

Mood disorder

It is disorder that there is (a disturbance of mood) which is a predominant feature .

Classification

It can be divided into 1* and 2* .

1* –there is no specific organic cause :

2*- Divided into

1. Mood disorder due to general medical Condition
2. Substance Induced mood disorder .

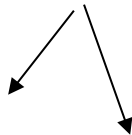
1* 1. Unipolar 2. Bipolar



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graph LR; A[1* 1. Unipolar 2. Bipolar] --> B[Bipolar 1]; A --> C[Bipolar II]
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Unipolar

Depressive disorder



Major depressive disorder Dysthymia .
Previously classify as endogenous and exogenous depression.

Epidemiology

Life time prevalence of all mood disorder 4-6%

Life time prevalence of all major disorder 2-4%. In male

5-9%. In female

Sex :depression increase in female.

Race :more in jaws and Irish.

Social class : no differ in social class .

More in : industrial countries man developing countries .

Constitution :

1. Body type (small extremities and large visceral cavities)pyknic type .
2. Personality of cyclothymic type in mood (moody).

A etiology

- Biological Base
 - Environmental cause .
1. Cerebral amine metabolism (Amine hypothesis) in which there is a catecholamine in the Brain , so antidepressant cause inhibit of reuptake by precynaptic neuron .
 2. Endocrine abnormalities
 - a. Cortisol secretion :
High cortisol output in Depression and falls to normal level after recovery .
Dexamethazone suppression Test (DST)-
 In normal person give Dexamethazone .(synthetic steroid)
 Cause decrease ACTH –then decrease cortisol in Brain.
 In depression there is failure of suppression. But it is not specific , can occurred in schizophrenia ,obsession, mania, so it is secondary to sleep disturbance or loss of wt
 - b. Sleep and EEG :

 Shortened REM (shorten the interval between onset of sleep and the start of first episode of REM) normally 90min , in depression 40 min .
 - c. Light and darkness :
 Melatonin released by pineal body , inhibit by light so it released during night which responsible for diurnal Rhythm of animals ,in Depression there is disturbance of diurnal rhythm and there is total fluctuation of suicide

and mania , and Depression can precipitate by sleep disturbance ,

This indicate may association between melatonin secretion and depression .

D -Water and electrolyte :

(Residual Na). Intracellular Na in depression 50% and 200%in mania , and return to normal after recovery by 200% by increase Na-k ATPase activity cause transport of Na through cell membrane , so why lithium has effective in treatment in mood disorder .

Psycho physiological :

- **Physiological increase ventricular / Brain Ration .**
- **Hypofrontality .**

Environmental factor:

1. **Parental loss in childhood .**
2. **Recent life event : relation between depression and life events week or months prior to symptoms .**
3. **Lack social support : Dissatisfaction between individual and his relation and friends**

Other factors

1. Child birth
2. Drugs :contraception ,narcoleptic,
3. Viral infection : influenza, hepatitis A, brucellosis, Cancer of lung and pancreas .
4. Endocrine ,disorder :Hypothyroidism ,cusching syndrome ,hypo-hyperparathyroidism .
5. Physical and psychological stress as in political prisoner .
6. Unemployment.

Criteria OF Major .D.D

Five or more of symptoms ,present in the same 2 wks and represent a change from previous functioning must include one of either :1. depression .2. lost of Interest

1. Depress mood most of a day nearly every day .
2. Lots of interest or pleasure in almost all activities .
3. Significant loss of wt , or wt gain change 5%of body wt in a month.
4. Insomnia or hypersomnia .
5. Psychomotor agitate or retardation .
6. Fatigue or loss of energy .
7. Feeling of worthlessness or inappropriate guilt (may be delusional) .
8. Recurrent Ability to think and concentrate .
Recurrent thought of death , recurrent suicidal ideation , suicidal attempt or to plane to complete suicide .

D.D

- 1. Mood disorders due to General medical condition .**
- 2. Substance induced mood disorder .**
- 3. Dementia .**
- 4. ADHD**
- 5. Adjustment disorder and(P T S D) .**
- 6. Bereavement and stress reaction .**
- 7. Schizoaffective.**
- 8. Schizophrenia**

Dysthymia

Characterized by chronically depressed mood of mild to moderate in severity for at least 2 years and usually patients describe the mood as sad. In children may be irritable for one year duration :

Characterized by :

- 1. Depressed mood**
- 2. Increase or decrease appetite.**
- 3. Insomnia or hypersomnia.**
- 4. Low energy .**
- 5. Low self-esteem.**
- 6. Poor concentration .**
- 7. Hopelessness.**

Bipolar

Types

1. **B.P.I** : Is characterize by one or more Manic episode associated usually by Major .D.D .
2. **B.P.II** : is characterize by one or more major .D. associated by at last one hypo manic episode .
3. **Cycle thymia** :
Characterize by at least 2 years of numerous periodic of hypo manic symptoms (not met the criteria of mania)with depressive symptoms (not met major D. D.

Mania :

It is an episode defined by a period in which there is abnormally elevated or irritable mood .

Epidemiology :

It in less comer than unipolar ,

- prevalence :0.6-1.1%
- same in male a female .
- no differ in social class or slightly in upper social class
- first episode occur before 30 year in 60% of cases.
- age of onset is earlier than depression .
- in Bipolar 75% of pt start by mania .

Criteria of mania

- A. Elevation ,irritable mood lasting at least one wk.**
- B. During this period at least 3 of the following :**
 - 1. Grandiosity . or grandiose delusion.**
 - 2. Decrease need of sleep .**
 - 3. Talkative and press we of speech .**
 - 4. Flight if idea .**
 - 5. Distractibility .**
 - 6. Distractibility in a goal direct activity .**
 - 7. Extensive involvement in pleasure activity as baying sprees .**

D.D

- 1. ADHD .**
- 2. Drug induced mania.**
- 3. organic affecter d .**
- 4. narcissistic .p.p.**
- 5.schizophrenia.**

Prognosis and course of Affective disorder

1/4 of pt with mood .D is –single attack. 80% second attack. 40%full recovery ,40%full recovery with relapse ,20 % chronic (coarse) .

Risk factor for Depression : 1. F.M of M.D.D

2. Female

For mania F.H

Treatment of mood disorder

1. As out pt .
2. Hospital admission –if suicidal or life threatening ;
supportive R, I.V.F. or to change environment
3. need ECT
4. If Resistance depression need rediagnosis

b. 1. Drugs therapy

tricyclic – imipramine 75-2007

amitriptyline 75-2007

clomipramine 75-1507

notriptyline (Avantyl) 75-150

teracyclic :

→ maprotiline
→ mianserine

MAOI :

→ phenelzine 15-307id
→ tranylcypamine
→ Isocarboxoside .

SSRI :

- fluxetine 20-80 mg**
- Sertraline 50-1007**
- Paroxetine 10-607**
- Citaloprame**

3. ECT

4. Psychotherapy –cognitive psychotherapy .

Treatment of Resist depression

1.full history

2. physical examination – hypothyroidism.

3. social as family disharmony .

4. dose –if Sufficient or not

5. 2nd line treatment

1. ECT

2. Add, lithium to A-D.

3. MAOI OR MAOI+A-D+ Tryptophan

4. Add T3 to A-D.

5. Venlafaxine (high dose 325 mg.)

6. Psychosurgery .

Treatment of Bipolar disorder

Guideline

If depressive phase

Treat by mood stabilizer +A-D.

If manic phase

In general discontinuation A. D (if on A-D-)

In sever case .

A : Admission to hospitals,

B : drug therapy

**Lithium or Na-valoprate or Tegretol +
Antipsychotic (because lithium has slow
onset of action)**

c. ECT .

less sever or hypomania

Lithium or Na-valproate or antipsychotic

In both sever a less sever can add

Benzodiazepine for sedation(short term)

Antipsychotics –A-typical A-ps, as Quti