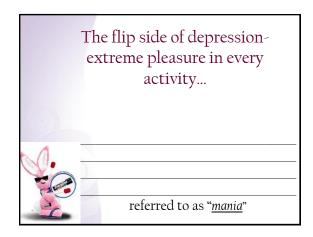
# What are Mood Disorders? Chapter 8

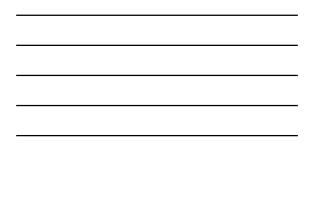
#### Class Objectives

- What is Bipolar Disorder?How does this differ from Unipolar Mood Disorder?
- How do Mood Disorders develop?
- How are Mood Disorders treated?

THINK

What do you know about Bipolar Disorder?







Mania includes symptoms of:

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-Need for little sleep

### How would you describe the client's speech and thinking?

-Rapid and often incoherent speech known as

-Results because they are trying to express so many exciting ideas at once.

-This demonstrates the change in typical cognitive function due to the manic thoughts.

#### <u>Mania</u>

 Individuals who experience either depression or mania are classified as having a disorder.

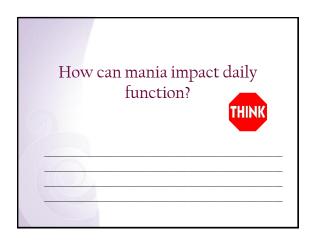
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Almost everyone who suffers from unipolar mania, also suffers from unipolar depression.

#### Mania sounds like fun, but...

During periods of mania it is common for

- Spending sprees and promiscuous behavior are very common.





People with mania typically display <u>at least 3</u> of the following characteristics:		
Excessive involvement in pleasurable, but risky and reckless behaviors.	Increased physical and mental activity and energy with a decreased need for sleep	Heightened mood and exaggerated optimism
Excessive talkativeness	Racing speech, racing thoughts, flight of ideas	Inflated sense of self esteem and self- confidence
Impulsiveness, poor judgment, distractibility		



#### Diagnosis

• Duration of 1 week is needed to diagnose mania.

• Mania can become so disruptive that a patient may need hospitalization.



Someone who alternates between depression and mania has "<u>Bipolar disorder</u>"

(formerly called Manic-Depressive illness.)

This disorder is a roller coaster ride of mood

#### Bipolar disorder

- Bipolar disorder, affects approximately 5.7 million American adults, or about 2.6 percent of the U.S. adult population throughout any given year.
- 3.9 percent of the adult population are affected throughout the lifespan.

A Milder but more chronic version of bipolar is <u>Cyclothymic disorder</u>.

The symptoms are not as severe, patients cycle

#### Cyclothymic Disorder

- A person with this disorder tends to be in one state or the other for many years with few periods of neutral mood (Euthymia)
  - This pattern of mood is chronic lasting at least 2 years.



- The behavior is not severe enough to require hospitalization but the fluctuations in mood are enough to interfere with functioning.
- People with <u>Cyclothymic disorder</u> are at an increased risk of developing the more severe bipolar I or II.

alternation of depression with full manic episodes

Bipolar II:

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## Rapid cycling Bipolar Disorder Major depression, mania, hypomania, or mixedsymptoms. Having a minimum of two highs and two lows in a oneyear period.



#### What Causes Mood Disorders?

Biological Theories suggest that there

#### Mood disorders tend to run in families

- First-degree relatives of those with major depression are two to four times the rates of nonrelatives
- The best evidence that genes contribute to mood disorders comes from *twin studies*:

to present with a mood disorder than a fraternal twin if the first twin had a mood disorder (McGuffin, 2003).

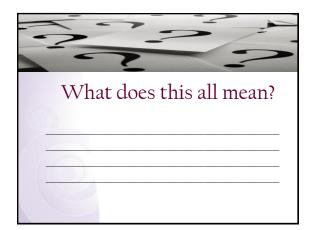
#### Biochemistry

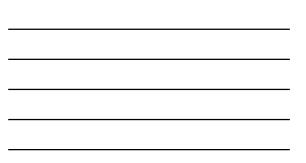
• Altered serotonin functioning plays an important role in causing genetically predisposed individuals to develop major depressive disorders.

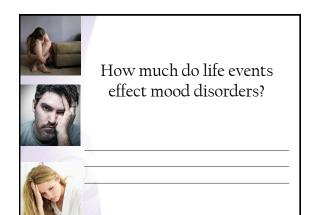
 The best evidence for serotonin's role comes from studies in which individuals are experimentally deprived of tryptophan, an amino acid that aids the body in manufacturing serotonin (Cowen, 2008).

 This is also related to why SSRIs are so effective in the treatment of mood disorders, the re-uptake of serotonin.







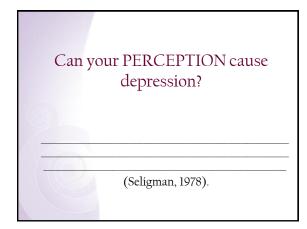


#### The Impact of Life Stressors

Research supports the notion that severe events precede <u>all</u> types of depression. Major life stress is a strong predictor for initial episodes of depression (Brown et al, 1994).

#### and there are some events that are particularly likely to lead to depression.

-Very common events are a break-up of a relationship or a death of a loved one.



Seligman's research on has become a major source in understanding and treating depression

The concept that thinking influences depression is currently one of the most popular theories

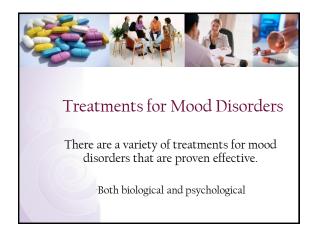
#### Learned Helplessness

• This research has become an important model called the *learned helplessness theory of depression*.



#### Perception is key

- Seligman discovered that a depressed person thought about \_\_\_\_\_\_
  - People who have experienced depression in the
  - Therefore less likely to attempt change.



#### Cognitive Behavioral Therapy (CBT)

• Aaron Beck also suggested that depression may

- People with depression make the worst of everything.
- These negative thoughts as "cognitive errors".

#### The "Depressive Triad"

• According to Beck, people who are depressed make cognitive errors in thinking negatively about:

- Themselves

- The world
- Their future



#### Treatment Options

- <u>Medications</u> such as antidepressants, MAOI's, SSRI's and SNRI's are commonly used
  - The SSRIs and other newer medications that affect neurotransmitters such as dopamine or norepinephrine generally have fewer side effects.
- Lithium has been prove effective in the treatment of acute mania and preventing the recurrence of manic episodes.



#### When all else fails...

- ECT is one of the most dramatic and controversial therapies for psychological disorders.
  - Used when a patient does not respond to other treatments.
- It is argued by some professionals that this treatment causes localized head trauma, which produces shortterm memory loss and confusion for many patients.



It is unknown why this treatment works. The electric shock produces a seizure. The seizure is the treatment and causes massive functional and structural changes in the brain (APA, 2003).



There are many ways to successfully treat mood disorders

There is no cure, but with proper treatment, many clients can live symptom-free.

#### Next Class

Somatoform and Dissociative Disorders