

Mood Disorders

Dr. Fred Rose

An Overview of Mood Disorders

- Extremes in Normal Mood
 - Nature of depression
 - Nature of mania and hypomania
- Types of DSM-IV Depressive Disorders
 - Major depressive disorder
 - Dysthymic disorder
 - Double depression
- Types of DSM-IV Bipolar Disorders
 - Bipolar I disorder
 - Bipolar II disorder
 - Cyclothymic disorder

Major Depression: An Overview

- Major Depressive Episode: Overview and Defining Features
 - Extremely depressed mood state lasting at least 2 weeks
 - Anhedonia – Loss of pleasure/interest in usual activities
 - Cognitive symptoms – Feelings of worthlessness, indecisiveness
 - Vegetative or somatic symptoms – Central to the disorder!
- Major Depressive Disorder
 - Single episode – Highly unusual
 - Recurrent episodes – More common

Dysthymia: An Overview

- Overview and Defining Features
 - Defined by persistently depressed mood that continues for at least 2 years
 - Symptoms of depression are milder than major depression
 - Symptoms can persist unchanged over long periods (e.g., 20 years or more)
- Facts and Statistics
 - Late onset – Typically in the early 20s
 - Early onset – Before age 21, greater chronicity, poorer prognosis

Double Depression: Overview

- Overview and Defining Features
 - Person experiences major depressive episodes and dysthymic disorder
 - Dysthymic disorder often develops first
- Facts and Statistics
 - Associated with severe psychopathology
 - Associated with a problematic future course

Bipolar I Disorder: An Overview

- Overview and Defining Features
 - Alternations between full manic episodes and depressive episodes
- Facts and Statistics
 - Average age on onset is 18 years, but can begin in childhood
 - Tends to be chronic
 - Suicide is a common consequence

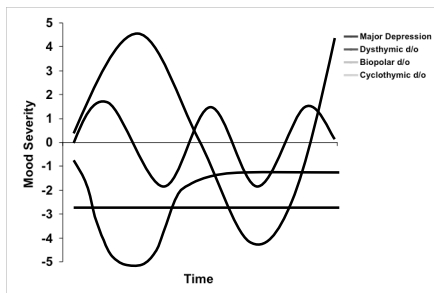
Bipolar II Disorder: An Overview

- Overview and Defining Features
 - Alternations between major depressive episodes and hypomanic episodes
- Facts and Statistics
 - Average age on onset is 22 years, but can begin in childhood
 - Only 10 to 13% of cases progress to full bipolar I disorder
 - Tends to be chronic

Cyclothymic Disorder: An Overview

- Overview and Defining Features
 - More chronic version of bipolar disorder
 - Manic and major depressive episodes are less severe
 - Manic or depressive mood states persist for long periods
 - Pattern must last for at least 2 years
- Facts and Statistics
 - High risk for developing bipolar I or II disorder
 - Most are female
 - Average age on onset is early adolescence (12 to 14 years of age)

Course of Mood Disorders



Mood Disorders: Characteristics

Characteristic	Major Dep'n	Dysthymia	Bipolar I	Bipolar II	Cyclothymia
Onset	25-29	20-25	19	22	12-14
Pattern	Stable	Stable	Variable	Variable	Variable
Duration	2 weeks	2 years	Varies	Varies	2 years
Chronicity	6-9 months	Chronic	Chronic	Chronic	Chronic
Lows	Severe	Mild	Severe	Severe	Mild
Highs	No	No	Manic	Hypomanic	Hypomanic
Suicide Risk	12%	Low	24%	17%	Low

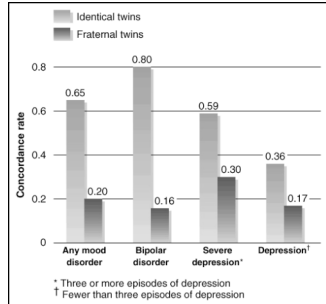
Mood Disorders: SubTypes

Major Depressive Disorder	Bipolar Disorder	
Dysthymic Disorder	Cyclothymic Disorder	
<ul style="list-style-type: none"> With melancholic features With atypical features With psychotic features With catatonic features With postpartum features With seasonal onset (SAD) 	<p>Depression</p> <p>melancholic atypical</p>	<p>Mania</p> <p>psychotic catatonic postpartum seasonal onset</p>

Additional Facts and Statistics

- Lifetime Prevalence
 - About 7.8% of United States population
- Sex Differences
 - Females are twice as likely to have Major Depression compared to men
 - Bipolar disorders are distributed equally between males and females
- Most Depressed Persons are Anxious, Not All Anxious Persons are Depressed

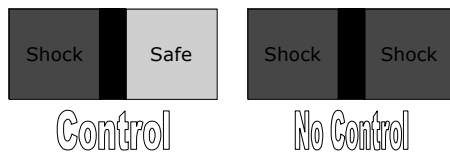
Twin Studies



Mood Disorders: Neurobiological Influences

- Neurotransmitter Systems
 - Mood disorders are related to low levels of serotonin
 - Permissive hypothesis: Low serotonin allows other neurotransmitters to run amok
- The Endocrine System
 - Elevated cortisol and the dexamethasone suppression test (DST)
 - Dexamethasone depresses cortisol secretion
 - Persons with mood disorders show less suppression
- Sleep and Circadian Rhythms
 - Sleep disturbance = hallmark of most mood disorders

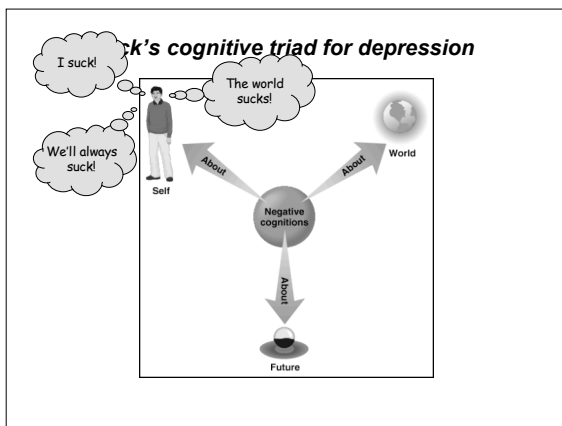
Learned Helplessness



- **Animal Research (Seligman & Maier, 1967):**
 - Dogs learn to avoid shock by jumping a barrier.
 - Dogs who previously cannot control shock do not subsequently learn to avoid shock.
 - Instead, these dogs become 'Helpless'

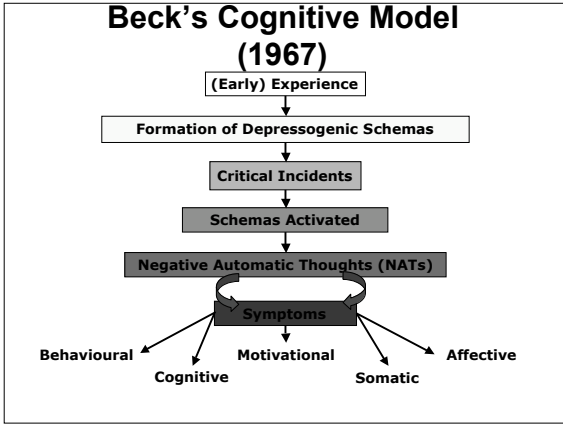
Psychological Dimensions (Learned Helplessness)

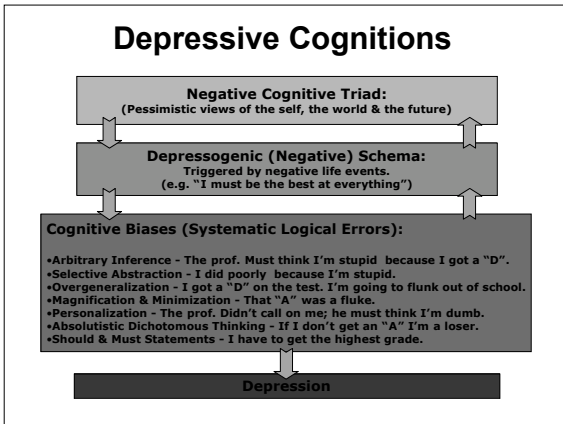
- The Learned Helplessness Theory of Depression:
 - Related to lack of perceived control over life events
- Learned Helplessness and a Depressive Attributional Style
 - Internal attributions – Negative outcomes are one's own fault: Poorly on test = "I'm stupid"
 - Stable attributions – Believing future negative outcomes will be one's fault: "If I don't get this job, I'm incompetent"
 - Global attribution – Believing negative events will disrupt many life activities: "If I don't get this job, my wife will leave me, I'll lose my house, and my dog will bite me!"
 - All three domains contribute to a sense of hopelessness



Mood Disorders

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- ### An Integrative Theory
- Shared Biological Vulnerability
 - Overactive neurobiological response to stress
 - Exposure to Stress
 - Stress activates hormones that affect neurotransmitter systems
 - Stress turns on certain genes, affects circadian rhythms, awakens dormant psychological vulnerabilities (i.e., negative thinking), contributes to sense of uncontrollability (i.e., helplessness), fosters a sense of helplessness and hopelessness
 - Social and Interpersonal Support are Moderators

Treatment: Tricyclic Medication

- Widely Used (e.g., Tofranil, Elavil)
- Block Reuptake of Norepinephrine and Other Neurotransmitters
- Takes 2 to 8 Weeks for the Therapeutic Effects to be Known
- Negative Side Effects Are Common
- May be Lethal in Excessive Doses

Monoamine Oxidase Inhibitors (MAO-I)

- Blocks Monoamine Oxidase
 - Monoamine oxidase (MAO) is an enzyme that breaks down serotonin/norepinephrine
- MAO Inhibitors Are Slightly More Effective Than Tricyclics
- Must Avoid Foods Containing Tyramine (e.g., beer, red wine, cheese)

Selective Serotonin Reuptake Inhibitors (SSRI's)

- Specifically Block Reuptake of Serotonin
 - Fluoxetine (Prozac) is the most popular SSRI
- SSRIs Pose No Unique Risk of Suicide or Violence
- Negative Side Effects Are Common but Temporary
 - Decreased sexual arousal/functioning
 - "Jitteriness"
 - Sleep disturbance

**Treatment of Mood Disorders:
Lithium**

- Lithium Is a Common Salt
 - Primary drug of choice for bipolar disorders
- Side Effects May Be Severe
 - Dosage must be carefully monitored
- Why Lithium Works Remains Unclear
- Common Alternative: Depakote

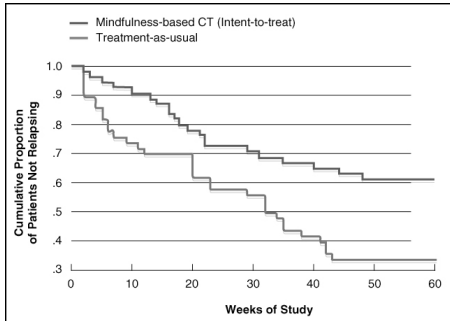
**Electroconvulsive Therapy
(ECT)**

- ECT Is Effective for Cases of Severe Depression
- The Nature of ECT
 - Involves applying brief electrical current to the brain
 - Results in temporary seizures
 - Usually 6 to 10 outpatient treatments are required
- Side Effects Are Few and Include Short-Term Memory Loss
- Uncertain Why ECT works and Relapse Is Common

Psychosocial Treatments

- Cognitive Therapy
 - Addresses cognitive errors in thinking
 - Also includes behavioral components
- Interpersonal Psychotherapy
 - Focuses on problematic interpersonal relationships
- Outcomes with Psychological Treatments Are Comparable to Medications

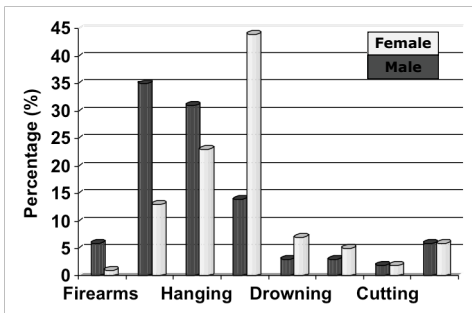
Data from Teasdale 2000 study on patients treated with severe depression



Suicide Facts and Statistics

- Eighth Leading Cause of Death in the United States
- Overwhelmingly a White and Native American Phenomenon
- Suicide Rates Are Increasing, Particularly in the Young
- Gender Differences
 - Males are more successful at committing suicide than females
 - Females attempt suicide more often than males

Method of Suicide (1990)



The Nature of Suicide: Risk Factors

- Suicide in the Family Increases Risk
- Low Serotonin Levels Increase Risk
- A Psychological Disorder Increases Risk
- Alcohol Use and Abuse
- Past Suicidal Behavior Increases Subsequent Risk
- Experience of a Shameful/Humiliating Stressor Increases Risk
- Publicity About Suicide and Media Coverage Increase Risk

Summary of Mood Disorders

- All Mood Disorders Share
 - Gross deviations in mood
 - Common biological and psychological vulnerability
- Stress and Social Support Seem Critical in Onset, Maintenance, and Treatment
- Suicide Is an Increasing Problem Not Unique to Mood Disorders
- Medications and Psychotherapy Produce Comparable Results
