NOTES DEPRESSIVE & BIPOLAR DISORDERS

GENERALLY, WHAT ARE THEY?

PATHOLOGY & CAUSES

Mental disorders involving mood changes

 Often involve depression, sometimes mania/hypomania (see below)

CAUSES

- Genetic (especially between close relatives)
- Linked to neurotransmitter regulation (norepinephrine, serotonin, dopamine)
- High comorbidity with other mental disorders

COMPLICATIONS

- Self-harm/suicide
- Social consequences (e.g. losing friends)

SIGNS & SYMPTOMS

- Manic episodes featuring a mood disturbance, increased energy/activity, and ≥ three of following for ≥ one week, affecting day-to-day functioning
- Hypomanic ("less than manic") episodes featuring a mood disturbance, increased energy/activity, and ≥ three of the above during a period > four days, not affecting day-to-day functioning
- Major depressive episodes featuring ≥ five of following in a two week period
- Other mood changes, including more mild depression; see individual disorders

DIAGNOSIS

- Excessive, unreasonable fear/distress
- Struggle to control symptoms
- Lasts > six months
- Affects day-to-day functioning
- Not explained by other condition/substance

TREATMENT

MEDICATIONS

Antidepressants, lithium

PSYCHOTHERAPY

See individual disorders

OTHER INTERVENTIONS

- Lifestyle changes
 - Improved diet, more exercise, more sunlight

BIPOLAR I DISORDER

osms.it/bipolar-1

PATHOLOGY & CAUSES

Bipolar disorder characterized by extreme mood swings with combination of manic, hypomanic, depressive episodes

CAUSES

- Genetic (especially between close relatives)
- Medications (e.g. SSRIs)
- Often no particular trigger
- High comorbidity with other mental disorders

MNEMONIC: DIG FAST

Characteristics of manic episode

Distractibility

Indiscretion: excessive involvement in pleasurable activities

Grandiosity

Flight of ideas

Activity increase

Sleep deficit/decreased need for sleep

Talkativeness/pressured speech

SIGNS & SYMPTOMS

- Mood swings
- Manic episodes
- Usually, hypomanic and depressive episodes

DIAGNOSIS

- ≥ one manic episode
- Symptoms affect day-to-day functioning
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

 Atypical antipsychotics (e.g. olanzapine), in combination with mood stabilizers (esp. lithium)

PSYCHOTHERAPY

• E.g. cognitive behavioral therapy, interpersonal

OTHER INTERVENTIONS

Electroconvulsive therapy (ECT)

BIPOLAR II DISORDER

osms.it/bipolar-11

PATHOLOGY & CAUSES

Bipolar disorder characterized by mood swings with hypomanic, depressive episodes.

CAUSES

- Genetic (especially between close relatives)
- Medications (e.g. SSRIs)
- Often no particular trigger
- High comorbidity with other mental disorders

SIGNS & SYMPTOMS

- Mood swings
- Hypomanic, depressive episodes

DIAGNOSIS

- ≥ one hypomanic episode
- ≥ one major depressive episode
- Symptoms affect day-to-day functioning
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

 Atypical antipsychotics (e.g. olanzapine), in combination with mood stabilizers (esp. lithium)

PSYCHOTHERAPY

• E.g. cognitive behavioral therapy, interpersonal

MAJOR DEPRESSIVE DISORDER

osms.it/major-depressive-disorder

PATHOLOGY & CAUSES

Depressive disorder characterized by one or more episodes of a strongly depressed mood

 Episodes interfere with day-to-day life in activities such as eating, working, and sleeping

CAUSES

• Exact cause unknown; runs in families, especially between close relatives; linked to neurotransmitter regulation (norepinephrine, serotonin, dopamine); high comorbidity with other mental disorders

SIGNS & SYMPTOMS

Major depressive episodes

DIAGNOSIS

- One or more major depressive episodes
- The symptoms cause distress in other areas of life
- The disturbance is not better explained by or accounted for by another medical condition or substance
 - There has not been a manic or hypomanic episode



MNEMONIC: SIG ED CAPS

Diagnostic criteria for Major depressive disorder

Sleep: increased or decreased Interest: decreased

Guilt/worthlessness

- Energy: decreased or fatigued Depressed mood most of the
- day Concentration/difficulty making
- decisions
- Appetite and/or weight increase or decrease
- Psychomotor activity: increased or decreased
- Suicidal ideation/ thoughts of death

TREATMENT

MEDICATIONS

• Antidepressants (SSRIs, SNRIs, NDRIs)

PSYCHOTHERAPY

• E.g., cognitive behavioral therapy, interpersonal

OTHER INTERVENTIONS

- Improved diet, more exercise, more sunlight

PREMENSTRUAL DYSPHORIC DISORDER

osms.it/premenstrual-dysphoric-disorder

PATHOLOGY & CAUSES

• Depressive disorder characterized by mood changes during menstrual cycle

CAUSES

• Unknown; possible sensitivity to hormonal changes

SIGNS & SYMPTOMS

- Emotional
 - Affective lability
 - Irritability/anger
 - Anxiety/angst
- Other symptoms
 - Diminished interest/pleasure
 - Decreased concentration
 - Fatigue
 - Weight loss/gain

- Inability to sleep/oversleeping
- Feelings of being overwhelmed
- Mild physical symptoms (e.g. tenderness/swelling)

DIAGNOSIS

- Mood changes ≤ one week before menses, as evidenced by presence of ≥ five of symptoms (≥ one from each category), resolving within one week post-menses
- Must occur during majority of menstrual cycles over past year
- Symptoms affect day-to-day life
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

SSRIs, oral contraceptives

PSYCHOTHERAPY

• E.g. cognitive behavioral therapy, interpersonal

OTHER INTERVENTIONS

• Lifestyle changes: improved diet, more exercise, more sunlight

SEASONAL AFFECTIVE DISORDER

osms.it/seasonal-affective-disorder

PATHOLOGY & CAUSES

- Depressive disorder characterized by one or more episodes of a strongly depressed mood
- Episodes interfere with day-to-day life in activities such as eating, working, and sleeping
- Occurs most commonly in seasons of lower light, like winter

CAUSES

 Exact cause unknown; runs in families, especially between close relatives; linked to neurotransmitter regulation (norepinephrine, serotonin, dopamine); high comorbidity with other mental disorders

SIGNS & SYMPTOMS

Major depressive episodes

DIAGNOSIS

- One or more major depressive episodes
- The symptoms cause distress in other areas of life
- The disturbance is not better explained by or accounted for by another medical condition or substance
 - There has not been a manic or hypomanic episode

TREATMENT

MEDICATIONS

Antidepressants (SSRIs, SNRIs, NDRIs)

PSYCHOTHERAPY

• E.g. cognitive behavioral therapy, interpersonal

OTHER INTERVENTIONS

Improved diet, more exercise, more sunlight