An Overview of Mood Disorders

• Extremes in Normal Mood
  – Nature of depression
  – Nature of mania and hypomania
• DSM-IV Depressive Disorders
  – Major depressive disorder
  – Dysthymic disorder
  – Double depression

An Overview of Mood Disorders

• DSM-IV Bipolar Disorders
  – Bipolar I disorder
  – Bipolar II disorder
  – Cyclothymic disorder
### Major Depression: An Overview

- Major Depressive Episode
  - Depressed mood
  - Anhedonia
  - Cognitive symptoms
  - Vegetative symptoms
- Major Depressive Disorder
  - Single episode
  - Recurrent episodes

### Dysthymia: An Overview

- Overview and Defining Features
  - Depressed mood for at least 2 years
  - Mild
  - Chronic
- Facts and Statistics
  - Late onset – early 20s
  - Early onset – Before age 21, poorer prognosis

### Double Depression: Overview

- Overview and Defining Features
  - Major depressive episodes and dysthymic disorder
  - Dysthymic disorder typically first
- Facts and Statistics
  - Severe psychopathology
  - Poor outcome
  - Most difficult to treat
Bipolar I Disorder: An Overview

- Overview and Defining Features
  - Full manic episodes and major depression
- Facts and Statistics
  - Average age on onset is 18 years
  - Chronic
  - Suicide is common

Bipolar II Disorder: An Overview

- Overview and Defining Features
  - Hypomanic episodes and major depression
- Facts and Statistics
  - Average age on onset is 22 years
  - Only 10 to 13% of cases progress to bipolar I
  - Chronic

Cyclothymic Disorder

- Overview and Defining Features
  - Milder mania and depression
  - Pattern must last for at least 2 years
- Facts and Statistics
  - High risk for developing bipolar I or II
  - Most are female
  - Average age on onset is early adolescence
The Bipolar Spectrum

Course of Mood Disorders

Major Depression Mnemonic

- SIGECAPS
- Sleep
- Interest
- Guilt
- Energy
- Concentration
- Appetite
- Psychomotor
- Suicide
Mood Disorders: Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Major Dep/H</th>
<th>Dysthymia</th>
<th>Bipolar I</th>
<th>Bipolar II</th>
<th>Cyclothymia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset</td>
<td>25-29</td>
<td>20-26</td>
<td>18</td>
<td>22</td>
<td>12-14</td>
</tr>
<tr>
<td>Pattern</td>
<td>Stable</td>
<td>Stable</td>
<td>Variable</td>
<td>Variable</td>
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<tr>
<td>Duration</td>
<td>2 weeks</td>
<td>2 years</td>
<td>Varies</td>
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<tr>
<td>Chronicity</td>
<td>6-9 months</td>
<td>Chronic</td>
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<tr>
<td>Lows</td>
<td>Severe</td>
<td>Mid</td>
<td>Severe</td>
<td>Severe</td>
<td>Mid</td>
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<tr>
<td>Highs</td>
<td>No</td>
<td>No</td>
<td>Manic</td>
<td>Hypomanic</td>
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<tr>
<td>Suicide Risk</td>
<td>12%</td>
<td>Low</td>
<td>24%</td>
<td>17%</td>
<td>Low</td>
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</tbody>
</table>

Mood Disorders: Subtypes

Major Depressive Disorder
- Dysthymic Disorder
  - With melancholic features
  - With atypical features
  - With psychotic features
  - With postpartum features
  - With seasonal onset (SAD)

Bipolar Disorders
- Cyclothymic Disorder
  - Depression
    - Manic
    - Seasonal onset (SAD)
  - Mania
    - Psychotic
    - Catatonic
    - Postpartum

Additional Facts and Statistics

- Lifetime Prevalence
  - About 7.8% of US population
- Sex Differences
  - MDD: 2:1 Women to Men
  - Bipolar disorders: 1:1
- Most Depressed Persons are Anxious, Not All Anxious Persons are Depressed
Genetic Influences

- Strong familial inheritance patterns for both Major Depression and Bipolar
- Serotonin Transporter gene (5-HTT) is ONE candidate
- Depression in MDD and Bipolar have same genetics
- Mania has a separate genetic influence

Genetic Influences

- Neurotransmitter Systems
  - Serotonin
    - Permissive hypothesis
- The Endocrine System
  - Cortisol and Dexamethasone suppression test (DST)
- Sleep and Circadian Rhythms
  - Sleep disturbance = hallmark
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
- Depressive Attributional Style
  - Internal attributions – Negative outcomes are one’s own fault
  - Stable attributions – Believing future negative outcomes will be one’s own fault; pessimism
  - Global attribution – Believing negative events will disrupt many life activities
- All three domains contribute to a sense of hopelessness

Beck’s Cognitive Triad
Beck’s Cognitive Model (1967)

(1967) Early Experience

Formation of Depressogenic Schemas

Critical Incidents

Schemas Activated

Negative Automatic Thoughts (NATs)

Symptoms

Behavioural

Cognitive

Motivational

Somatic

Affective

Depressive Cognitions

Negative Cognitive Triad:
(Pessimistic views of the self, the world & the future)

Depressogenic (Negative) Schema:
Triggered by negative life events.
(e.g. “I must be the best at everything”)

Cognitive Biases (Systematic Logical Errors):

• Arbitrary Inference - The prof. Must think I’m stupid because I got a “D”.
• Selective Abstraction - I did poorly because I’m stupid.
• Overgeneralization - I got a “D” on the test. I’m going to flunk out of school.
• Magnification & Minimization - “That “A” was a fluke.
• Personalization - The prof. Didn’t call on me he must think I’m dumb.
• Absolutistic Dichotomous Thinking - If I don’t get an “A” I’m a loser.
• Should & Must Statements - I have to get the highest grade.

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
Gene-Environment Interactions

- *Murphy et al. (2001)*
  - Mice with altered 5-HTT susceptible to stress
- *Suomi and colleagues, Bennet et al. (2002)*
  - Macaques with 5-HTTs gene susceptible to stress AND show lower serotonin levels
- *Hariri et al. (2002)*
  - Humans with 5-HTTs show INCREASED amygdala activation to fearful stimuli
- *Caspi et al. (2003)*

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: 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)

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

Suicide: What to Do

- Research shows that threats should be taken seriously
- Do not be afraid to discuss the topic
- Get assistance - don’t accept responsibility
- Consider hospitalization
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