Mood (affective) disorders

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MOOD DISORDERS

- Main feature: mood change in sense of decrease (depression) or elevation (mania)
- **Definition of mood**: long-termed tendency to emotional reaction of certain polarity

CHARACTERISTIC FEATURES OF PATHIC MOODS

- **Intensity** – significantly higher intensity than the variation of normal mood
- **Duration** – it lasts mostly for weeks, months, even years
- The mood is not influenced by exogenous stimuli.
- Influence on other psychic function – e.g. thinking, behaviour

ETHIOPATOGENESIS

- There is impaired signal transmission in the brain especially on the level of chemical synapses – changes of serotoninergic and noradrenergic systems; maybe also cholinergic, GABA-ergic and dopamine systems.

ETHIOPATOGENESIS

Hypothesis	Approaches	Findings
Hereditary theory	Genetics	Heredity and vulnerability to mood disorders
Dysregulatory theory	Stress Chronobiology	Increased biological sensitivity after repeating of certain events. Desynchronization biological rhytms.
Neurochemical theory	Neuromediators Receptors Postreceptor processes	Availability, metabolism. Number, afinity, sensitivity. G-proteins, systems of second messengers, phosphorylation and dephosphorylation, transcription.
Imunoneuroendocrine theory	Axis hypothalamus-hypophysis-adrenal cortex Immune function	Increased activity in depression Different changes in depression.

THE MOST IMPORTANT UNITS

Fundamental units	Subtypes
Depressive episode	Mild Moderate Severe without psychotic symptoms Severe with psychotic symptoms
Recurrent depressive disorder	Current episode mild Current episode moderate Current episode severe Current epis. severe with psychot.sympt.
Manic episode	Hypomania Mania without psychotic symptomps Mania with psychotic symptoms
Bipolar affective disorder	Current episode manic Current episode depressive Current episode mixed
Persistent mood disorders	Cyclothymia Dysthymia

DEPRESSIVE EPISODE

- It should last for at least 2 weeks
- There have been no hypomanic or manic symptoms sufficient to meet the criteria for hypomanic or manic episode at any time in the individual's life.
- Most commonly used exclusion clause: the episode is not attributable to psychoactive substance use or to any organic mental disorder (in the sense of F00-F09).

DEPRESSIVE EPISODE

Diagnostic criteria according to ICD-10

- **A)** At least two of the following three symptoms must be present:

1) depressed mood to a degree that is definitely abnormal for the individual, present for most of the day and almost every day, largely uninfluenced by circumstances, and sustained for at least 2 weeks.

2) loss of interest or pleasure in activities that are normally pleasant

3) decreased energy or increased fatigability.

DEPRESSIVE EPISODE

- **B)** An additional symptom or symptoms from the following list should be present, to give a total of at least four:
  1) loss of confidence and self-esteem;
  2) unreasonable feelings of self-reproach or excessive and inappropriate guilt;
  3) recurrent thoughts of death or suicide, or any suicidal behaviour;
  4) complaints or evidence of diminished ability to think or concentrate, such as indecisiveness or vacillation;
  5) change in psychomotor activity - agitation or retardation (either subjective or objective);
  6) sleep disturbance of any type;
  7) change in appetite (decrease or increase with corresponding weight change).

DEPRESSIVE EPISODE

- Classification of intensity

	Mild	Moderate	Severe	Severe with psychotic symptoms
Number of symptoms A	At least 2	At least 2	3	3
Number of symptoms B	+ additional	+ additional	+additional	+ additional
Total number of symptoms	4	6	8	8
Other features				+ delusions or hallucinations (mostly mood congruent) or depressive stupor - At least 1/3

DEPRESSION – PSYCHOTIC SYMPTOMS

- Delusions or hallucinations
- Other than those listed as typically schizophrenic (i.e. delusions other than those that completely impossible or culturally inappropriate and hallucinations that are not in the third person or giving a running commentary).
- The most common examples are those with depressive, guilty, hypochondriacal, nihilistic, self-referential, or persecutory content..

PSYCHOTIC FORMS OF DEPRESSION

- **With mood-congruent psychotic symptoms:**

  i.e. delusions of guilt, worthlessness, bodily disease, or impending disaster, derisive or condemnatory auditory hallucinations.
- **With mood-incongruent psychotic symptoms:**

  i.e. persecutory or self-referential delusions and hallucinations without an affective content.

RECURRENT DEPRESSIVE DISORDER

Dg. criteria according to ICD-10:

- 1) There has been at least one previous depressive episode, lasting a minimum of 2 weeks and separated from the current episode by at least 2 months free from any significant mood symptoms.
- 2) In the past there has not been hypomanic or manic episode.
- The episode is not attributable to psychoactive substance use or any organic mental disorder.

RECURRENT DEPRESSIVE DISORDER

- Classification

Current episode	Mild	Moderate	Severe without psychotic symptoms	Severe with psychotic symptoms
Diagnostics	See mild depressive episode	See moderate depressive episode	See severe depressive episode without psychotic symptoms	See severe depressive episode with psychotic symptoms

RECURRENT DEPRESSIVE DISORDER

Epidemiology:

- Lifetime prevalence: 9-26% in women
  5-12% in men
- In women it occurs 2-3 times more frequently than men.
- The most frequent onset: between 25-35 years

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RECURRENT DEPRESSIVE DISORDER

Course:

- Mostly – periods of remission with a good functioning
- 12% chronic course of depression
- After the first episode risk of further episode is 50%.
- Increased risk of suicidal behaviour

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RECURRENT DEPRESSIVE DISORDER

Treatment:

- Antidepressants (1.choice – SSRI)
- Combination of antidepressants; augmentation with antipsychotics
- Other biological therapy: ECT (a brief electrical stimulus is used to induce an artificial epileptiform seizure under controlled condition)
- Psychotherapy

MANIC EPISODE

Dg. criteria according to ICD-10:

- **A)**
- The mood is elevated or irritable to a degree that is definitely abnormal for the individual concerned and sustained for at least:
- four consecutive days in hypomania
- a week in mania

MANIC EPISODE

- **B)** At least three of the following must be present, leading to some (hypomania) to severe interference (mania) with personal functioning in daily living:
  1) increased activity or physical restlessness;
  2) increased talkativeness („pressure of speech“);
  3) difficulty in concentration or distractibility; (in mania constant changes in activity or plans);
  4) decreased need for sleep;
  5) increased sexual energy;
  6) mild spending sprees, or other types of reckless or irresponsible behaviour - markedly foolhardy or reckless behaviour ;
  7) increased sociability - loss of normal social inhibitions;
  8) flight of ideas or the subjective experience of thoughts racing;
  9) inflated self-esteem or grandiosity

MANIC EPISODE

- Classification of intensity

	Hypomania	**Mania**	**Mania with psychotic symptoms**
Symptom A	must be present	must be present	must be present
Number of symptoms B	At least 3 (items 1-7) - some interference with personal functioning in daily living	At least 3 (items 1-9) - severe interference with personal functioning in daily living	At least 3 (items 1-9) - severe interference with personal functioning in daily living
Duration	At least 4 days	At least a week	At least a week
Other features			+ delusions or hallucinations (mostly mood congruent)

MANIA - PSYCHOTIC SYMPTOMS

- Delusions and hallucinations
- other than those listed as typical schizophrenic, i.e. delusions other than those that are completely impossible or culturally inappropriate and hallucinations, that are not in the third person or giving a running commentary.
- The most common examples are those with grandiose, erotic or persecutory content.

PSYCHOTIC FORMS OF MANIA

- **Mania with mood congruent psychotic symptoms:** such as grandiose delusions or voices telling the subject that he has superhuman powers.
- **Mania with mood incongruent psychotic symptoms:** such as voices speaking to the subject about affectively neutral topics, or delusions of reference or persecution.

MANIC EPISODE

Epidemiology

- Lifetime prevalence is about 1 %.

Course:

- The most frequent onset: between 20.-35. years.

MANIC EPISODE

Treatment

- Mood stabilizers (antimanic effect)
- Antipsychotics (atypical)
- Hypomania can be treated in outpatient setting, patients with mania and psychotic mania should be hospitalized.

BIPOLAR AFFECTIVE DISORDER (BAD)

- Episodes are demarcated by a switch to an episode of opposite or mixed polarity or by a remission.
- In the past there was presented at least two episodes of opposite polarity (depressive and manic or 2 manic episodes).
- Mood disorder, in which patient has had at least one hypomanic, manic or mixed episode and any number of other hypomanic, manic, depressive or mixed episodes.
- Episodes are separated by different long remissions.

BIPOLAR AFFECTIVE DISORDER

- BAD, current episode hypomanic
- BAD, current episode manic
  - without psychotic symptoms
  - with psychotic symptoms
- BAD, current episode mild or moderate depression
- BAD, current episode severe depression
  - without psychotic symptoms
  - with psychotic symptoms
- BAP, current episode mixed

BIPOLAR AFFECTIVE DISORDER

Mixed episode:

- A mixture of hypomanic, manic and depressive symptoms …
- … or a rapid alternation of these symptoms (i.e. within a few hours)

BIPOLAR AFFECTIVE DISORDER

Epidemiology:

- Lifetime prevalence: 4 %
- The most frequent onset: mostly 15-30 years

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BIPOLAR AFFECTIVE DISORDER

Course:

- Lifelong disorder with recurrent episodes.
- 1-2 depressive episodes often come before the first manic episode.

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BIPOLAR AFFECTIVE DISORDER

Treatment:

- Acute phase of treatment:

  - treatment of acute episode symptoms, therapy with mood stabilizers.

- Maintenance (prophylactic) phase of treatment:

  - prevention of relapses; mood stabilizers

- Other treatment option:

  - ECT, psychotherapy

PERSISTENT MOOD DISORDERS

Definition:

- Persistent and usually fluctuating disorders of mood in which the majority of the individual episodes are not sufficiently severe to warrant being described as manic or mild depressive episodes
- Duration: at least two years of mood change

- Dysthymia
- Cyklothymia

DYSTHYMIA

- A period of at least two years of constant or constantly recurring depressed mood.
- Intervening periods of normal mood rarely last for longer than a few weeks and there are no episodes of hypomania.
- None of the individual episodes of depression within such a two-year period are severe enough or last long enough to meet the criteria for recurrent mild depressive disorder.
- Chronic „subliminal“ depression

DYSTHYMIA

Epidemiology

- Lifetime prevalence: 3-5%
- In women: 2-3x higher risk of disease development
- Onset: slow, inconspicuous development, usually in early adulthood between 20-30 years
- Higher risk of depressive episode

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DYSTHYMIA

Treatment:

- Antidepressants + psychotherapy

CYKLOTHYMIA

- Mood instability, an alternation of sad and elevated mood
- None of the manifestations of depression or hypomania during a two- year period should be sufficiently severe or long lasting to meet criteria for manic or depressive episode (moderate or severe).

CYKLOTHYMIA

Epidemiology

- Lifetime prevalence: about 1%

Course

- slow, inconspicuous development, usually in early adulthood.
- Higher risk of BAD development

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CYKLOTHYMIA

Treatment:

- Mood stabilizers + psychotherapy