

An Overview of Mood Disorders/Depression

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OVERVIEW OF MOOD DISORDERS

Mood disorders are biological disorders that affect children, adolescents, and adults. Depression and other mood disorders are not being 'down in the dumps' or easily upset, but serious medical disorders that affect thinking, emotions, and behavior for months to even years if left untreated. Research suggests that about 15-20% of the population will experience a mood disorder at some point in their life. Females are much more likely to develop a mood disorder, yet males are much more likely to go without treatment.

Research has demonstrated physical differences in the brain of people affected with mood disorders. No matter the age of the person, mood disorders present with similar symptoms. Symptoms include sad or unhappy mood that lasts for days at a time, vegetative symptoms such as lack of energy or motivation, somatic symptoms such as changes in eating or sleeping habits, feelings of helplessness, irritability/moodiness, and feelings of hopelessness including suicidal thoughts.

Although there is no one cause of mood disorders and depression, research clearly reflects a genetic predisposition to develop a mood disorder. Studies have shown that mood disorders and depression are common among close relatives, and twin studies have also shown a strong genetic basis. Additionally, research has shown that people who tend to be more negative and have low self-esteem are more likely to develop a mood disorder.

In addition to the genetic causes of mood disorders, studies have also shown that environmental and interpersonal stressors can trigger mood disorders and depression, especially in those who are already thought to be at risk. Events such as changes in relationships, academic struggles, financial difficulties, death of a loved one, divorce, and trauma can trigger a mood disorder. For children and adolescents, poor school performance, parental divorce, family relocation, and peer difficulties are common triggers for a mood disorder.

Depression and mood disorders commonly co-occur with other disorders. Children with ADHD, learning disorders, and anxiety are at an especially higher risk for developing depression, due to the stress that these conditions bring to daily living. Children with autism spectrum disorder are at higher risk for major mood disorders. Serious medical conditions such as heart problems and cancer can also contribute to depression, partly because of the physical weakness and stress they bring on.

People who have had a depressive episode are much more likely to experience depression again at some point in their lives. Research also suggests that children who experience depression before the age of 10 have a 50% chance of developing a major mood disorder such as bipolar disorder.

Left untreated, depression may remit on its own in about one year. However, during the depressive episode other events can occur as a result of the depression, leading to longer-term difficulties. For example, the grade point average of a depressed teen may drop considerably, affecting his/her chances of getting into the college of their choice. For this reason, treatment is considered critical even though symptoms may remit. Further, for some forms of depression, symptoms will not remit and will last for years. Additionally, other mood disorders do not tend to remit spontaneously and may last for years without treatment.

TYPES OF MOOD DISORDERS

Mood Disorders can take many forms, and treatment varies somewhat depending on the type of depression that the person is experiencing. The DSM-5, the Diagnostic and Statistical Manual, separates mood disorders into two groups. Depressive Disorders are those disorders that share a common feature of sad, empty, or irritable mood accompanied by somatic/physical and cognitive changes that impair daily functioning. Bipolar and Related Disorders are those disorders in which the person experiences both depressive periods and manic or hypomanic periods.

Depressive Disorders

Disruptive Mood Dysregulation Disorder. This disorder is a new DSM-5 category designed to better understand persistent mood issues of irritability particularly in children and teens. Youth with this disorder experience severe irritability that does not seem to remit even when things are going well, along with frequent and strong temper outbursts. Distinct periods of depression are not usually present, other than the symptom of persistent irritable mood.

Major Depressive Disorder. Major Depressive Disorder is what most people consider “depression”; a pervasive feeling of unhappiness coupled with somatic/physical symptoms such as fatigue, lack of energy, poor concentration, and changes in eating and sleeping. Co-occurring anxiety is not uncommon, and sometimes the person will also show mild psychotic behaviors. Suicidal ideation is also common, and the greatest risk of not treating Major Depressive Disorder is completed suicide.

Persistent Depressive Disorder (Dysthymia). Dysthymia is often considered a milder form of Major Depression, yet the greatest symptom will be a persistent depressed mood. Some somatic/physical and cognitive symptoms will also be present, such as problems concentrating, low energy, and changes in appetite or sleep. Many people with Dysthymia do not consider themselves as experiencing a medical condition and do not seek treatment.

Premenstrual Dysphoric Disorder. The essential feature of this disorder is the expression of irritability, mood changes, sadness, and anxiety that repeatedly occurs during the premenstrual phase for women but remits fully around the onset of menses.

Bipolar and Related Disorders

Bipolar I Disorder. Bipolar I Disorder is characterized by intense and frequent mood swings from depression to mania; a manic episode must have occurred. Children with Bipolar Disorder often have intense rages that are highly aggressive. For some with Bipolar Disorder, mood swings can occur several times an hour, yet the mood swings can manifest as clearly defined periods of mania that cycle with depression or hypomania. Bipolar I Disorder can also follow a seasonal pattern, in which the depressive symptoms worsen during certain seasons of the year (usually the winter months).

Bipolar II Disorder. Bipolar II Disorder is similar to Bipolar I Disorder, with the major difference being the absence of a manic episode; the person cycles between depressive episodes and hypomanic episodes. The mood swings can be short or long in duration, and a seasonal pattern to the depressive symptoms may also be present.

Cyclothymic Disorder. Sometimes the person will show cycles of manic/hypomanic and depressive symptoms, but the symptoms are not strong enough to meet the criteria for Bipolar I or II Disorder.

TREATMENT OF MOOD DISORDERS

Effective treatment of mood disorders combines two components: psychotherapy and medication. Treatment is usually at least partially effective within a few weeks to a couple months, and research suggests that treatment also prevents future depressive episodes. There is also some research that suggests that early (child/adolescent) treatment of mood disorders lowers the risk for the eventual development of Bipolar Disorder.

PSYCHOTHERAPY TREATMENT

Psychotherapy is one of the most effective methods for treating mood disorders, particularly for first episodes of depression. Three types of psychotherapy have been shown to be effective in the treatment of mood disorders:

Cognitive behavioral therapy (CBT) helps a person identify and change the thought and behavior patterns that contribute to depression. People who are depressed tend to think negatively, and cognitive behavioral therapy teaches how to identify and challenge the negative thoughts. CBT is also used to identify the ways that the

person expresses their irritability/anger and determines individualized ways to control negative actions. CBT has been shown to be effective with Major Depressive Disorder, Dysthymia, and some forms of Bipolar I and II Disorders.

Interpersonal therapy (IP) looks at how depression can be connected to troubled emotional relationships and seeks ways to improve interpersonal relations and thus lower the depressive symptoms. IP has been shown to be effective with Major Depressive Disorder, Dysthymia, and Bipolar I and II Disorders.

Social rhythms therapy (SRT) appreciates the impact of stress on the development and maintenance of mood disorder symptoms, and seeks ways for the person to balance their lives. The role of sleep, nutrition, physical activity, illness, and social interactions is explored, and individualized approaches to maintaining wellness in these areas is developed. SRT has been shown to be effective with Bipolar I and II Disorders, Cyclothymic Disorder, and Premenstrual Dysphoric Disorder.

MEDICATION TREATMENT

When psychotherapy alone is not effective or when functioning is greatly impaired, medication treatment may be necessary. The first line of medication treatment is typically an anti-depressant, better known as the SSRIs because of their selective response to a neurotransmitter called Serotonin. Mood stabilizers may be necessary, particularly when mood swings are part of the diagnostic picture. Medication treatment can take up to four weeks before improvements are observed. For the Bipolar and Related Disorders, finding a beneficial medication regime can take up to one year and often involves more than one medication.

When treating Major Depressive Disorder and Dysthymia, medication treatment is usually recommended for 18 months. People who are considered at high risk for recurring depressive episodes may need to take medication indefinitely. People with Bipolar Disorders will likely need to be on medication for their lives.

As with all medications, determining the right medication and the need for medication should be discussed with a medical specialist who is well-versed in depression and other mood disorders.