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Mood Disorders

Office of Forensic Mental Health Services

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Objectives

People will learn:

- Definition of mood disorder
- Types of mood disorders
- Symptoms of mood disorders
- Diagnostic criteria of different mood disorders

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Mood Disorders

Mood disorders are conditions where mood is primary, the predominant problem.

Mood vs. Affect	
Mood	Affect
• A sustained emotional attitude • Typically garnered through the patient's self-report	• The way a patient's emotional state is conveyed • Relates more to others' perception of the patient's emotional state, responsiveness

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Mood Disorders

- Major Depressive Disorder
- Dysthymic Disorder
- Depressive Disorder NOS
- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Bipolar Disorder NOS
- Mood Disorder - general medical condition
- Substance-Induced Mood Disorder
- Mood Disorder NOS

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Differentiating Anxiety and Depression

Anxiety

- Difficulty falling asleep
- Tremor or palpitations
- Hot or cold flushes
- Faintness or dizziness
- Muscle tension
- Helplessness
- Apprehension
- Catastrophic thinking
- Easily startled
- Avoidance of feared situations

Depression

- Early awakening or oversleeping
- Agitation
- Loss of libido
- Sadness, despair
- Hopelessness, guilt
- Lack of motivation
- Anhedonia, apathy
- Slow speech and thought
- Suicidal thoughts
- Decreased socialization

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Symptoms Common to Anxiety and Depression

- Sleep disturbance
- Appetite change
- Fatigue
- Restlessness
- Headaches
- Dry mouth
- Irritability
- Feelings of doom
- Rapid mood swings
- Difficulty concentrating
- Indecision
- Decreased activity
- Dissatisfaction
- Derealization
- Depersonalization
- Tearful

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Biochemical Correlates of Depression

- Heritable – first degree relatives of depressed patients 2 to 4 times more likely to suffer depression
- Norepinephrine and Serotonin
- Abnormalities in number and sensitivity of specific receptors in limbic system, especially the hypothalamus
- Structural and metabolic abnormalities in prefrontal cortex – may be cause or result
- Medications include SSRI's

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Diagnostic Criteria for Depression

A. Five or more of the following during same two-week period;
at least one symptom is depressed mood or loss of interest or pleasure

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 (anhedonia)
3. Significant weight loss when not dieting or weight gain (more than 5% of body weight in a month) or decrease in appetite nearly every day
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation nearly every day
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive guilt nearly every day
8. Diminished ability to think or concentrate, or indecisiveness
9. Recurrent thoughts of death (not just fear of dying) recurrent suicidal ideation

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Diagnostic Criteria for Depression cont'd

B. The symptoms do not meet criteria for a mixed episode of bipolar disorder

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

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

E. The symptoms are not better accounted for by bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than two months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation

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Cognitive Symptoms

"Individuals who are depressed misinterpret facts and experiences in a negative fashion, limiting their focus to the negative aspects of situations, thus feeling hopeless about the future. A direct relationship is postulated between negative thoughts and severity of depressive symptoms." (Boury et al., 2001, p.14).

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Learned Helplessness

- Attributional Style (regarding lack of control)
  - Internal (it's my fault)
  - Stable (things will never improve; it will always be my fault)
  - Global (all of life is this way, not just this issue)

-Martin Seligman

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Beck's Cognitive Theory of Depression

The Negative Cognitive Triad consists of views of the world, future and self:

- The world is a hostile or indifferent place
- The future is hopeless
- I'm a loser

Beck's Cognitive Theory

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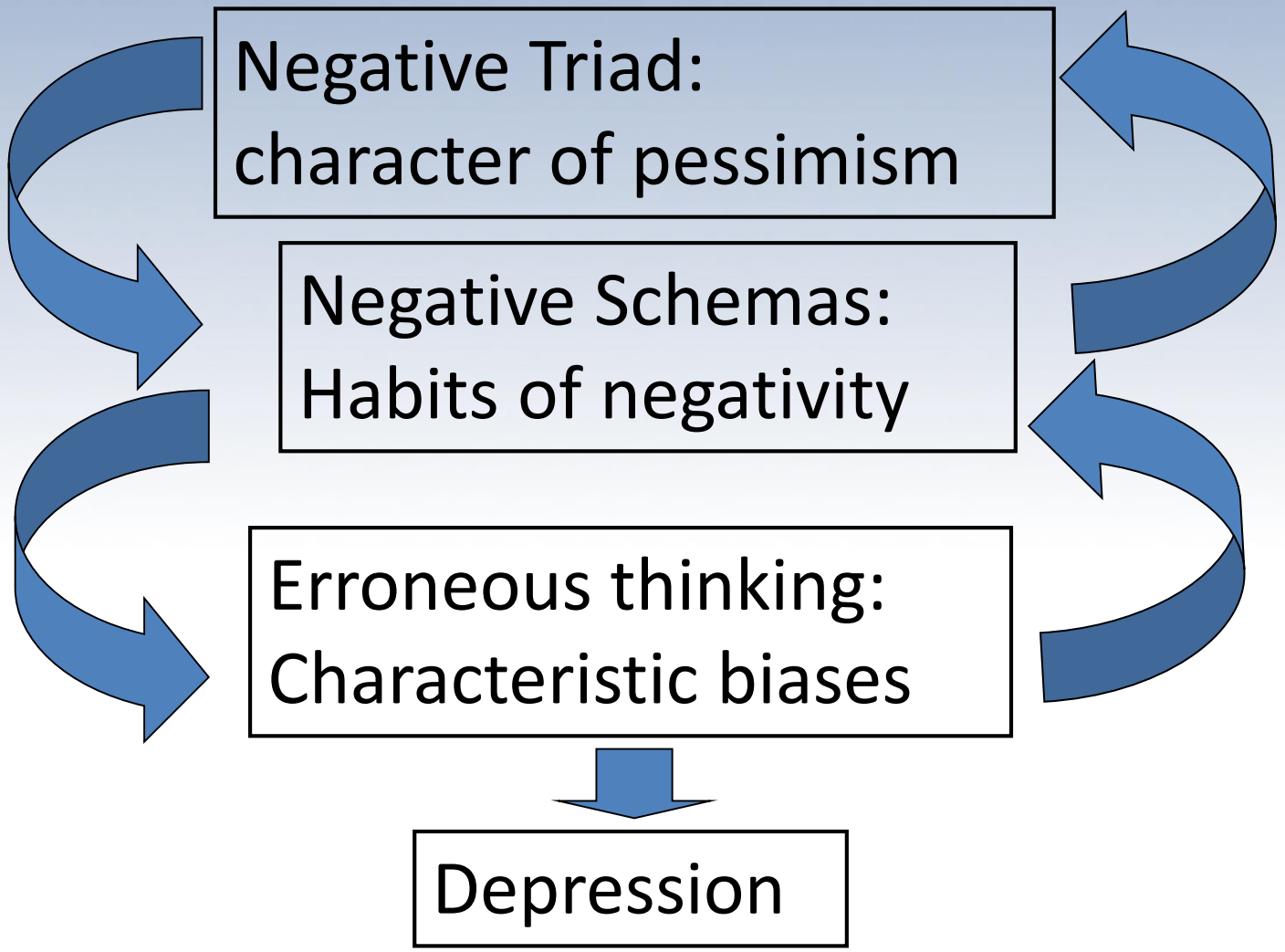

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Beck's Cognitive Distortions

1. All-or-Nothing Thinking: Black and white categories; if you fall short of perfection, you are a failure
2. Overgeneralization: Seeing a single negative event as a never-ending pattern of defeat
3. Mental Filter: Pick out a single negative detail and dwell on it exclusively
4. Disqualifying the Positive: Reject positive experiences, they don't count, maintain negative beliefs
5. Jumping to Conclusions: Make negative interpretations without definite facts;
    a. Mind Reading – arbitrarily conclude someone is reacting negatively
    b. Fortune Teller Error – anticipate things will turn out badly, then believe that prediction is an already-established fact

Beck's Cognitive Distortions continued

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6. Magnification (catastrophizing) or Minimization: Exaggerate the importance of your mistakes, or inappropriately minimize your achievements
7. Emotional Reasoning: Assume that your negative emotions reflect the way things really are – "I feel it, so it must be true"
8. Should Statements: Try to motivate self with shoulds and shouldn'ts, punish self for failing with feelings of guilt
9. Labeling and Mislabeling: extreme overgeneralization – instead of describing specific error, label to self or others, e.g "loser"
10. Personalization: see self as cause of negative external event that one is not actually responsible for
11. Self-worth: make arbitrary decision that to accept self as worthy, must consistently perform in some (unrealistic) way

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Cognitive Behavioral Treatment of Depression

- Identify and challenge cognitive distortions
- Increase positive activities and modify self-defeating behaviors

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Bipolar Disorder

- Formerly called manic depression
- Causes extreme mood swings that include emotional highs (mania) and lows (depression)
- During a depressive episode, one may feel sad or hopeless and lose interest or pleasure in most activities
- When the mood shifts in the other direction, one may feel euphoric and full of energy

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Symptoms

- During the period of disturbed mood and increased energy, **three or more** of the following symptoms (four symptoms, if irritable) must be present and represent a noticeable change from usual behavior:
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep (i.e., feeling rested after only three hours of sleep)
  - More talkative than usual, pressured to keep talking
  - Racing thoughts or flight of ideas
  - Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
  - Increased goal-directed activity (either socially, at work or school, or sexually) or agitation
  - Doing things that are unusual and that have a high potential for painful consequences — for example, unrestrained buying sprees, sexual indiscretions or foolish business investments

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Major Depressive Episode

- Five (or more) of the following symptoms have been present during the same two-week period; at least one of the symptoms is either depressed mood or loss of interest or pleasure.
  - Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful).
  - Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).

Major Depressive Episode continued

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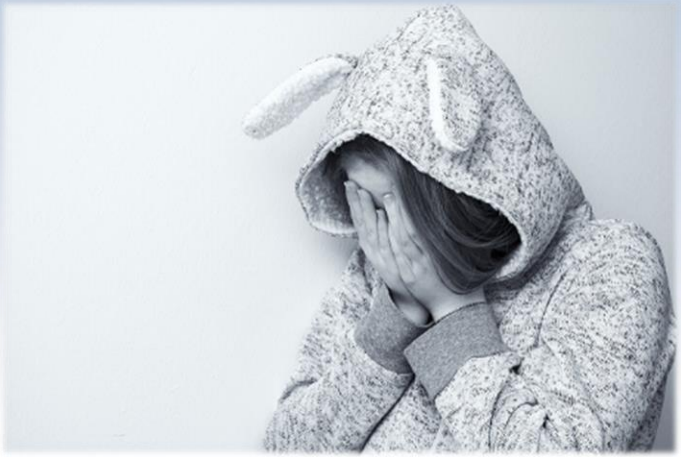
- Significant weight loss or gain, or decrease or increase in appetite nearly every day.
- Insomnia or hypersomnia nearly every day.
- Psychomotor agitation or retardation nearly every day.
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- 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.



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Bipolar Disorder

Bipolar I

- Requires at least one manic episode.
- The manic episode may be preceded by or followed by hypomanic or major depressive episodes.
- Mania symptoms cause significant life impairment and may require hospitalization or trigger a break from reality (psychosis).

Bipolar II

- Requires at least one major depressive episode lasting at least two weeks and at least one hypomanic episode lasting at least four days.
- Major depressive episodes or the unpredictable changes in mood and behavior can cause distress or difficulty in areas of one's life.

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Episode

Manic Episode

- A distinct period of abnormally and **persistently elevated, expansive or irritable mood** that lasts at *least one week*.
- The episode includes persistently increased goal-directed activity or energy.

Hypomanic Episode

- A distinct period of abnormally and **persistently elevated, expansive or irritable mood** that lasts at *least four consecutive days*.

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Prevalence

- The 12-month prevalence estimate in the continental United States was 0.6% for bipolar I disorder as defined in DSM-IV (Merikangas et al. 2007).
- The 12-month prevalence of bipolar I disorder across 11 countries ranged from 0.0% to 0.6% (Merikangas et al. 2007).
- The lifetime male-to-female prevalence ratio is approximately 1.1:1 (Merikangas et al. 2007).

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Development and Course

- Mean age at onset of the first episode is approximately 18 years for bipolar I disorder.
- Onset of manic symptoms in late mid-life or late-life should prompt consideration of medical conditions (e.g., frontotemporal neurocognitive disorder) and of substance use or withdrawal.
- More than 90% of individuals who have a single manic episode go on to have recurrent mood episodes.
- Approximately 60% of manic episodes occur immediately before a major depressive episode.
- Multiple (four or more) mood episodes within one year receive the specifier “with rapid cycling.”

Anxiety Mood Disorders

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- Post-traumatic Stress Disorder (PTSD; criteria A-C)
  - **Criterion A: stressor (one required)**
    - The person was exposed to: death, threatened with death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):
    - Direct exposure
    - Witnessing the trauma
    - Learning that a relative or close friend was exposed to a trauma
    - Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)
  - **Criterion B: intrusion symptoms (one required)**
    - The traumatic event is persistently re-experienced in the following way(s):
    - Unwanted upsetting memories
    - Nightmares
    - Flashbacks
    - Emotional distress after exposure to traumatic reminders
    - Physical reactivity after exposure to traumatic reminders
  - **Criterion C: avoidance (one required)**
    - Avoidance of trauma-related stimuli after the trauma, in the following way(s):
    - Trauma-related thoughts or feelings
    - Trauma-related external reminders

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- PTSD (criteria D and E)
  - **Criterion D: negative alterations in cognitions and mood (two required)**
    - Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):
    - Inability to recall key features of the trauma
    - Overly negative thoughts and assumptions about oneself or the world
    - Exaggerated blame of self or others for causing the trauma
    - Negative affect
    - Decreased interest in activities
    - Feeling isolated
    - Difficulty experiencing positive affect
  - **Criterion E: alterations in arousal and reactivity**
    - Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):
    - Irritability or aggression
    - Risky or destructive behavior
    - Hypervigilance
    - Heightened startle reaction
    - Difficulty concentrating
    - Difficulty sleeping

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Anxiety Mood Disorders

- **PTSD (criteria F-H)**
  - **Criterion F: duration (required)**
    - Symptoms last for more than 1 month.
  - **Criterion G: functional significance (required)**
    - Symptoms create distress or functional impairment (e.g., social, occupational).
  - **Criterion H: exclusion (required)**
    - Symptoms are not due to medication, substance use, or other illness.
  - **Two specifications:**
    - **Dissociative Specification** In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:
      - **Depersonalization.** Experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
      - **Derealization.** Experience of unreality, distance, or distortion (e.g., "things are not real").

Anxiety Mood Disorders

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- Panic Disorder
  - Both (1) and (2): recurrent unexpected panic attacks
    - At least one of the attacks has been followed by one month (or more) of one (or more) of the following:
    - Persistent concern about having additional attacks
  - Worry about the implications of the attack or its consequences (e.g. losing control, having a heart attack, "going crazy")
  - A significant change in behavior related to the attacks
  - Not caused by substances or medical condition
  - Not accounted for by another mental disorder

Is Anxiety All Bad?

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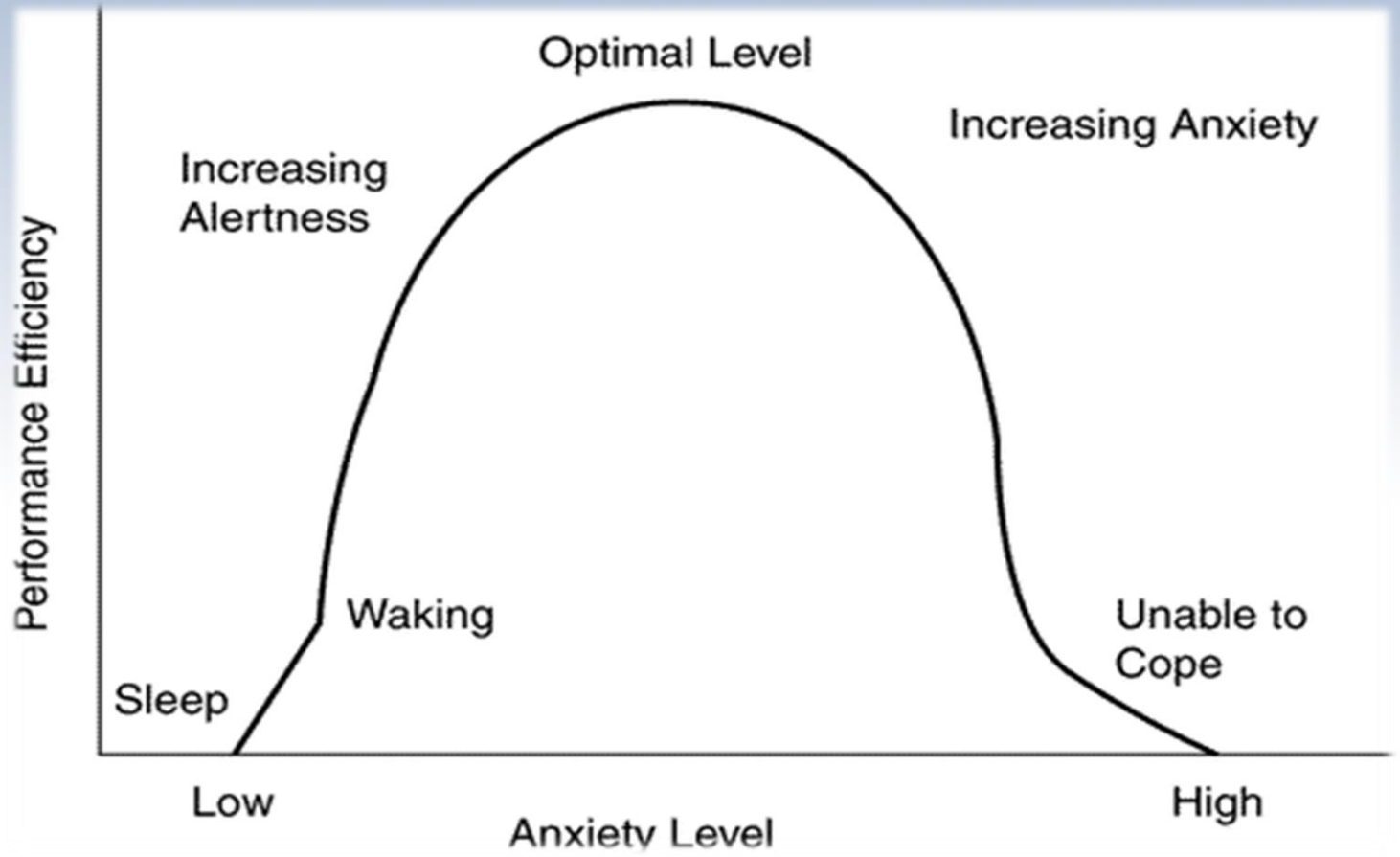

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References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: **DSM-5**. Washington, D.C: American Psychiatric Association.

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What questions do you have?

For additional assistance or training requests, please email us at:

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Thank you!