

CHAPTER 7: MOOD DISORDERS AND SUICIDE

I. CHARACTERISTICS OF UNIPOLAR DEPRESSION

- a. Symptoms-** take over the whole person—bodily functions, behaviors and thoughts.
 - i.** Depressed mood out of proportion to any cause and no interest in anything in life- **anhedonia**
 - ii.** Changes in appetite, sleep and activity levels
 - iii.** Behaviorally people are slowed down- **psychomotor retardation**
 - iv.** Physically agitated and cannot sit still so they fidget or move around aimlessly- **psychomotor agitation**
 - v.** Thoughts filled with worthlessness, guilt, and hopelessness or even suicide
 - vi.** Some lose touch with reality experiencing delusions and hallucinations
- b. Diagnosing Depressive Disorders**
 - i. Major depression-** requires a person to experience depressed mood or loss of interest in usual activities plus at least four other symptoms chronically for at least 2 weeks. The symptoms must be severe enough to interfere with daily functioning.
 - 1. Subtypes:**
 - a. With melancholic features-** cannot experience pleasure, significant weight loss, excessive guilt, early morning awakening, psychomotor retardation or agitation
 - b. With psychotic features-** depressing delusions or hallucinations
 - c. With catatonic features-** catatonic behaviors such as catalepsy, excessive motor activity, severe disturbances in speech
 - d. Atypical features-** positive mood reactions to some events, weight gain or increases in appetite, hypersomnia, heavy feelings in arms and legs, long standing pattern of sensitivity to interpersonal rejection
 - e. Postpartum onset-** onset of major depressive episode within four weeks of delivering a child
 - f. With seasonal pattern SAD-** history of at least two years in which episodes occur during one season of the year and ease out after that season is over.
 - ii. Dysthymic disorder-** less severe than major depression but more chronic. Must experience depressed mood plus two of the following symptoms for at least 2 years
 - 1.** Poor appetite or over eating

2. Insomnia or hypersomnia
3. Low energy or fatigue
4. Low self-esteem
5. Poor concentration or difficulty making decisions
6. Hopelessness
7. Throughout the two years the person must never have been without the symptoms of depression for longer than 2 months
8. May experience **double depression**- episodes of major depression intermittently

iii. Prevalence and Course of Unipolar Depressive Disorders

1. 16% experience an episode at some point
2. rates are lowest above age 60 and up above 85
 - a. older adults less willing to report symptoms
 - b. often occur in the context of serious medical illness
 - c. more likely to have mild to severe cognitive impairment and difficult to distinguish
3. women are twice as likely as men to experience both mild and severe depressive disorders

II. CHARACTERISTICS OF BIPOLAR DISORDER

- a. **Symptoms of Mania**- unrealistically positive and grandiose self-esteem and experience racing thoughts and impulses which can sometimes be delusional and engage in a variety of impulsive behaviors like sexual indiscretions and spending sprees.
 - i. **Bipolar I**- people who experience manic episodes and sometimes depressive episodes. Need full Manic episodes
 - ii. **Bipolar II**- Must experience severe episodes of major depression but their episodes of mania are milder and known as **hypomania** meaning they are not severe enough to interfere with daily functioning and do not have delusions or hallucinations.
 - iii. **Cyclothymic disorder**- alternates between episodes of hypomania and moderate depression chronically over at least a 2 year period and are at increased risk for bipolar disorder
 1. **Rapid cycling bipolar disorder**- four or more cycles of mania and depression within 1 year
 2. **Temper dysregulation disorder with dysphoria**- a young person age 6+ would have to show immature and inappropriate temper outbursts three or more times per week on average. Symptoms must occur before 10 and be present for at least 1 year.
- b. **Prevalence and Course of Bipolar Disorder**- 1-2/100 people will experience at least one episode of bipolar disorder in their lifetime.
 - i. Men and women are equally likely to develop the disorder.
 - ii. More biologically linked

- c. **Creativity and the Mood Disorders-** symptoms of mania can actually have benefits for inspiration and the arts. Writers, Artists, and composers have a higher than normal prevalence of mania and depression

III. THEORIES OF UNIPOLAR DEPRESSION

a. **Biological Theories:**

- i. **Genetic Factors-** depression that begins early in life appears to have a stronger genetic base than depression that begins later on. Genes responsible may be different in men and women

- ii. **Neurotransmitter Theories-** found in the limbic system

- 1. **Monoamines**

- a. **Serotonin/Norepinephrine-** may be less sensitive

- b. **Dopamine**

- iii. **Brain Abnormalities**

- 1. Consistent abnormalities in at least four areas of the brain in people with depression

- a. Prefrontal cortex- reduced volume of gray matter particularly on the left side

- b. Anterior cingulate- different levels

- c. Hippocampus- lower metabolic activity

- i. Cortisol- chronically high levels in response to stress indicating an overreaction.

- d. Amygdala- enlargement

- iv. **Neuroendocrine Factors-** regulates a number of important hormones , which affect basic functions. HPA axis involved in fight or flight.

- 1. **Hypothalamus**

- 2. **Pituitary**

- 3. **Adrenal cortex**

b. **Psychological Theories:**

- i. **Behavioral-** reaction to stressful negative events (80%). Suggest that life stress leads to depression because it reduces the positive reinforcers in a person's life.

- ii. **Learned helplessness-** type of event most likely to lead to depression is an uncontrollable negative event and can lead people to believe they are helpless to control important outcomes in their environment.

- c. **Cognitive Theories-** people look at the world through a **negative cognitive triad-** They have negative views of themselves, the world and their future

- i. **Reformulated learned helplessness theory-** how cognitive factors might influence whether a person becomes helpless and depressed following a negative event