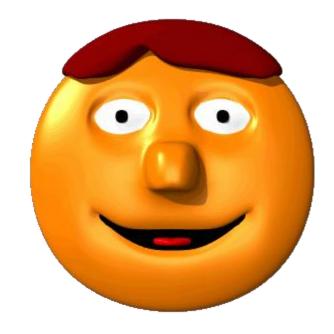
MOOD DISORDERS

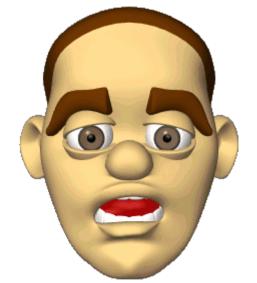


Psychological Disorders characterized by emotional extremes.



DepressionDescribed as

- Described as "common cold" of psychological disorders. (not accurate.)
- It is like a warning that something is wrong.
- ·Associated with low levels of serotonin

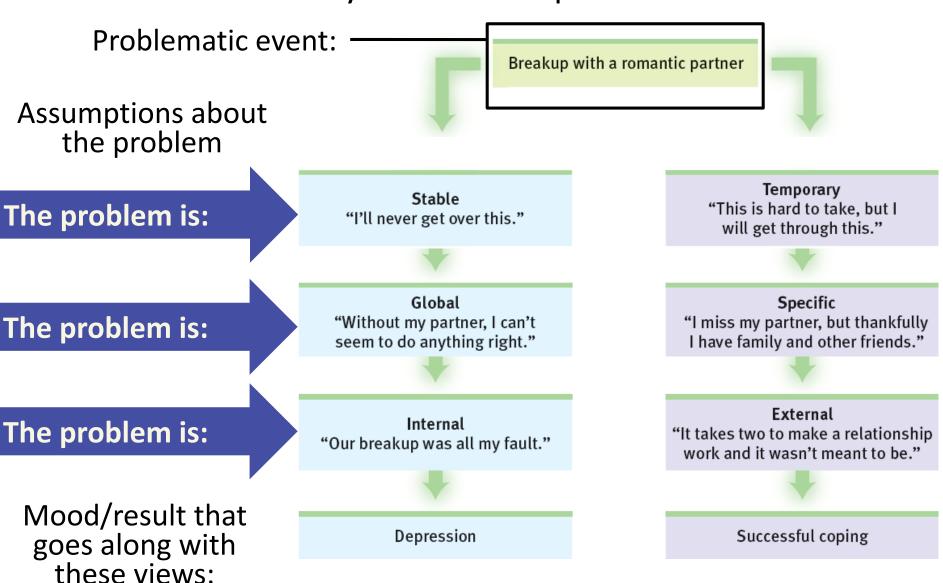




- Discouraged about the past, present, future
- Dissatisfiedwith your life
- Isolated from others
- ·Lack of energy
- Inability to concentrate

Depressive Explanatory Style

How we analyze bad news predicts mood.



Depression is Everywhere



 Phobias are a more common (frequently experienced) disorder, but depression is the #1 reason people seek mental health services.

Depression appears worldwide:

Rates of depression by country

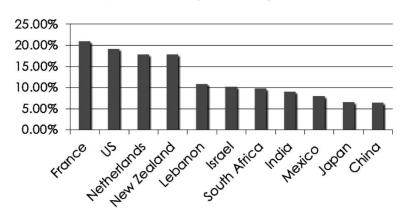


Figure above from <u>Bromet</u>, Evelyn. "Cross-national Epidemiology of DSM-IV Major Depressive Episode."

Depression: The "Common Cold" of Disorders?

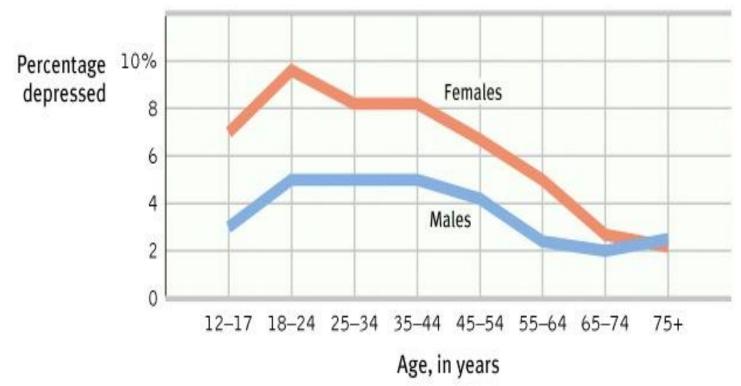
Although both are "common" (occurring frequently and pervasively), comparing depression to a cold doesn't work.

Depression:

- is more dangerous because of suicide risk.
- has fewer observable symptoms.
- is more lasting than a cold, and is less likely to go away just with time.
- is much less contagious.

And...depressive pain is beyond sniffles.

Depression



Rates of depression have increased 10-20 times compared to 50 years ago.

The average age of a person experiencing depression has gone down.

Major Depressive Disorder

 more than just feeling "down."

 more than just feeling sad about something.

 A person, for no apparent reason, experiences two or more weeks of depressive moods.

•Includes feelings of worthlessness and diminished interest or pleasure in most activities.

ClinicalDescription

2 Weeks or More

Major Depressive Disorder

Major Depressive Disorder occurs without any incidence of mania.

In a year, 5.8% of men and 9.5% of women report depression worldwide (WHO, 2002).

Blue mood

Major Depressive Disorder

Gasping for air after a hard run

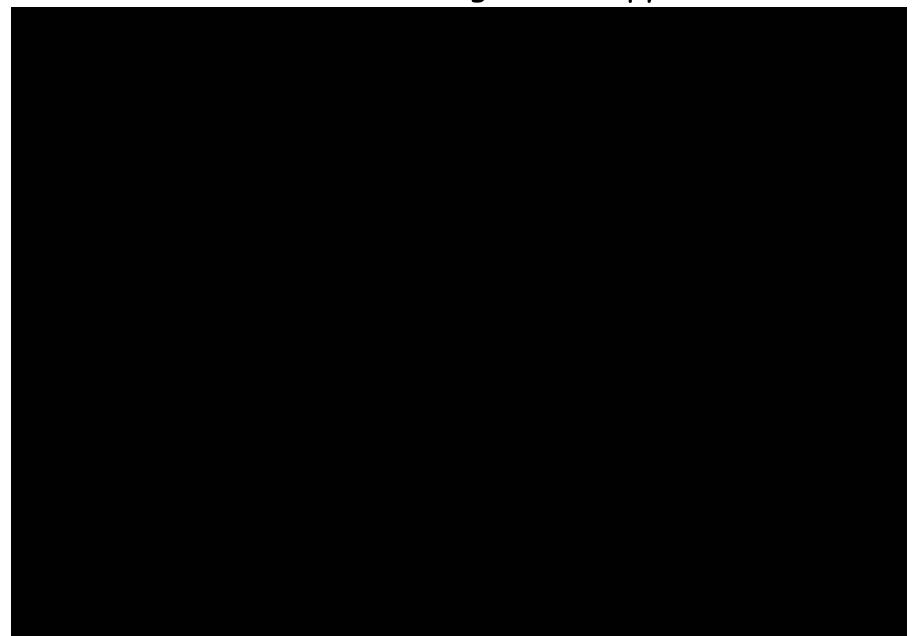
Chronic shortness of breath

Major Depressive Disorder w/ Seasonal Pattern

- Formerly called Seasonal Affective Disorder (SAD)
- The seasonal pattern is more than simply disliking winter.
- The seasonal pattern involves a reoccurrence of depression related to the seasons, usually during winter's short, dark, cold days.
- Survey: "Have you cried today"? Result: More people answer "yes" in winter.

	Percentage who cried		
	Men	Women	
August	4	7	
December	8	21	

S.A.D. and Light Therapy



Dysthymic Disorder (Persistent Depressive Disorder)

Disorder) depression every day for at least two years.



- 1. Poor appetite or overeating
- 2. Insomnia or hypersomnia
- 3. Low energy or fatigue
- 4. Low self-esteem
- 5. Poor concentration or difficulty making decisions
- 6. Feelings of hopelessness

Description

2 Years or More

Double Depression



Clinical Description



Dysthymia

Dysthymia

Major Depression

Bipolar Disorder

- Bipolar disorder was once called "manicdepressive disorder."
- Bipolar disorder's two polar opposite moods are depression and mania.

Mania refers to a period of hyper-elevated mood that is euphoric, giddy, easily irritated, hyperactive, impulsive, overly optimistic, and even grandiose.

Contrasting Symptoms

Depressed mood: stuck feeling "down," with:

- exaggerated pessimismsocial withdrawal
- lack of felt pleasure
- inactivity and no initiative
- difficulty focusing
- fatigue and excessive desire to sleep

Mania: euphoric, giddy, easily irritated, with:

- exaggerated optimismhypersociality and séxuality
- delight in everything
- impulsivity and overactivity
- racing thoughts; the mind won't settle down
- little desire for sleep

Depression in Bipolar I

Depression in bipolar I can be debilitating. You may feel so sad or worthless that you can't even get out of bed or tend to your responsibilities. It can even lead to suicide if left untreated.

Mania

People with bipolar I suffer from severe manic episodes. These episodes can include elevated mood, racing thoughts, dangerous impulsive behavior such as spending sprees and indiscriminate sexual activity, and inappropriate aggression.

Depression in Bipolar II

In bipolar II, depression is painful but not crippling. You can still function, though you feel miserable. You may feel like you're just going through the motions and not enjoying life.

Hypomania

In bipolar II, patients experience hypomania. Symptoms are similar to mania but are not as extreme, and don't necessarily have a negative impact on your life like mania does.

Hypomania: "At first when I'm high, it's tremendous ... ideas are fast ... like shooting stars you follow until brighter ones appear... All shyness disappears, the right words and gestures are suddenly there ... uninteresting people, things become intensely interesting. Sensuality is pervasive, the desire to seduce and be seduced is irresistible. Your marrow is infused with unbelievable feelings of ease, power, well-being, omnipotence, euphoria ... you can do anything ... but somewhere this changes."

Mania: "The fast ideas start coming too fast and there are far too many ... overwhelming confusion replaces clarity ... you stop keeping up with it ... memory goes. Infectious humor ceases to amuse. Your friends become frightened ... everything is now against the grain ... you are irritable, angry, frightened, uncontrollable, and trapped."

Bi-Polar Disorder - Homeland

there are always two sides to a story

Bipolar Disorder.

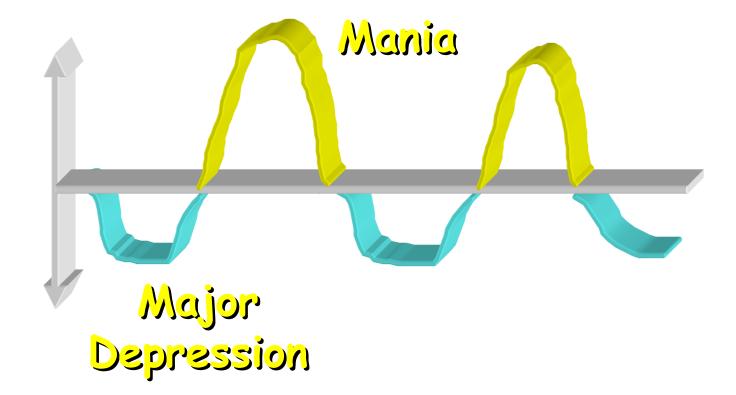
About onehalf to twothirds of people with mania have psychotic symptoms.

In hypomania, no psychotic symptoms are present.

more than "mood swings."

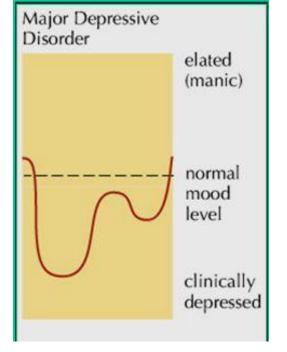
 depression plus the problematic overly "up" mood called "mania."

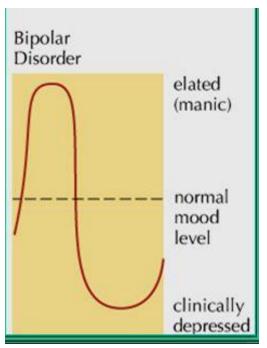
Clinical Description



MDD

Long-lasting depressed mood that interferes with the ability to function, feel pleasure, or maintain interest in life.



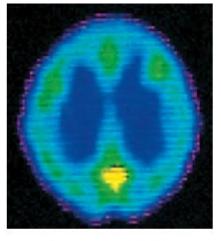


<u>Bi-polar</u>

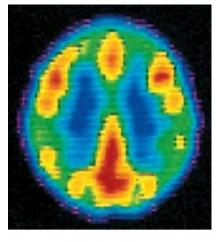
Repeated episodes of mania and depression

Biology of Depression: The Brain

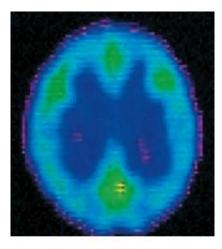
- Brain activity is diminished in depression and increased in mania.
- Brain structure: smaller frontal lobes in depression and fewer axons in bipolar disorder
- Brain cell communication (neurotransmitters):
 - more <u>norepinephrine</u> (arousing) in mania, less in depression
 - reduced <u>serotonin</u> in depression



Depressed state (May 17)



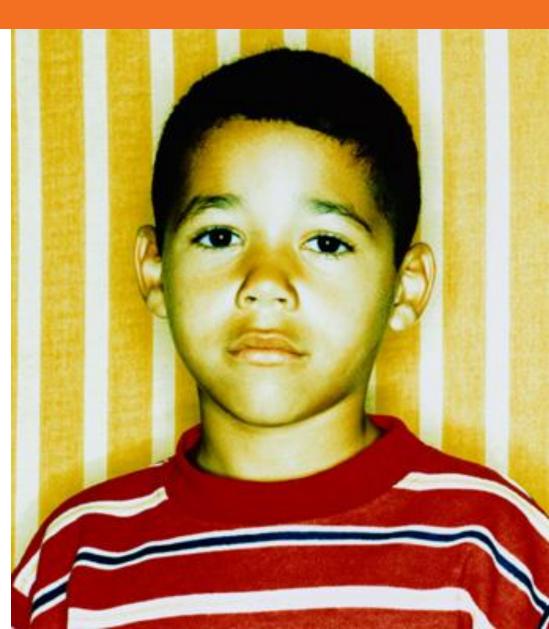
Manic state (May 18)



Depressed state (May 27)

Bipolar Disorder in Children and Adolescents

- Does bipolar disorder show up before adulthood, and even before puberty?
- Many young people have cycles from depression to extended rage rather than mania.
- The DSM-V has a new diagnosis for these kids: disruptive mood dysregulation disorder.



Bipolar Mysteries - Chase



Bipolar Mysteries - Kelsey

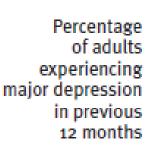


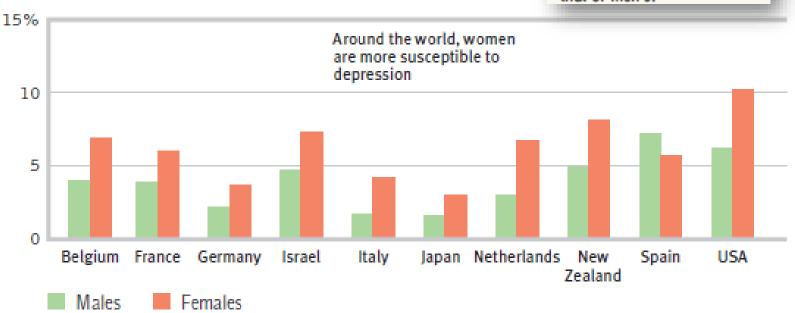
Understanding Mood Disorders

Why are mood disorders so pervasive, and more common among the young, and especially among women?

FIGURE 15.4

Gender and major depression Interviews with 89,037 adults in 18 countries confirm what many smaller studies have found: Women's risk of major depression is nearly double that of men's.





Why Does Depression Have so Many Symptoms?

Emotional symptoms

- Feelings of sadness, hopelessness, helplessness, guilt, emptiness, or worthlessness
- Feeling emotionally disconnected from others
- Turning away from other people

Behavioral symptoms

- Dejected facial expression
- Makes less eye contact; eyes downcast
- Smiles less often
- Slowed movements, speech, and gestures
- Tearfulness or spontaneous episodes of crying
- Loss of interest or pleasure in usual activities, including sex
- Withdrawal from social activities



Cognitive symptoms

- Difficulty thinking, concentrating, and remembering
- Global negativity and pessimism
- Suicidal thoughts or preoccupation with death

Physical symptoms

- Changes in appetite resulting in significant weight loss or gain
- Insomnia, early morning awakening, or oversleeping
- Vague but chronic aches and pains
- Diminished sexual interest
- Loss of physical and mental energy
- Global feelings of anxiety
- Restlessness, fidgety activity

Understanding Mood Disorders Can we explain...

why does depression often go away on its own?

the course/development of reactive depression?

Often, time heals a mood disorder, especially when the mood issue is in reaction to a stressful event. However, a significant proportion of people with major depressive disorder do not automatically or easily get better with time.



Suicide and Self-Injury

- Every year, 1 million people commit suicide, giving up on the process of trying to cope and improve their emotional well-being.
- This can happen when people feel frustrated, trapped, isolated, ineffective, and see no end to these feelings.
- Non-suicidal self-injury has other functions such as sending a message, or selfpunishment.
- Those with alcohol dependence are roughly 100 times more likely to commit suicide; some 3 percent of them do.
- Suicide rates are much higher among the rich, the nonreligious, and those who are single, widowed, or divorced

Understanding Mood Disorders



Evolutionary
Genetic
Brain /Body

Social-cognitive aspects and explanations

Negative thoughts and negative mood

Explanatory style

The vicious cycle

An Evolutionary Perspective on the Biology of Depression

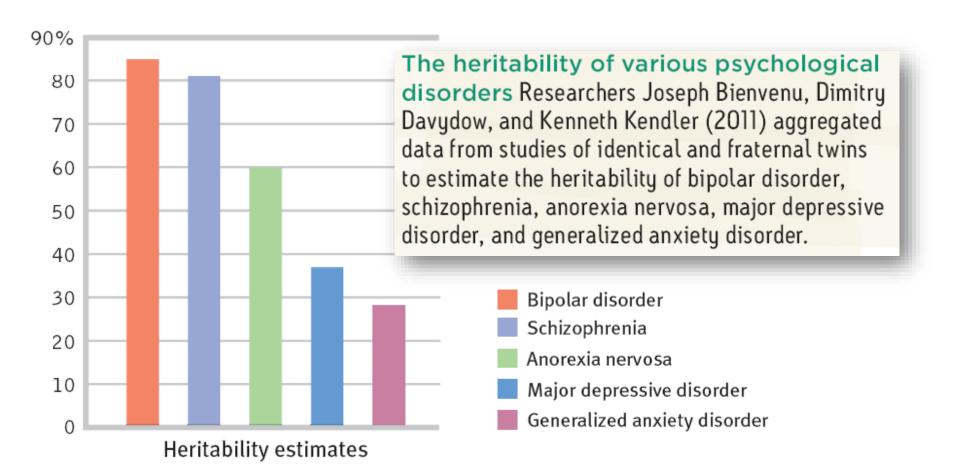
- Depression, in its milder, nondisordered form, may have had survival value.
- Under stress, depression is social-emotional hibernation. It allows humans to:
 - conserve energy.
 - avoid conflicts and other risks.
 - let go of unattainable goals.
 - take time to contemplate.



Biology of Depression: Genetics

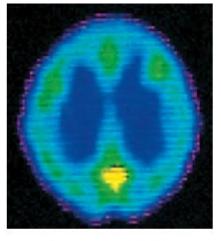
Evidence of genetic influence on depression:

- 1. DNA linkage analysis reveals depressed gene regions
- 2. twin/adoption heritability studies

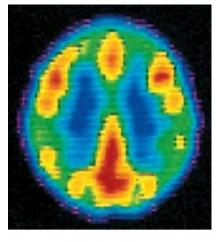


Biology of Depression: The Brain

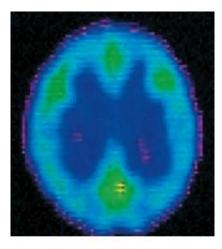
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Depressed state (May 17)



Manic state (May 18)



Depressed state (May 27)

Preventing or Reducing Depression: Using Knowledge of the Biology of Depression

- 1. Adjust neurotransmitters with medication.
- 2. Increase serotonin levels with exercise.
- 3. Reduce brain inflammation with a healthy diet (especially olive and **fish oils**).
- 4. Prevent excessive alcohol use.



Understanding Mood Disorders: *The Social-Cognitive Perspective*

Discounting positive information and assuming the worst about self, situation, and the future

Low Self-Esteem

Learned Helplessness

Self-defeating beliefs such as assuming that one (self) is unable to cope, improve, achieve, or be happy

Depression is associated with:

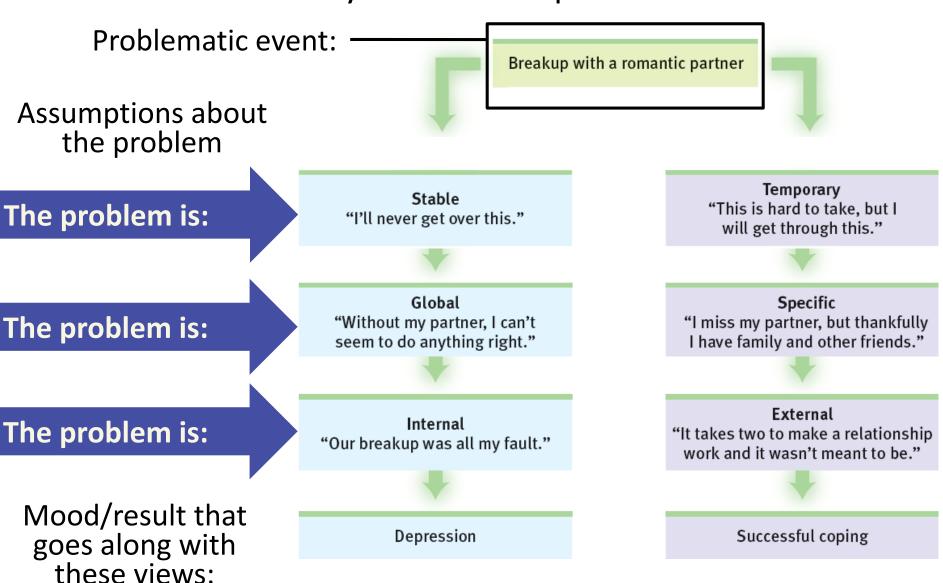
Rumination

Depressive Explanatory Style

Stuck focusing on what's bad

Depressive Explanatory Style

How we analyze bad news predicts mood.



Depression's Vicious Cycle

A depressed mood may develop when a person with a negative outlook experiences repeated stress.

The depressed mood changes a person's style of thinking and interacting in a way that makes stressful experience more likely.

