

MOOD (AFFECTIVE) DISORDERS

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Introduction

- **Mood disorders** also called affective disorders are pervasive alterations in emotions that are manifested by depression, mania, or both.
- They are very common with a high level of morbidity and mortality
- The fundamental disturbance is a **change in mood or affect**, usually to depression (with or without associated anxiety) or to elation.
- The mood change is usually accompanied by a change in the overall level of activity.
- Most of these disorders tend to be **recurrent**, and the onset of individual episodes is often related to stressful events or situations.

Classification of Mood Disorders (ICD-10)

- ✓ Depressive episode
- ✓ Manic episode
- ✓ Bipolar affective disorder
- ✓ Recurrent depressive disorder
- ✓ Persistent mood (affective) disorders
- ✓ Other mood (affective) disorders
- ✓ Unspecified mood (affective) disorder



Depressive Episode

- **Depression** is an alteration in mood that is expressed by feelings of **sadness, despair, and pessimism**.
- A major depressive episode lasts at least **2 weeks**, during which the person experiences a depressed mood or loss of pleasure in nearly all activities.
- In addition, four of the following symptoms are present
 - changes in appetite or weight, sleep, or psychomotor activity;
 - decreased energy; feelings of worthlessness or guilt;
 - difficulty thinking, concentrating, or making decisions;
 - recurrent thoughts of death or suicidal ideation, plans, or attempts

Types of Depressive Disorders

- **Major Depressive Disorder (MDD)**
- characterized by depressed mood or loss of interest or pleasure in usual activities.
- Evidence will show impaired social and occupational functioning that has existed for **at least 2 weeks**
- No history of manic behavior, and symptoms that cannot be attributed to use of substances or a general medical condition
- It may be single (the individual's first encounter) or recurrent episode

Classification of MDD

- ✓ Mild depressive episode
- ✓ Moderate depressive episode
- ✓ Severe depressive episode without psychotic symptoms
- ✓ Severe depressive episode with psychotic symptoms
- ✓ Other depressive episodes
- ✓ Depressive episode, unspecified

Mild Depressive Episode

- Two or three of the above symptoms are usually present.
- For **mild depressive episode** are typical depressed mood, anhedonia and increased fatigability.
- The patient is usually distressed by the symptoms and has some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely.

Moderate Depressive Episode

- An individual with **moderate depressive episode** suffers from more symptoms
- Four or more of the above symptoms are usually present
- Symptoms are of greater severity and will usually have considerable difficulty in continuing with social, work or domestic activities.

Severe Depressive Episode without Psychotic Symptoms

- In a **severe depressive episode**, the sufferer usually shows considerable distress or agitation.
- Loss of self-esteem or feelings of uselessness or guilt are be prominent,
- Suicide is a distinct danger in particularly severe cases.
- A number of "somatic" symptoms are usually present.
 - Significant decrease in appetite or weight.
 - Early morning awakening
 - Diurnal variation
 - Pervasive lack of interest and lack of reactivity to pleasurable stimuli.
 - Psychomotor agitation or retardation

Severe Depressive Episode with Psychotic Symptoms

- Psychotic symptoms is present, such as
 - delusions (ideas of sin, poverty or imminent disasters)
 - hallucinations (defamatory or accusatory voices or of rotting filth or decomposing flesh)
 - depressive stupor
- Ordinary social activities are impossible

Dysthymic Disorder

- The essential feature is a chronically depressed mood (or possibly an irritable mood in children or adolescents) for most of the day, more days than not, for **at least 2 years (1 year for children and adolescents)**.
- The diagnosis is identified as *early onset* (occurring before age 21 years) *or late onset* (occurring at age 21 years or older).

Premenstrual Dysphoric Disorder

- The essential features include markedly depressed mood, excessive anxiety, mood swings, and decreased interest in activities during the week prior to menses and subsiding shortly after the onset of menstruation

Other Depressive Disorders

- **Mood Disorder (Depression) Due to a General Medical Condition**
- judged to be the result of direct physiological effects of a general medical condition

- **Substance-Induced Mood Disorder**
- Direct result of physiological effects of a substance (e.g., a drug of abuse, a medication, or toxin exposure)

Recurrent Depressive Disorder

- **Recurrent depressive disorder** is characterized by **repeated episodes** of depression without any history of independent episodes of mood elevation and overactivity.
- Recovery is usually complete between episodes, but a substantial part of patients will have a recurrence and about 30% may develop a persistent depression.
- **Seasonal affective disorder** - onset of mood symptoms is connected with changes of seasons, with depression typically occurring **during the winter months** and remissions or changes from depression to mania occurring during the spring.

Etiological Implications

- ✓ Genetic/heredity
 - ✓ Twin studies; family studies; adoption studies
- ✓ Biochemical Influences
 - ✓ ↓norepinephrine, serotonin, and dopamine
- ✓ Hormonal imbalance
- ✓ Psychoanalytic theory: depression results due to loss of a “loved object”
- ✓ Sociological theory: Stressful life events, e.g. death, marriage, financial loss before the onset of the disease or a relapse probably have a formative effect
- ✓ Behavioural theory: repeated losses in the past
- ✓ Cognitive theory: due to negative cognitions which include:
 - ✓ Negative expectations of the environment
 - ✓ Negative expectations of the self
 - ✓ Negative expectations of the future

Treatment

- Pharmacotherapy: Antidepressants are the treatment of choice
- Cognitive therapy: It aims at correcting the depressive negative cognitions like hopelessness, worthlessness, helplessness and pessimistic ideas and replacing them with new cognitive and behavioural responses.
- Supportive psychotherapy: Various techniques are employed to support the patient. They are reassurance, ventilation, occupational therapy, relaxation and other activity therapies.

Treatment

- Group therapy: useful for mild cases of depression.
- Family therapy: used to decrease intra-familial and interpersonal difficulties and to reduce or modify stressors, Electroconvulsive therapy (ECT)
- Behaviour therapy: social skills training, problem solving techniques, assertiveness training, self-control therapy, activity scheduling and decision making techniques.

Manic Episode

- Mania refers to a syndrome in which the central features are over-activity, mood change and self important ideas.
- A distinct period during which mood is abnormally and persistently elevated, expansive, or irritable.
- The period **lasts 1 week**. At least **three** of the following symptoms are present:
 - inflated self-esteem or grandiosity;
 - decreased need for sleep;
 - pressured speech ;
 - flight of ideas;
 - distractibility;
 - psychomotor agitation; and
 - excessive involvement in pleasure-seeking activities with a high potential for painful consequences

Classification of Manic Episode

- ✓ Hypomania
- ✓ Mania without psychotic symptoms
- ✓ Mania with psychotic symptoms
- ✓ Other manic episodes
- ✓ Manic episode, unspecified

Hypomania

- A period of abnormally and persistently elevated, expansive, or irritable mood **lasting 4 days** and including **three or four** of the additional symptoms described earlier.
- The episodes **do not impair the person's ability to function** and there are no psychotic features (delusions and hallucinations).

Mania without Psychotic Symptoms

- **Mania without psychotic symptoms:**
 - last for **at least 1 week**
 - mood is elevated out of keeping with individual's circumstances and may vary from carefree joviality to almost uncontrollable excitement
 - elation is accompanied by increased energy, resulting in overactivity, pressure of speech, and a decreased need for sleep
 - normal social inhibition are lost, attention cannot be sustained, and there is often marked distractibility
 - self-esteem is inflated, and grandiose or over-optimistic ideas are freely expressed
 - perceptual disorders may occur
 - the individual may embark on extravagant and impractical schemes, spend money recklessly, or become aggressive, amorous, or factious in inappropriate circumstances.

Mania with Psychotic Symptoms

- A more severe form of mania:
 - inflated self-esteem and grandiose ideas may develop into delusions, and irritability and suspiciousness into delusions of persecution
 - in severe cases, grandiose or religious delusions of identity or role may be prominent, and flight of ideas and pressure of speech may result in the individual becoming incomprehensible
 - sustained physical activity and excitement may result in aggression or violence, and neglect of eating, drinking, and personal hygiene may result in dangerous states of dehydration and self neglect
- Mania with:
 - mood-congruent psychotic symptoms
 - mood-incongruent psychotic symptoms
- Manic stupor

Treatment of Mania

- Mood stabilizers:
 - lithium 900-2100 mg/day
 - Carbamazepine 600-1800 mg/day.
 - valproate 600-2600 mg/day
- Anticonvulsants:
 - gabapentine
 - topiramate
 - lamotrigine
- Agitated or psychotic patient – coadministration of
 - antipsychotics of second generation (olanzapine, risperidone)
 - benzodiazepines (lorazepam, clonazepam)
- ECT

Nursing Interventions

Provide for client's physical safety and safety of those around client.

- Set limits on client's behavior when needed.
- Remind the client to respect distances between self and others.
- Use short, simple sentences to communicate.
- Clarify the meaning of client's communication.
- Frequently provide finger foods that are high in calories and protein.
- Promote rest and sleep.
- Protect the client's dignity when inappropriate behavior occurs.
- Channel client's need for movement into socially acceptable motor activities.

Bipolar Affective Disorder

- A bipolar disorder is characterized by mood swings from **profound depression to extreme euphoria (mania)**, with **intervening periods of normalcy**
- During a manic episode, the mood is elevated, expansive, or irritable. Motor activity is excessive and frenzied. Psychotic features may be present.
- The diagnostic picture for depression associated with bipolar disorder is identical to that described for major depressive disorder, with one addition: the client must have a history of one or more manic episodes.
- Bipolar mood disorders is further classified **into bipolar I and bipolar II disorder**

Bipolar I

- The diagnosis given to an individual who is experiencing, or has experienced, a **full syndrome of manic or mixed symptoms**.
- The client may also have **experienced episodes of depression**.
- This diagnosis is further specified by the current or most recent behavioral episode experienced.
- For example, the specifier might be “single manic episode” (to describe individuals having a first episode of mania). For individuals who have had recurrent mood episodes, the current (or most recent) episode may be identified as manic, hypomanic, mixed, or depressed

Bipolar II

- This diagnostic category is characterized by recurrent bouts of **major depression with episodic occurrence of hypomania**.
- The individual who is assigned this diagnosis may present with symptoms (or history) of depression or hypomania.
- The client has never experienced an episode that meets the full criteria for mania or mixed symptomatology.

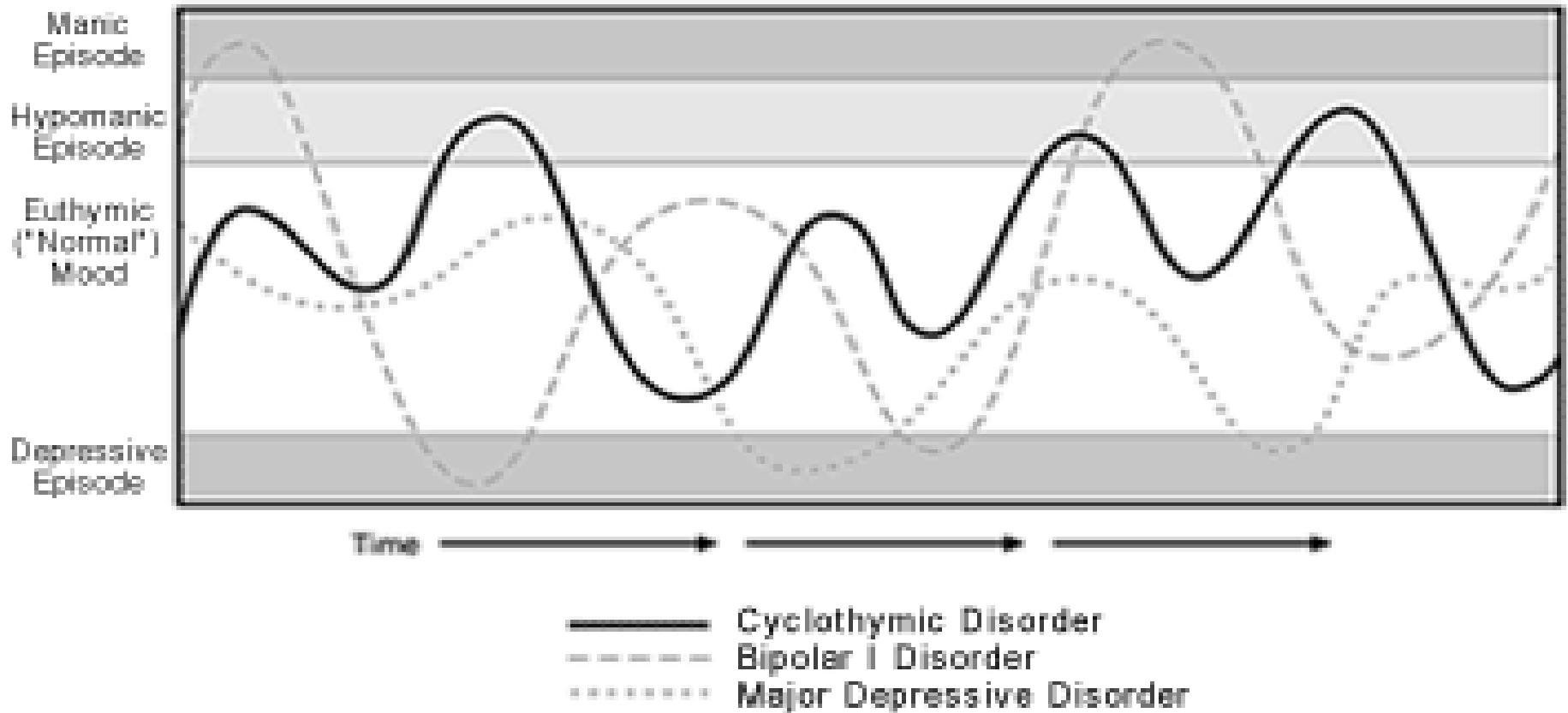
Dysthymia

- A chronic, milder form of depression which does not fulfill the criteria for recurrent depressive disorder especially in terms of severity.
- Sufferers usually have periods of days or weeks when they describe themselves as well, but most of the time they feel tired and depressed.
- It usually begins in adult life and lasts for at least several years, sometimes indefinitely.

Cyclothymia

- For **cyclothymia** persistent instability of mood, involving periods of **mild depression and mild elation** is typical.
- This instability usually develops early in adult life and pursues a chronic course, although the mood may be normal and stable for months at a time.
- The mood swings are usually perceived by the individual as being unrelated to life events.

Bipolar Affective Disorder



Medication

- Psychopharmacology
- Lithium; Anticonvulsants
- ECT
- Psychotherapy

Nursing Diagnoses

- Risk for Other-Directed Violence
- Risk for Injury
- Imbalanced Nutrition: Less Than Body Requirements
- Ineffective Coping
- Noncompliance
- Ineffective Role Performance
- Self-Care Deficit
- Chronic Low Self-Esteem
- Disturbed Sleep Pattern

Nursing Intervention

- Provision of safety
- Meeting physiologic need
- Promoting therapeutic relationship
- Promoting activities of daily living
- Provide physical care
- Promoting appropriate behaviour
- Managing medication
- Providing client and family teaching

THANK YOU