PSYCHIATRY
TEXBOOK OF
INTRODUCTORY
FOURTH EDITION
Mood Disorders

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To be, or not to be? That is the question. But worse...

[Caption missing, likely contains a question or statement about mood disorders, but the text is not fully legible.]

Chapter 6
Clinical Findings

Table 6-1. Major Depressive Episode

Agitated depression

Table 6-1. Major Depressive Episode

DSM-IV-TR diagnostic criteria for major depressive episode
Depressed patients may think a great deal about death or suicide.

The following is a typical example of a major depressive episode:

- Feelings of sadness or loss of interest in things that once were enjoyable.
- Changes in appetite and weight.
- Trouble sleeping or oversleeping.
- Fatigue or loss of energy.
- Trouble concentrating.
- Self-criticism or lowered self-esteem.
- Thoughts of death or suicide.

If you or someone you know is experiencing these symptoms, it is important to seek professional help immediately.
Clinical Findings

A general medical condition may be an important factor in the development of depression. This is particularly true when considering the presence of co-occurring conditions such as diabetes or heart disease. The prevalence of depression in individuals with these conditions is significantly higher than in the general population. Therefore, it is crucial to evaluate the overall health status of the patient and consider any underlying medical conditions that may contribute to the development of depression.

The patient's mood is typically inappropriate for the situation and is often characterized by a sense of hopelessness and despair. The patient may experience loss of interest and pleasure in activities that were once enjoyable.

In some cases, the patient may report feelings of guilt and worthlessness, accompanied by a decreased sense of self-worth. These symptoms can significantly impact the patient's daily functioning and quality of life.

Course and Outcome

The occurrence of depression can be a long-term condition, and the individual's response to treatment may vary. It is essential to monitor the patient's progress and adjust the treatment plan accordingly. The use of antidepressant medications and psychotherapy, along with lifestyle modifications, can help manage the symptoms of depression.

Success in treating depression is often measured by the patient's ability to return to a more normal functioning level. The reduction in symptoms and improved mood are key indicators of successful treatment. It is important to regularly assess the patient's progress and make changes to the treatment plan as needed.
The following case illustrates a typical manic episode.

The patient, a 30-year-old man, was brought to the emergency room by his family because of his recent behavior. He had been agitated and delusional for two days, claiming to have special abilities that were not evident when he was examined previously. He stated that he could read minds and hear voices. He was also irritable and had paranoid thoughts.

The patient's history revealed that he had a history of bipolar disorder and had been treated with mood stabilizers in the past. However, he had stopped taking his medications two weeks ago.

A physical examination was unremarkable, and laboratory tests were normal. The patient was admitted to the hospital for further evaluation.

The hospital course was marked by the patient's continued agitation and delusions. He was eventually transferred to a psychiatry unit for further treatment.

The patient was started on a mood stabilizer and an antipsychotic. His behavior improved significantly, and he was discharged after a week in the hospital.

The patient was prescribed a mood stabilizer and an antipsychotic. He was also scheduled for regular follow-up appointments with his psychiatrist.

A manic episode can be a severe and disabling condition. It is important to intervene early to prevent hospitalization and to ensure the patient's safety. Treatment options include medication, psychotherapy, and family education.

The following are key points to remember when treating a patient with a manic episode:

1. Early intervention is crucial to prevent hospitalization.
2. Treatment options include medication, psychotherapy, and family education.
3. A manic episode can be a severe and disabling condition.

References:

Table 6-2: DSM-5 Criteria for Manic Episode

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you experiencing episodes of mania or hypomania?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the manic or hypomanic episode met criteria for major depressive episode in the past?</td>
<td>No</td>
</tr>
<tr>
<td>Has the manic or hypomanic episode met criteria for putting self or others at risk?</td>
<td>No</td>
</tr>
<tr>
<td>Has the manic or hypomanic episode met criteria for major depressive episode in the past?</td>
<td>Yes</td>
</tr>
<tr>
<td>Is the manic or hypomanic episode severe enough to require hospitalization?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note: Manic episodes are characterized by elevated, expansive, or irritable mood, decreased need for sleep, increased goal-directed activity, and more talkative speech.
The mood of feeling chronically depressed.

Mixed and Hypomanic Episodes

The course of a mixed episode is characterized by the presence of both manic and depressive symptoms. The patient may experience a significant mood swing, with alternating periods of elation and despair.

Course and Outcome

The task of managing mixed depression is challenging, requiring specialized treatment approaches. The hospital treatment plan typically involves a combination of medication, psychological therapy, and lifestyle modifications. Early intervention and effective management are crucial to prevent the progression of symptoms and improve the patient's quality of life.
Classification and Subtypes

The mood disorders may be subdivided into two major groups. Paroxysmal

The mood disorders are differentiated by periods of hypomania and

The major mood syndrome is cyclothymic disorder, a condition in

A second major mood syndrome is cyclothymic disorder, a condition in


double depression

Table 6-3: DSM-IV-TR classification of mood disorders

Depressive disorder

Major depressive disorder

Major depression, single episode

Mood disorder not otherwise specified

Bipolar disorder, manic

Bipolar disorder, depressed

Bipolar disorder, mixed

Bipolar disorder, unspecified

Cyclothymic disorder

Cyclothymia and Cyclothymia
of depression. The DSM-5 criteria for major depressive disorder include: Persistent depressed mood or loss of interest (anhedonia); difficulty with concentration or decision-making; changes in appetite or weight; insomnia or hypersomnia; fatigue or decreased energy; psychomotor agitation or retardation; thoughts of death or suicide; and other symptoms. These criteria are designed to ensure that the diagnosis is not based on normal life events or other psychological conditions.

Treatment of depression typically involves a combination of medication and psychotherapy. Antidepressant medications can help stabilize mood and reduce the intensity of depressive symptoms. Psychotherapy, such as cognitive-behavioral therapy (CBT), focuses on teaching individuals coping strategies and thought patterns.

In summary, depression is a complex disorder that affects millions of people worldwide. Early recognition and intervention are crucial for successful treatment. The DSM-5 criteria provide a standardized framework for diagnosing depression, which is essential for effective care planning and treatment.
The etiology of mood disorders is not well understood, but genetics, neurochemical, and neurobiological factors all probably play a role.

**Etiology and Pathophysiology**

Common in elderly persons.

During an episode of depression, also may be etiology of depression and prognosis. These are considered a normal reaction. The symptoms are usually self-limited.

- People with depression may have many depressive symptoms.
- The onset of depression may be gradual or abrupt.
- Depression may be prompted by a psychological stressor, such as a death or an illness.
- Depression may be prompted by a physical illness, such as a heart attack or diabetes.
- Depression may be prompted by a combination of psychological and physical factors.

**Epidemiology**

Depression may be preceded by anxiety or a significant life event. Depression may be preceded by a significant physical illness, such as a heart attack or diabetes. Depression may be preceded by a combination of psychological and physical factors.

**Differential Diagnosis**

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The role of neurotransmitters in depression, such as norepinephrine and serotonin, has been extensively studied. Stress can modulate the function of these neurotransmitters, potentially leading to altered mood and behavior. Genetic factors also play a significant role in susceptibility to depression. Studies have shown a heritability estimate of around 40-50%, indicating a strong genetic component in the predisposition to depression.

Neurobiological aspects of depression involve disturbances in neural circuits and neurotransmitter systems. For example, dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis has been linked to increased cortisol levels, which can contribute to the stress response and further exacerbate mood symptoms.

Environmental factors, including stressors and life events, can also trigger or exacerbate depression. Chronic stress, as seen in major life changes or continuous exposure to stressors, can lead to long-term changes in the brain that affect mood and behavior. These changes can involve alterations in brain structures and function, such as reduced gray matter volume in regions associated with emotion regulation and reward processing.

Social and environmental factors can also influence the development of depression. Exposure to adversity, such as childhood abuse or neglect, has been associated with an increased risk of developing depression in adulthood. Similarly, social isolation and lack of social support can worsen the symptoms and prognosis of depression.

In summary, depression is a complex disorder influenced by a combination of genetic, neurobiological, and environmental factors. Understanding these interplay is crucial for developing effective preventive and therapeutic strategies.
Accumulated evidence suggests that from 30% to 70% of the pa-

dential cases are likely to develop into full-blown affective dis-

tion. In this regard, it is important to note that the prevalence of depression is higher in the elderly population than in younger adults. The exact percentage of the population affected by depression varies depending on the diagnostic criteria used. However, studies involving large populations show that depression is a common disorder, affecting millions of people worldwide. It is important to recognize the impact of depression on individuals' quality of life and to develop effective interventions.
Treatment of Depression

Clinical Management

Though monoamine reuptake inhibitors
are the first-line medication for depression,
their mechanism of action is poorly understood.
In addition to their primary role in blocking the
reuptake of serotonin and norepinephrine,
they also have some effects on dopamine
reuptake. Mirtazapine, an atypical antidepressant,
has been shown to increase the activity of
serotonin and norepinephrine, which may
contribute to its therapeutic effects.

Other medications available for treatment include:

- Venlafaxine, an SNRI that targets both sero-
  tone and norepinephrine.
- Bupropion, which has a unique mechanism
  of action involving reuptake inhibition of
  dopamine and norepinephrine.
- Moclobemide, a MAOI that is a selective
  atypical MAO-A inhibitor.

The choice of medication depends on individual
factors, such as side effects, contraindications,
and patient preference. It is important to
monitor for improvement and adjust dosages as
needed. Treatment may require several weeks
before significant improvement is observed.

It is crucial for patients to remain committed
to their treatment regimen and to report
side effects to their healthcare provider.

Individual therapy, such as cognitive-behavioral
therapy (CBT) or psychodynamic therapy,
can be beneficial in conjunction with
medication.

Referral to a mental health professional
is recommended for patients who do not
experience relief or worsen during treatment.

If you or someone you know is struggling
with depression, seeking help is important.
Contact a healthcare provider or a mental
health specialist for support and guidance.

Resources:
- National Alliance on Mental Illness (NAMI)
- Mental Health America (MHA)
- American Psychiatric Association (APA)

Please note: This information is for educational purposes only.
Always consult with a qualified healthcare professional for
treatment recommendations.


Other Treatments

Patients with medication does not seem to work

Electroconvulsive therapy is highly effective in the treatment of major depression. The procedure involves the use of a brief electrical current that induces a seizure. This treatment is typically used when other therapies have not been effective. It is generally performed under sedation and is usually administered in a hospital setting. While electroconvulsive therapy can be effective, it is not without risks, and patients are closely monitored during and after the treatment.

Key Points to Remember about Depression

1. A gradual, gradual, gradual tone should be established at the initial interview.
2. The patient is depressed, the depressed is depressed, the depressed is depressed.
3. The depressed is depressed, the depressed is depressed, the depressed is depressed.
4. Depressed patients tend to get down on themselves because they feel no more in control of their mood and thought processes.
5. The depressed should complete a written psychotherapeutic statement, describing their symptoms and emotional reactions.
6. Symptom screening and mental health screening are complementary and often necessary in the treatment of depression.

A failure of the patient to respond to therapy may indicate a need for a more comprehensive evaluation or for a change in the treatment regimen. In cases of severe depression, hospitalization may be necessary to ensure the patient's safety and well-being.

Despite these challenges, many patients are able to recover with appropriate treatment. It is important to remember that depression is a treatable condition, and there are many effective strategies for managing its symptoms.
The neurotransmitters are available.

- Describe the first-line treatment for major depression, what else?
- Describe alternative treatments and their indications.
- Describe the first-line treatments for depression as well as the alternatives.
- What is the difference between bipolar depression and a depressive episode?

- What is the evidence indicating that neurochemical abnormalities found in mood disorders?
- Which neurotransmitter systems have been proposed to be dystonic and may be genetic.
- Review the evidence that suggests that mood disorders are familial.
- Depressive disorder.

- What is the lifetime prevalence for bipolar disorder and for major depression, and those that are mood incongruent.
- What is the difference between delusions that are mood congruent.
- Sode in DSM-IV-TR.

1. What are the two symptoms used to define a major depressive EP?

Self-Assessment Questions

Key points to remember about mood disorders:

- The good side of their illness: association with creativity and high achievement.
- Disorders: symptoms and need for continued treatment.
- Further, are associated with mood disorders.
- Neurochemical abnormalities or function.
- Neurochemical abnormalities associated with mood disorders.
- Major depressive disorder.

- What is the difference between bipolar depression and major depression?
- The lifetime prevalence for bipolar disorder and for major depression, and those that are mood incongruent.
- What is the difference between delusions that are mood congruent.
- Sode in DSM-IV-TR.

1. What are the two symptoms used to define a major depressive EP?
Other Treatments

Evidence of the effectiveness of medication in the treatment of major depressive disorder is high and widely accepted. However, the use of psychotherapy in the treatment of major depressive disorder is less clear. Some studies suggest that psychotherapy, particularly cognitive-behavioral therapy, may be as effective as medication in the treatment of major depressive disorder. Other studies suggest that medication may be more effective than psychotherapy in the treatment of major depressive disorder. The choice of treatment should be based on the individual needs of the patient and the preferences of the patient and the treatment provider.
* Self-Assessment Questions

1. What are the five symptoms used to define a major depressive episo-
   de in DSM-5-TR?

2. What is the difference between bereavement and a depressive episo-
   de?

3. When is the difference between bereavement and major depression
   most likely to occur in patients with mood disorders?

4. Review the evidence that suggests that mood disorders are familial
   and may be genetic.

5. What is the evidence indicating the neuroendocrine abnormalities
   found in mood disorders?

6. Which neuroendocrine systems have been proposed to be dysfunc-
   tional?

7. What is the evidence indicating the neuroendocrine abnormalities
   found in mood disorders?

8. Describe the first-line treatments for depression as well as the con-
   sequences of untreated depression.

9. Describe the first-line treatments for depression and their indica-
   tions.

10. What is the difference between bereavement and a depressive episo-
    de that suggests that mood disorders are familial and may be genet-
    ic?