ In Bipolar

■ - Women = men

■ C- Mean age of onset Bipolar I = 30 years
years

MDD = 40



D- Marital Status

More in single, divorced, separated, poor interpersonal relations

E-Socioeconomic Status

No correlation for MDD, bipolar more in high SES
Depression more in rural areas.



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 in the brain.
- Abnormal cortisol levels ((hormone secreted by adrenal cortex).
- REM (rapid eye movement) sleep disturbances.



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 of 11 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

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.



Signs and symptoms of depression

1- Psychological symptoms

A- Depressed mood and sadness.

B- Loss of interest and lack of enjoyment (anhedonia)

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.



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)

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 or agitation

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

~~1- Depressed mood and sadness~~

2- Loss of interest or pleasure

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



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.

3-Depressive disorders not otherwise specified

A- Minor depression: is characterized by having symptoms for 2 weeks or longer that does not meet full criteria for major depression.

Without treatment, people with minor depression are at high risk for developing major depressive disorder.



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).



C- Postpartum depression (Postpartum blues): 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 percent 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, 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): 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.



F- Mood Disorder Due to General Medical Condition:

Characterized by depressed mood and/or elevated 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).



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



Risk factors

- 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:

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



Management of MDD:

I-Medications.

II- Electroconvulsive therapy (ECT)).

III- Psychotherapy



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.



Types of Bipolar Disorder

1-Bipolar Disorder Type 1

- Manic episode & depressive episode

2- Bipolar Disorder Type 2

- Never had manic episode.
- At least 1 hypomanic & depressive episode

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.



Sings and symptoms of Bipolar disorders

1- psychological

Mood: elation, euphoria, and irritability

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

Speech: hypertalkativeness in a loud and rapid voice

Judgment: impaired.

2- Behavioural

- Hyperactivity, restlessness
- Grandiose attitude and inflated self esteem
- Increased sociability, aggression and excitement
- Enthusiasm, multiple projects
- Sexual and social disinhibiting
- Wearing bright colours, excessive cosmetics

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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

- **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
- Increase in goal directed behavior
- Psychomotor agitation
- Increase in pleasure seeking behavior
- Grandiosity
- May spend large amounts of money
- Psychotic symptoms.
- Decrease need for sleep



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.
- 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

- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- 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).
- The symptoms are not better accounted for by bereavement



Risk factors

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

Having blood relatives such as a parent or sibling with bipolar disorder

Periods of high stress

Drug or alcohol abuse

Major life changes, such as the death of a loved one

Being in your early 20s



Complications

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

