



Common Mood Disorder

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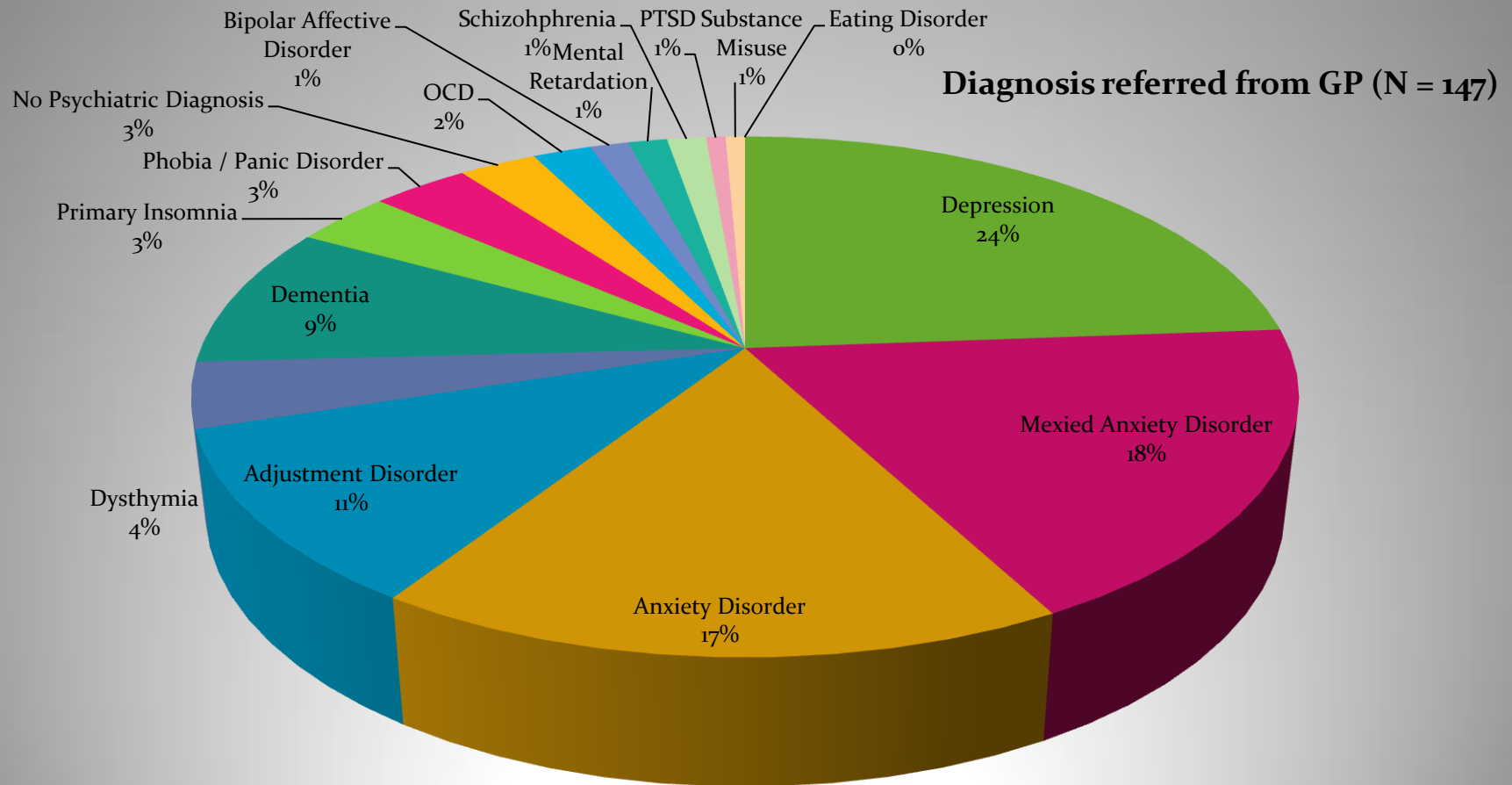
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What is “COMMON” Mood Disorder?

“Common” Mood Disorder



Outline

- Depression
- Mixed Anxiety Depression
- Anxiety Disorder
- Adjustment Disorder
- Dysthymia
- Diagnosis
- Treatment
 - Pharmacological
 - Psychological
 - ECT
- Outcome

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Depressive Episode

Mild Depressive Episode

Moderate Depressive Episode

Severe Depressive Episode without Psychotic Symptoms

Severe Depressive Episode with Psychotic Symptoms

Other Depressive Episode

Depressive episode

In typical mild, moderate, or severe depressive episodes, the patient suffers from *lowering of mood*, *reduction of energy*, and *decrease in activity*. *Capacity for enjoyment, interest, and concentration is reduced*, and *marked tiredness* after even minimum effort is common. *Sleep* is usually disturbed and *appetite* diminished. *Self-esteem* and self-confidence are almost always reduced and, even in the mild form, some *ideas of guilt* or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as *loss of interest* and pleasurable feelings, *waking in the morning* several hours before the usual time, *depression worst in the morning*, *marked psychomotor retardation*, *agitation*, loss of appetite, weight loss, and *loss of libido*. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.

Mild depressive episode

Two or three of the above symptoms are usually present. The patient is usually distressed by these but will probably be able to continue with most activities.

Moderate depressive episode

Four or more of the above symptoms are usually present and the patient is likely to have great difficulty in continuing with ordinary activities

Severe depressive episode without psychotic symptoms

An episode of depression in which several of the above symptoms are marked and distressing, typically *loss of self-esteem and ideas of worthlessness or guilt*. *Suicidal thoughts and acts* are common and a number of "*somatic*" symptoms are usually present.

Severe depressive episode with psychotic symptoms

An episode of depression as described in F32.2, but with the presence of *hallucinations, delusions, psychomotor retardation, or stupor* so severe that ordinary social activities are impossible; there may be danger to life from suicide, dehydration, or starvation. The hallucinations and delusions may or may not be mood-congruent

Other depressive episodes

- Atypical depression
- Marked Depression

Recurrent Depressive Disorder

Current Episode Mild

Current Episode Moderate

Current Episode Severe Without Psychotic Symptoms

Current Episode Severe with Psychotic Symptoms

Current in Remission

Recurrent depressive disorder

A disorder characterized by repeated episodes of depression as described for depressive episode, without any history of independent episodes of mood elevation and increased energy (mania). There may, however, be brief episodes of mild mood elevation and overactivity (hypomania) immediately after a depressive episode, sometimes precipitated by antidepressant treatment. The more severe forms of recurrent depressive disorder have much in common with earlier concepts such as manic-depressive depression, melancholia, vital depression and endogenous depression. The first episode may occur at any age from childhood to old age, the onset may be either acute or insidious, and the duration varies from a few weeks to many months. The risk that a patient with recurrent depressive disorder will have an episode of mania never disappears completely, however many depressive episodes have been experienced. If such an episode does occur, the diagnosis should be changed to bipolar affective disorder

current episode mild

- A disorder characterized by repeated episodes of depression, the current episode being mild, as in F32.0, and without any history of mania

current episode moderate

- A disorder characterized by repeated episodes of depression, the current episode being of moderate severity, as in F32.1, and without any history of mania

current episode severe without psychotic symptoms

- A disorder characterized by repeated episodes of depression, the current episode being severe without psychotic symptoms, as in F32.2, and without any history of mania

current episode severe with psychotic symptoms

- A disorder characterized by repeated episodes of depression, the current episode being severe with psychotic symptoms, as in F32.3, and with no previous episodes of mania

currently in remission

- The patient has had two or more depressive episodes as described in F33.0-F33.3, in the past, but has been free from depressive symptoms for several months.



Persistent Mood Disorder

Cyclothymia

Dysthymia

Persistent mood [affective] disorders

- Persistent and usually *fluctuating disorders of mood* in which the majority of the individual episodes are *not sufficiently severe to warrant being described as hypomanic or mild depressive episodes*. Because they last for many years, and sometimes for the *greater part of the patient's adult life*, they involve considerable distress and disability. In some instances, recurrent or single manic or depressive episodes may become superimposed on a persistent affective disorder

Cyclothymia

- A persistent instability of mood involving *numerous periods of depression and mild elation*, none of which is sufficiently severe or prolonged to justify a diagnosis of bipolar affective disorder (F31.-) or recurrent depressive disorder (F33.-). This disorder is frequently found in the relatives of patients with bipolar affective disorder. *Some patients with cyclothymia eventually develop bipolar affective disorder.*

Dysthymia

- A chronic depression of mood, lasting *at least several years*, which is not sufficiently severe, or in which individual episodes are not sufficiently prolonged, to justify a diagnosis of severe, moderate, or mild recurrent depressive disorder

Neurotic, stress-related and somatoform disorders

Generalized Anxiety Disorder

Mixed Anxiety and Depressive Disorder

Adjustment Disorder

Generalized anxiety disorder

- Anxiety that is generalized and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances (i.e. it is "free-floating"). The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tensions, sweating, lightheadedness, palpitations, dizziness, and epigastric discomfort. Fears that the patient or a relative will shortly become ill or have an accident are often expressed

Mixed anxiety and depressive disorder

- This category should be used when symptoms of anxiety and depression are both present, but neither is clearly predominant, and neither type of symptom is present to the extent that justifies a diagnosis if considered separately. When both anxiety and depressive symptoms are present and severe enough to justify individual diagnoses, both diagnoses should be recorded and this category should not be used

Adjustment disorders

- States of subjective distress and emotional disturbance, usually interfering with social functioning and performance, arising in the period of adaptation to a significant life change or a stressful life event. The stressor may have affected the integrity of an **individual's social network** (bereavement, separation experiences) or the wider system of **social supports and values** (migration, refugee status), or represented a **major developmental transition or crisis** (going to school, becoming a parent, failure to attain a cherished personal goal, retirement). **Individual predisposition** or vulnerability plays an important role in the risk of occurrence and the shaping of the manifestations of adjustment disorders, but it is nevertheless assumed that the condition **would not have arisen without the stressor**. The manifestations vary and include depressed mood, anxiety or worry (or mixture of these), a feeling of inability to cope, plan ahead, or continue in the present situation, as well as some degree of disability in the performance of daily routine. Conduct disorders may be an associated feature, particularly in adolescents. The predominant feature may be a brief or prolonged depressive reaction, or a disturbance of other emotions and conduct

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Antidepressant

- Effectiveness
- Onset of action
- Choice of Antidepressant and relative side effect
- Suicidality
- Duration of treatment
- Special group of patient
- Next step treatment

Choice of Antidepressant

- TCA
- MAOI
- SSRI (e.g., citalopram, escitalopram, Fluoxetine, fluvoxamine, paroxetine, sertraline)
- SNRI (e.g., Venlafaxine, Duloxetine)
- NaSSA (e.g., Mianserin, Mirtazapine)
- SARI (Trazodone)
- NDRI (Amineptine, Bupropion, Methylphenidate)

Use of Antidepressant

- Discuss with patient and relative
- Education
- ? Mild / moderate / severe depression
- ? Alternate choice of treatment
- ? Duration of treatment
- ? Maintenance treatment
- ? Resistant cases

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Psychological Intervention

- Education
- Supportive Psychotherapy
- Interpersonal psychotherapy
- Family therapy
- Marital counseling
- Cognitive behavioral therapy

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ECT



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Suicide





Discussion