Mood Disorders

I. What Are Mood Disorders?
• mood disorders are clearly maladaptive and persist over a long period of time, extremes in affect
  • mania = intense, unrealistic excitement and euphoria, depression = extraordinary sadness, dejection, unipolar depressive disorders = only depressive episodes, bipolar disorders = manic and depressive episodes, distinguished by 1.) severity and 2.) duration
  • major depressive episode - most common, depressed almost everyday for 2 weeks or more plus 3 or more other symptoms; manic episode - elevated, euphoric or expansive mood often interrupted by occasional outbursts of intense irritability (even violence) for at least 1 week with 3 or more additional symptoms; hypomanic episode - milder, elevated mood for at least 4 days and 3 or more other symptoms
  A. The Prevalence of Mood Disorders
  • depression higher for women than men, no difference in men or women for bipolar (much less frequent)

II. Unipolar Mood Disorders
A. Depressions That Are Not Mood Disorders
• loss and the grieving process, postpartum “blues”
B. Dysthmic Disorder
• mild to moderate but chronic, persistently depressed mood most of the day, more days than not, for at least 2 years in adults, 1 year for children/adolescents, with normal moods lasting only a few days or weeks; usually lasts 4-5 years but can last much longer, usually begins in teenage years
C. Major Depressive Disorder
• more symptoms that are more persistent than those in dysthmic, often manic, hypomanic, or mixed episodes plus 3 or more other symptoms, usually occur with any manic, hypomanic, mixed, or somatic symptoms; average duration of an untreated episode is 6-9 months, if for over 2 year symptoms do not improve = chronic major depressive disorder, relapse = return of symptoms within short period of time, recurrence = later
• depression occurs in all ages, even infants, though it is in adolescence where depression rates for women become less than in males
• specific - symptoms/features important to note in diagnosis that are in addition to symptoms (ex. major depressive episode with melancholic features - loss of interest or pleasure in almost all activities and 3 of the following: 1.) early morning awakenings 2.) depression worse in morning 3.) marked psychomotor retardation or agitation 4.) significant loss of appetite or weight 5.) inappropriate or excessive guilt 6.) depressed mood quantitatively different from sadness during nonmelancholic depression - higher genetic loading than other types of depression, associated with childhood trauma)
• severe major depressive episode with psychotic features (hallucinations, delusions that are usually mood-congruent, negative in tone)
• major depressive episode with atypical features - pattern of symptoms characterized by mood reactivity (mood brightens in response to positive events) and 2 or more of following: 1.) significant weight gain or increase in appetite 2.) hypersomnia (sleeping too much) 3.) leaden paralysis (heavy feeling in arms or legs) 4.) long-standing pattern of being acutely sensitive to interpersonal rejection; much more prevalence in women, earlier-than-average age of onset, more likely to have suicidal thoughts, linked to mild form of bipolar disorder with hypomanic episodes in stead of manic ones
• major depressive episode with catatonic features - includes a range of psychomotor symptoms (ex. immobility - catalepsy - a stuporous state or extensive psychomotor activity or mutism, rigidity)
• recurrent major depressive episode with a seasonal pattern/ seasonal affect disorder - at least 2 episodes in past 2 years and full remission with change in season
• double depression - major depression coexists with dysthmic → chronic major depression

III. Causal Factors in Unipolar Mood Disorders
A. Biological Causal Factors