

# Mood Disorders



## Mood

*The Facts About Depression*

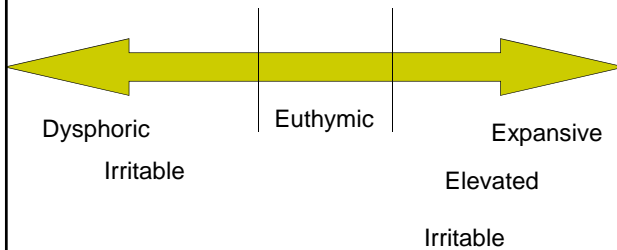
Youtube clip

<http://www.youtube.com/watch?v=q50IUfVM-OE&feature=PlayList&p=8AE03D1C443CC7FA&index=1>



## Mood

- The prominent feature of any mood disorder is disturbance in mood



## Mood Disorders

- I. Depressive Disorders
- II. Bipolar Disorders
- III. Mood Disorders due to a General Medical Condition
- IV. Substance-Induced Mood Disorder



## Depressive Disorders

- Major Depressive Disorder
- Dysthymic Disorder
- Depressive Disorder Not Otherwise Specified



## General Health Conditions with a High Prevalence of Depression

- Alzheimer's disease
- Heart disease
- Diabetes
- End-stage renal failure
- Parkinson's disease
- Stroke
- Cancer
- HIV/AIDS
- Chronic fatigue or Fibromyalgia
- Chronic pain

What do these conditions all have in common?



- Patients who have co-existing depression and medical illness:
  - Tend to have more severe symptoms of both depression and the medical illness
  - More difficulty adapting to their medical condition
  - More medical costs
- Research suggest that treating the depression can also help improve the outcome of treating the co-occurring illness

(Katon and Ciechanowski, 2002)

## Medications that can cause depression

- Antihypertensives
- Hormones
- Anticonvulsants
- Steroids
- Digitalis
- Anti-Parkinsonian agents
- Anti-neoplastic agents
- Antibiotics
- Antidepressants

## Depression

### “7 secrets” of depression

1. Common
2. Often missed
3. Not hard to diagnose if you know to look for it
4. Often severe
5. Often recurrent
6. Costly
7. Considered highly treatable

## Depression

- Depression is common
  - It is **among the five most common disorders seen by primary care physicians**
  - Major depressive disorder affects approximately 14.8 million U.S. adults  
(Kessler, Chiu, Demler, Walters, 2005)
  - Depression is 1½ - 3 times more prevalent among women than men
  - In primary care settings, 5-10% of patients have CURRENT major depression

(Katon & Schulberg, 1992)

## Depression

- Depression is often missed
  - As many as 50% of cases go unrecognized by the patient and the doctor  
(Saver, Van-Nguyen, Keppel, & Doescher, 2007)
- If recognized, it could still go untreated
- Why is depression neglected?
- Why is it important to treat depression?

## Depression

- When depression is identified, primary care physicians:
  - Frequently fail to make an accurate diagnosis
  - Often fail to provide appropriate management
  - Over utilize psychotropic meds
  - Underutilize psychotherapy techniques  
(Brody & Larson, 1992)

## Depression

- Depression is recurrent
  - More than **50%** of those who have a first major depressive episode will have a recurrence
- Untreated episodes last about 6-24 months  
(Stahl, 2000)

## Depression

- Depression is often severe and costly
  - Major Depressive Disorder is the **leading cause of disability** in the U.S. for ages 15-44  
(NIMH, 2008)
- U.S. annual economic consequence of depression:
  - 1990      \$43.7 billion
  - 2003      \$52.9 billion  
(Greenberg et al., 2003)

## Major Depressive Disorder

- Characterized by one or more major depressive episodes
  - **Major Depressive Episode:**
    - At least 2 weeks of depressed mood (most of the day, every day) or loss of interest in nearly all activities
    - **AND** accompanied by at least **four** additional symptoms of depression (next slide)

## Major Depressive Disorder

- Major Depressive Episode (*continued*)
  - **Additional Symptoms of Depression** (must exhibit four of the following):
    - Changes in appetite or weight
    - Insomnia or hypersomnia
    - Decreased energy or fatigue
    - Agitation or retardation (physical and/or thoughts)
    - Feelings of worthlessness or excessive guilt
    - Difficulty thinking, concentrating, or making decisions
    - Recurrent thoughts of death or suicide, plans, or attempts

## Major Depressive Disorder

- What is meant by depressed mood?
  - Described by the patient as \* depressed, sad, hopeless, discouraged, or “down in the dumps”
  - Depressed mood can be inferred from the patient’s facial expression

## Major Depressive Disorder

- Other symptoms of depression:
  - Emphasis on **somatic complaints** rather than reporting feelings of sadness
  - Increased **irritability**
  - **Anhedonia**
  - **Apathy**
  - “Where does depression hurt? Who does depression hurt?”

## Major Depressive Disorder



- Subtypes
  - Psychotic features
  - Seasonal pattern
  - Melancholia
  - Atypical features (Overeating, oversleeping, weight gain)
  - **Postpartum onset** (10-15% prevalence within the first year after delivery)  
(CDC, 2008)

## Dysthymic Disorder



- Dysthymic disorder requires only **three** of the listed symptoms for depression, but they must be present for **2 years**
  - Accompanied by additional depressive symptoms that do not meet criteria for a major depressive episode
- Can be a primary disorder, but more commonly accompanies chronic health problems

## Dysthymic Disorder



- Additional symptoms of depression (must have 3 of the following, occurring for at least 2 years)
  - Changes in appetite or weight
  - Insomnia or hypersomnia
  - Decreased energy or fatigue
  - Agitation or retardation (physical and/or thoughts)
  - Feelings of worthlessness or excessive guilt
  - Difficulty thinking, concentrating, or making decisions
  - Recurrent thoughts of death

## Dysthymic Disorder



- Dysthymic disorder is **COMMON** because of its co-occurrence with other health conditions
- It is more prevalent than major depressive disorder
- It is often overlooked and attributed to "normal" effects of illness

## Depressive Disorder Not Otherwise Specified



- Included for coding disorders with **depressive features** that do not meet criteria for Major Depressive Disorder, Dysthymic Disorder, Adjustment Disorder with Depressed Mood, or Adjustment Disorder with Mixed Anxiety and Depressed Mood (or **depressive symptoms about which there is inadequate or contradictory information**)

## How do you recognize depression?



- Once the physician is alerted to the possibility of depression (history, physical exam, MSE, response to screening measures), the physician should proceed to interview the patient to establish which criteria the patient meets

## Depression Screening Tools

- There are numerous depression screening tools
    - Beck Depression Inventory
    - Hamilton Depression Inventory
    - Reynolds Depression Screening Inventory
    - Reynolds Adolescent Depression Scale
    - National Mental Health Screening test
    - NYU Medical Center/Dept. of Psychiatry online depression screening
- <http://www.med.nyu.edu/psych/screens/odst.html>

## Diagnosing Depression

- Ask about **duration, persistence, and severity** of each symptom
- Collaborative sources, such as relatives and past records, may be necessary when the patient's responses are ambiguous, insufficient, or distorted
- Include your own observations when assessing the patient--**this will be of value to the mental health professional**

## Consequences of Depression

- Depression
  - Magnifies pain
  - Impairs adherence to treatment regimens
  - Decreases social supports
  - Deregulates humoral and immunological systems
  - Decreases functioning

## Treatment

- Depression is highly treatable
  - Psychotherapy
    - Cognitive Behavior Therapy (CBT)
    - Interpersonal Therapy (IPT)
  - Medications such as antidepressants
    - SSRIs (Prozac, Zoloft, Celexa)
    - SNRIs (Effexor, Cymbalta)
  - \* Electroconvulsive Therapy

## Treatment

- Nutrition
  - Vitamin B6 is essential in metabolizing tryptophan to serotonin
  - Magnesium facilitates the conversion of 5-hydroxytryptophan (5-HTP) into serotonin
  - Low levels of vitamin D are associated with depressive symptoms
  - Lower levels of calcium and higher levels of parathyroid hormone (PTH) have been observed in depressed persons
  - Correlation between fish consumption, levels of omega three fatty acids and protection from depression and suicide

(Kemper & Shannon, 2007)

## Treatment

- Chiropractic Treatment
  - Consider the following case study
    - A 71y/o female with low back pain
    - Initially scored an 8 on the Beck Depression Inventory
    - Treatment over 11 wks included: flexion-distraction, moist hot packs, and interferential current to the lumbar spine
    - BDI scores went from 8, to 4, to 0

(Rowell, Lawrence, Hawk, 2005)

## Bipolar Disorders



- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Bipolar Disorder Not Otherwise Specified

## Bipolar I Disorder



- Characterized by:
  - One or more **manic or mixed episodes**
  - Usually accompanied by major depressive episodes

## Bipolar I Disorder




- **Manic Episode**
  - A distinct period during which there is an abnormally and persistently elevated, expansive, or irritable mood
  - Period of abnormal mood must last at least one week
  - The mood disturbance must be accompanied by at least three additional symptoms
  - The mood disturbance causes marked impairment

## Bipolar I Disorder



- **Additional symptoms of manic episodes (must have 3)**
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep
  - Pressure of speech
  - Flight of ideas (racing thoughts)
  - Distractibility
  - Increased involvement in goal directed activities or psychomotor agitation
  - Excessive involvement in pleasurable activities with a high potential for painful consequences

- Bipolar I Disorder
- 

<http://www.youtube.com/watch?v=9Q10fafAk al&NR=1>

- Manic episode

<http://www.youtube.com/watch?v=p9hbXPVa Ouk>

## Bipolar I Disorder



- **Bipolar Disorder Specifiers**
  - Mild, Moderate, Severe Without Psychotic Features, Severe With Psychotic Features
  - In Partial Remission, In Full Remission
  - With Catatonic Features
  - With Postpartum Onset

## Bipolar I Disorder

- **Mixed episode:**

- At least 1 week period of time
- In which the criteria are met both for a manic episode and for a major depressive episode nearly every day

### Depressed mood

- 4 additional systems
- Changes in appetite or weight
- Insomnia or hypersomnia
- Fatigue
- Agitation or retardation (physical and thoughts)
- Feelings of worthlessness or excessive guilt
- Difficulty thinking
- Recurrent S.I.

### Expansive irritable

- 3 additional symptoms
- Grandiosity
- Decreased sleep
- Pressured speech
- Flight of ideas
- Distractibility
- Increased involvement in goal directed activities or psychomotor agitation
- Excessive involvement in pleasurable activities with a high potential for painful consequences

- Mixed state

<http://www.youtube.com/watch?v=jTfPIB1iq4Y>

## Bipolar II Disorder

- Characterized by:

- One or more major depressive episodes
- Accompanied by at least one hypomanic episode

## Bipolar II Disorder

- Hypomanic episode

- Abnormal and persistently elevated, expansive, or irritable mood that lasts at least 4 days and includes at least 3 additional manic symptoms
- Not as severe as a manic episode, but does indicate a change in mood and functioning
- Does not completely disrupt functioning
- Does not require hospitalization

## Cyclothymic Disorder

- Characterized by:

- At least a 2 year duration of mood swings that fluctuate between hypomania and minor, but not major depression
- The person has not been without mood symptoms for more than 2 months at a time

## Bipolar Disorder Not Otherwise Specified



- Included for coding disorders with **bipolar features that do not meet criteria for any of the specific Bipolar Disorders** defined in this section (or bipolar symptoms about which there is **inadequate or contradictory information**)

## Epidemiology of bipolar disorder



- Equally common for men and women
- Strong evidence of a genetic influence for Bipolar I Disorder
- Causes of bipolar disorder most likely involve a combination of:
  - Genetics
  - Biology (neurotransmitters, brain structure)
  - Environmental stressors

## Bipolar Disorders



- The mean age of first impairment is 18.7 years
- The rate of cycling increases with each successive episode

## Treatment



- Long-term preventative treatment is required
- Medication
  - Mood stabilizers: Lithium
  - Anticonvulsants: Depakote, Tegretol, Lamictal, Neurontin, Topamax
- Psychosocial treatment
- Prodrome detection is vital
- Charting daily mood symptoms, treatments, sleep patterns, and life events

(NIMH, 2008)

## Treatment



- Higher rates of obesity, hypertension, dyslipidemia, and diabetes are thought to occur in patients BPD and other SMI  
(Kilbourne et al., 2007)
- What contributes to these conditions?
- CAM approach: Possibly omega 3 fatty acid treatment  
(Parker et al., 2006)

## Mood Disorder Due to a General Medical Condition



- Characterized by:
  - a prominent and persistent disturbance in mood
  - that is judged to be a **direct** physiological consequence of a general medical condition
- Medical conditions that may cause mood symptoms
  - Parkinson's disease, Huntington's disease, cardiovascular disease, metabolic conditions, endocrine conditions, autoimmune conditions, infections, certain cancers

## Substance-Induced Mood Disorder



- Characterized by:
  - a prominent and persistent disturbance in mood
  - that is judged to be a **direct** physiological consequence of a drug of abuse, a medication, another somatic treatment for depression (ECT, light therapy), or toxin exposure

## Mood Disorder Not Otherwise Specified



- Included for coding disorders with **mood symptoms that do not meet the criteria for any specific Mood Disorder** and in which it is difficult to choose between Depressive Disorder Not Otherwise Specified and Bipolar Disorder Not Otherwise Specified (i.e. Acute agitation)

## Suicide and Depression



- Suicide is one of the top ten causes of death in all age groups
- One of the top three causes of death in young adults and teenagers
- Suicide is a global issue – In 2000, 1 million people died from suicide (1 death every 40 seconds)

(WHO, 2008)

## Increased Suicide Risk



- Explicit suicide intent
- Hopelessness
- Well-formulated plan
- Presence of mental disorders
- History of psychiatric inpatient treatment
- Sociocultural factors
- Family history of suicide
- Chronic illness

(WHO, 2009)

## Suicide



- Once a patient reveals suicidal ideation, the physician must consider psychiatric consultation and hospitalization
- Many patients who eventually commit suicide visit a primary care physician in the month before they take their lives  
(Feldman & Christensen, 2003)

## Suicide



- Suicide is common in untreated bipolar disorder
- 25-50% of patients attempt suicide at least once

## College Students



- 1:2 college students will become depressed with decreased function
- 1:2 will have regular episodes of binge drinking with increased risk for sexual, physical, and emotional assault
- 1:10 will consider suicide

(Kadison & DiGeronimo, 2004)

## Effective Suicide Interventions



- Restriction of access to common methods of suicide
- Crisis centers
- Prevention and treatment of depression, alcohol and substance abuse
- School-based interventions (crisis management, self-esteem enhancement, development of coping skills)

(WHO, 2009)

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