


Key Dates

- TH Feb 9 Begin Dimensions-Behavior, Units IIB, 8 through page 147; MW Ch 9 Betty, Elvis
- TU Feb 14  Unit 8 147-end and Unit 9; MW Ch 8 Jeffrey and Ch 10 Diana
- TH Feb 16 Unit 10; MW Ch 11 Theodore B
- TU Feb 21 Monday class schedule
- TH Feb 23 Begin Dimensions-Cognition, Units IIC and 11; MW Ch 6 Sally, Daniel, and Theodor K

Goal: To recognize and differentiate abnormal reactions
involving depressed and manic moods

UNIT 7: DEPRESSION AND MANIA

Learning Outcomes

- By the end of this class, you should be able to:
 - Identify and define the key characteristics of what the *DSM* calls major depressive disorder and persistent depressive disorder
 - Identify the key characteristics of what the *DSM* calls bipolar disorder and how bipolar I and II are differentiated
 - Explain the difficulty of determining a diagnosis when dealing with a current depressive or manic episode
 - Explain the current thinking about the relationship between suicide and mental disorder
 - Describe the possibilities that exists in the DSM-5 when people present symptoms of both anxiety and depression

Depression and Mania

- ⦿ Moods versus emotions
- ⦿ *DSM-IV* “mood disorders” are now two separate categories in *DSM-5*
 - Depressive disorders
 - Bipolar and related disorders
 - Why separate?
- ⦿ Mood episodes as “building blocks”
 - Episodes versus persistent/chronic patterns
 - Major depressive episode
 - Manic and hypomanic episodes

Depression and Mania

- Major depressive episode
 - 5 of 9 symptoms, 1 of which must be depressed mood or loss of interest or pleasure in most activities nearly every day
 - Others include sleep and appetite disturbances and fatigue, difficulty concentrating, feelings of worthlessness, thoughts of death or dying
 - Symptoms must be present during the same 2-week period, and occur as a significant change from previous functioning

Depression and Mania

- Specifiers: while categorical, *DSM-5* includes many further descriptors that reflect the complexity of these episodes
 - Severity: mild, moderate, or severe
 - With psychotic features
 - With melancholia
 - In partial or full remission
 - With seasonal pattern (“SAD”)
 - With peripartum onset
- Distinguishing MDE from grief: focus on self/worthlessness vs. focus on other/loss

Depression and Mania

- Manic episode
 - A 1-week period of persistently elevated, expansive, or irritable mood and increased goal-oriented activity or energy, nearly every day
 - 3 of 7 symptoms, such as inflated self-esteem, being overly talkative, involvement in activities with a high potential for painful consequences
 - Symptoms must be a significant change from previous behavior
- Hypomanic episode
 - Same as above, but less severe, less dramatic

Depression and Mania

- Depressive disorders
 - Major depressive disorder
 - At least one major depressive episode, with no history of manic or hypomanic episodes
 - Episodes may recur (roughly 60% of the time)
 - Persistent depressive disorder
 - Symptoms similar to major depressive disorder (though not identical, and fewer required, just 2 of 6)
 - Usually less severe, but more chronic
 - Symptoms for at least 2 years (1 year in children and adolescents), with depressed mood most of the day, more days than not
 - “Double depression”
 - More common in adult females by 2 or 3:1 ratio (but more common in boys than girls)

Depression and Mania

- ◎ More depressive disorders
 - **Premenstrual dysphoric disorder**
 - Related to popular notion of PMS
 - At least 5 distinct symptoms of depression, starting 1 week before menstruation and disappearing after menstruation, in the majority of cycles over time
 - **Disruptive mood dysregulation disorder**
 - Severe and recurrent temper outbursts, at least 3 per week, for a year or more, and starting before age 10
 - Designed in part to reduce frequency of diagnosing bipolar disorders, especially in children
 - Data only preliminary, but maybe 2-5%, more often in boys

Depression and Mania

- Still more depressive disorders
 - **Other specified depressive disorder**: various depressive listings with varied requirements for number of symptoms or duration
 - Also, **depressive disorder due to another medical condition** (e.g., hypothyroidism) and **substance/medication-induced** depressive disorder (not uncommon among heavy drinkers)
 - Many researchers lump all depressive disorders together and simply study “depression”
 - Combined, they represent the most common disorder, lifetime prevalence > 20%

Depression and Mania

- Bipolar and related disorders
 - **Bipolar I disorder**: one or more manic episodes, usually (60-70%) associated with recurring depressive episodes—hence, “bipolar”
 - **Bipolar II disorder**: same as bipolar I, except one or more hypomanic rather than manic episodes, but one or more depressive episodes also required
 - **Cyclothymic disorder**: hypomanic and depressive symptoms for at least 2 years, at least half the time
 - All show 1-year prevalence of <1%, male-female equal

Depression and Mania

○ Suicide

- Not a disorder by itself (although one has been proposed)
- May accompany any mental disorder, but does not require any mental disorder
- Females attempt more, males complete more
- Strongest link is with depressive disorders
- Many other risk factors, especially previous attempt, feelings of hopelessness

Depression and Mania

- ⦿ Differential and co-morbid considerations
 - Other specified as noted above
 - Other unspecified
 - Differential diagnosis and co-morbidity:
 - Significant overlap within depressive and between depressive and bipolar
 - Depression (“distress”) frequently accompanies or is caused by other mental disorders, especially trauma-related, anxiety, and substance use, and other disorder(s) should also be diagnosed if criteria are met
 - Overlap of DMDD with bipolar, especially in children