

Psychopathology and Diagnosis of Mood Disorders

Depressive syndromes:

- **MDD** = 5 or more including >1 of * for ≥ 2 wks: 1. \downarrow mood, most of the time;* 2. Markedly \downarrow pleasure or interest;* 3. Significant weight \downarrow or \uparrow (>5% in 1 month); 4. Insomnia or hypersomnia; 5. Psychomotor agitation or retardation; 6. Fatigue or loss of energy; 7. Feelings of guilt or excessive worthlessness; 8. Diminished ability to think or concentrate. 9. Recurrent thoughts of death or suicide (need one of *)
 - o *Melancholic* – distinct character to mood, diurnal variation, loss of mood reactivity, anhedonia, psychomotor agitation/retardation, morbid guilt, early morning wakening, anorexia with weight loss, loss of libido, rx TCAs or ECT
 - o *Atypical* – preserved mood reactivity, reverse diurnal variation, interpersonal rejection sensitivity (even when not depressed), hypersomnia, hyperphagia, leaden limbs, MAOI response
 - o *Psychotic* – guilty, nihilistic, poverty, hypochondriacal delusions, Cotard delusion (belief one is dead), critical denigratory voices, CAH of suicide, olfactory hallucinations of rotting or decay, visual hallucinations of deceased; response to TCAs; SSRI + AAPs or ECT;
 - o *Smiling* – dysphoric affect hidden by smiling, denies depression but meets criteria; hides SI
 - o *Masked* – headaches, constipation, back pain, dyspepsia, fatigue, anhedonia, malaise; seen in PC
 - o *Depressive stupor* – psychomotor retardation, mutism, food refusal, incontinence, rx ECT
- Pseudodementia – marked memory loss, attention/concentration difficulties, tends to give up, sudden onset, meets MDD criteria, response to antidepressants
- Demoralization – common in general hospital; dysphoria and overwhelming discouragement w/ adversity, feel like giving up, affect brightens when distracted
- Grief – 1. numbness/emptiness, 2. pining, 3. disorganization/despair, 4. reorganization; thoughts of lost object, pangs of grief, *anxiety* (more than depression), somatic symptoms
- Complicated grief- meet MDD/GAD/Panic/PTSD criteria, delayed rxn, same physical sx as deceased (*identification*), prolonged, dependent/ambivalent relationship, *mummification*, *Takutsubo's*
- Adjustment disorder – mild depressive/anxious sx directly related to particular life event/stressor
- Dysthymia (Persistent depressive disorder) – low grade depressive syndrome of >2yrs duration
- Brief recurrent depression - recurrent episodes of \downarrow mood do not meet duration criteria for MDD

Manic-depressive syndromes:

- **Mania** = a distinct period of abnormally and persistently elevated, expansive or irritable mood and at least 3 of the following for ≥ 1 wk or any duration if hospitalization required: 1. Inflated self-esteem or grandiosity; 2. \downarrow need for sleep; 3. \uparrow talkativeness or pressure to keep talking; 4. Flight of ideas or subjective experience that thoughts are racing; 5. \uparrow distractibility; 6. \uparrow goal-directed activity or psychomotor agitation; 7. \uparrow involvement in pleasurable activities with potential for painful consequences
- Hypomania – as per mania but ≥ 4 days, never requires hospitalization, and *change* in functioning
- Bipolar I disorder – ≥ 1 manic episode (usually w/ depression but includes unipolar mania)
- Bipolar II – ≥ 1 hypomanic episode + ≥ 1 MDE (usually recurrent depressions with hypomania)
- Cyclothymia – alternating minor depressive episodes with mild hypomanic episodes with little euthymia over 2 years; often precedes frank bipolar or represents attenuated treated form of disorder
- Rapid cycling – ≥ 4 mood episodes in 1yr marked by switch from one episode to next or 3 month remission between episodes of same polarity; poorer response to Li; *phase of illness not type of bipolar disorder*
- Ultra-rapid cycling – week to week alternations in mood with clear (hypo)manic and depressive switches
- Ultradian cycling – switches of discernible hypo(manic) and depressives states within 24hrs
- Chronic mania – manic episode lasting >2 years; irritability, grandiosity, disorganization, hoarding
- Delirious mania – aka Bell's mania; fluctuating consciousness, catatonic features, mood lability
- Dysphoric mania (mixed episode) – feature of both MDD and (hypo)mania co-occurring
- Hyperthymic temperament – exuberant, energetic, jovial, risk-taking, boredom-prone, tireless
- MDE course = mania-depression-euthymia course of illness – better response to Li; vs DME course