

What is Depression?

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?

The flip side of depression-
extreme pleasure in every
activity...

This abnormally and persistently
elevated or euphoric mood or is
referred to as "mania"



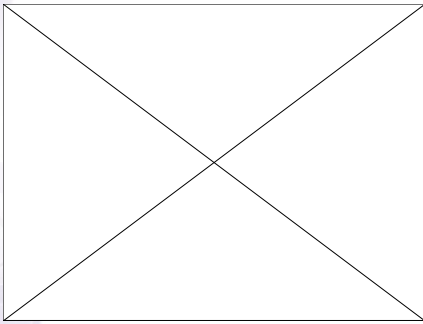
Watch the following video on
Mania.

What are physical symptoms of
mania?

What are the cognitive symptoms of
mania?



Mania!



Mania includes symptoms of:

- Hyperactivity
- Need for little sleep
- Development of grandiose plans
(believing they can accomplish anything they
desire.)



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

- Rapid and often incoherent speech known as "flights of ideas."
- 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.

Mania

- Individuals who experience either depression or mania are classified as having a unipolar mood disorder.
- Mania by itself does occur, but is rare. Almost everyone who suffers from unipolar mania, also suffers from unipolar depression.
 - Hypomania is a less severe and less disruptive version of a manic episode

Mania sounds like fun, but...

- During periods of mania it is common for patients to engage in destructive and very impulsive behaviors.
 - Spending sprees and promiscuous behavior are very common.

People with mania typically display at least 3 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.
 - Average duration of an untreated manic episode is 3-6 months
- Mania can become so disruptive that a patient may need hospitalization.



Someone who alternates between depression and mania has "Bipolar disorder"

(formerly called Manic-Depressive illness.)

This disorder is a roller coaster ride of mood

Bipolar disorder

- *Bipolar disorder*, affects approximately 2.3 million adult Americans—about 1.2 percent of the population.
 - Men and women are equally likely to develop this illness.
- The disorder typically emerges in adolescence or early adulthood,
 - but in some cases appears in childhood.

A Milder but more chronic version of bipolar is Cyclothymic disorder.

The symptoms are not as severe, patients cycle between mild depression and hypomania.

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 *Cyclothymic disorder* are at an increased risk of developing the more severe bipolar I or II.
 - Bipolar I: alternation of depression with full manic episodes
 - Bipolar II: alternation of depression with hypomanic episodes

What Causes Mood Disorders?

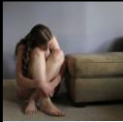
Is it biology?



- ### Is it in our genes?
- The best evidence that genes contribute to mood disorders comes from twin studies:
 - Research suggests that an identical twin is 2-3 times more likely to present with a mood disorder than a fraternal twin if the first twin had a mood disorder (McGuffin, 2003).

What does this all mean?

This research suggests that severe mood disorders may have a stronger genetic contribution than less severe disorders



How much do life events effect mood disorders?



Life stressors and events are strongly related to the onset of mood disorders.



The Impact of Life Stressors

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

The context and personal meaning to any event are more important than the actual event itself 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.

Can your PERCEPTION cause depression?

People become anxious and depressed when they decide they have **no control** over the stress in their lives (Seligman, 1978).

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

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

Perception is key

- Seligman discovered that a depressed person thought about the bad event in more pessimistic ways than a non-depressed person.
 - People who have experienced depression in the past are more likely to accept depression in their future.
 - Therefore less likely to attempt change.



Treatments for Mood Disorders

- There are a variety of treatments for mood disorders that are proven effective.
- Both biological and psychological

Cognitive Behavioral Therapy (CBT)

- Aaron Beck also suggested that depression may result from a tendency to interpret everyday events in a negative way.
 - 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:

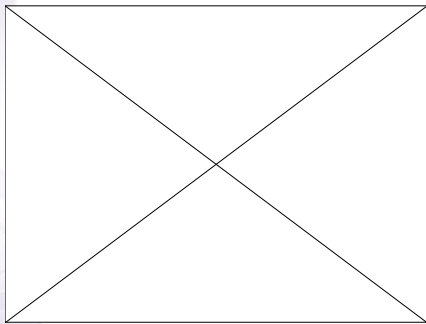
- Themselves
- The world
- Their future

Cognitive Behavioral Therapy

Reflect on the process, how does the therapist confront the depression?



Cognitive Behavioral Therapy



Treatment Options

- Medications such as antidepressants, MAOI's and SSRI's are commonly used
 - The SSRI's and other newer medications that affect neurotransmitters such as dopamine or norepinephrine generally have fewer side effects.

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 short-term memory loss and confusion for many patients.



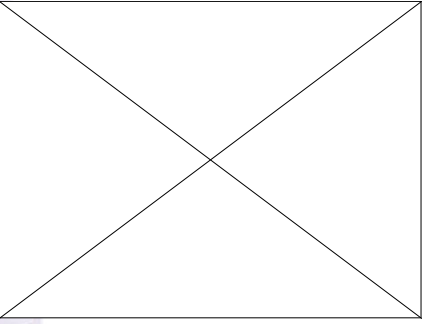
It is unknown why this treatment works. The electric shock produces a seizure. The seizure is the treatment and causes massive functional and structural changes in the brain (APA, 2003).

Review the following videos on ECT



Reflect on the differences and similarities of ECT. What do you think of this controversial treatment?

Early ECT



Current ECT

