

MODULE 67 MOOD DISORDERS

MAJOR DEPRESSIVE DISORDERS

- The emotional extremes of MOOD DISORDERS come in two principal forms: 1. Major depression disorder, with its prolonged hopelessness and lethargy, and 2. Bipolar disorder (formerly called manic-depressive disorder), in which a person alternates between depression and mania, an overexcited, hyperactive state.
- DEPRESSION is the number-one reason people seek mental health services. To feel bad in reaction to profoundly sad events is to be in touch with reality. Recall that, biologically speaking, life's purpose is not happiness but survival and reproduction. MAJOR DEPRESSIVE DISORDER occurs when at least five signs of depression last two or more weeks.

DSM-5 Mixed Specifier Criteria

If predominantly Depressed, full criteria are met for a Major Depressive Episode, and at least 3 of the following symptoms are present for nearly every day during the episode

1. Elevated, expansive mood
2. Inflated self-esteem or grandiosity
3. More talkative than usual or pressure to keep talking
4. Flight of ideas or subjective experience that thoughts are racing
5. Increase in energy or goal directed activity (either socially, at work or school, or sexually)
6. Increased or excessive involvement in activities that have a high potential for painful consequences
7. Decreased need for sleep

Mixed symptoms are observable by others and represent a change from the person's usual behavior

For those who meet full episode criteria for both Mania and Depression simultaneously, they should be labeled as having Manic episode, with mixed features, due to the marked impairment and clinical severity of full mania

The mixed symptom specifier can apply to depressive episode experienced in Major Depressive Disorder, Bipolar I disorders, Bipolar II disorders, and Bipolar Disorder Not Elsewhere Classified.

The mixed symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse medication, or other treatment)

APA, DSM-5, 2013

BIPOLAR DISORDER

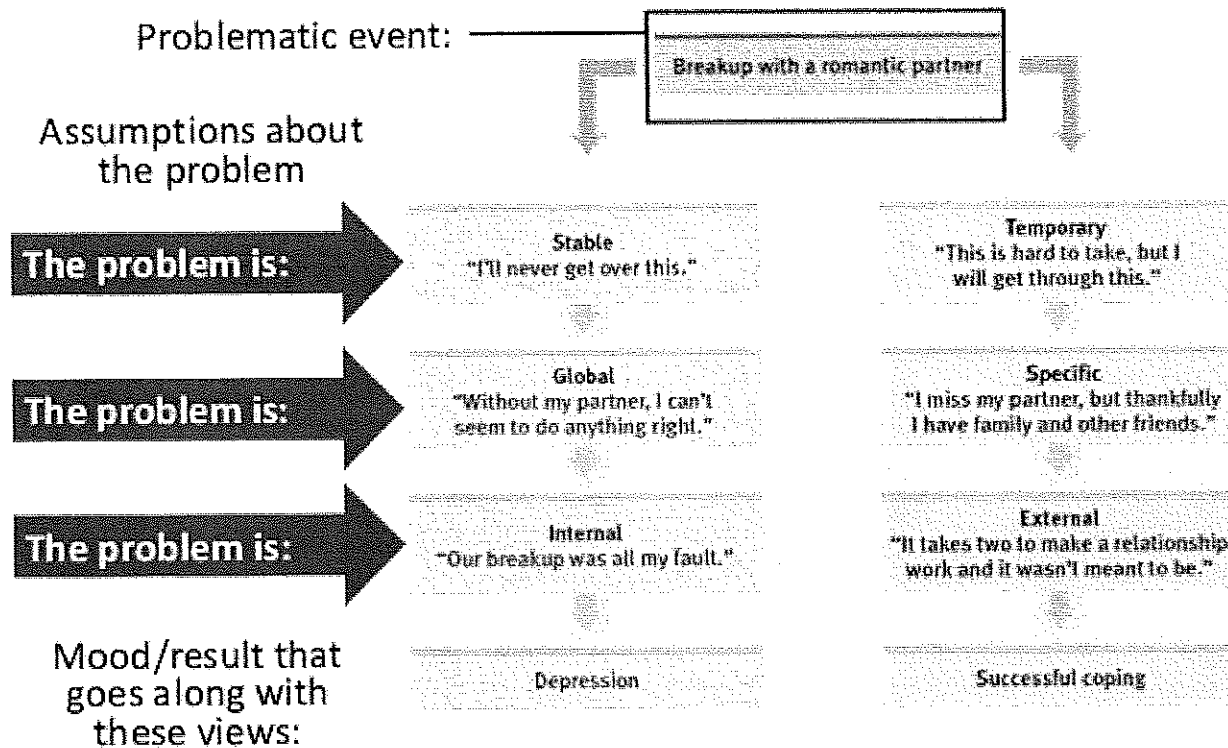
- MANIA is a mood disorder marked by a hyperactive, wildly optimistic state. If depression is living in slow motion, mania is fast forward. Alternating between depression and mania (week to week, and not day to day or moment to moment) signals BIPOLAR DIORDER.

UNDERSTANDING MOOD DISORDERS

- Researcher Peter Lewinsohn summarized the facts that any theory of depression must explain, including the following: 1. Many behavioral and cognitive changes accompany depression. 2. Depression is widespread. 3. Women’s risk of major depression is nearly double men’s. 4. Stressful events related to work, marriage, and close relationships often precede depression. 5. With each new generation, depression is striking earlier (now often in the late teens) and affecting more people, with the highest rates in developed countries among young adults.
- Drugs that relieve depression tend to increase norepinephrine or serotonin supplies by blocking either their reuptake (antagonist Prozac, Zoloft, and Paxil) or their chemical breakdown.
- **RUMINATION** is compulsive fretting; overthinking about our problems and their causes. Rumination diverts us from thinking about other life tasks and produces a negative emotional inertia.
- It is depressed people, who tend to explain bad events in terms that are stable (it’s going to last forever), global (it’s going to affect everything I do), and internal (it’s all my fault).
- Our depressed mood triggers negative thoughts.

Depressive Explanatory Style

How we analyze bad news predicts mood.



BE ABLE TO ANSWER: What is the most common psychological disorder? What is the disorder for which people most often seek treatment?

PRACTICE FRQ: Christina became depressed after being laid off from her job. Her therapist thinks it's because she has a stable, global, and internal explanatory style. Illustrate each of these three attributes by writing a possible thought Christina might have for each one.