Chapter 6
Mood Disorders and Suicide
An Overview of Mood Disorders

• Extremes in Normal Mood
  – Nature of depression
  – Nature of mania and hypomania
• Types of DSM-IV Depressive Disorders
  – Major depressive disorder
  – Dysthymic disorder
  – Double depression
• Types of DSM-IV Bipolar Disorders
  – Bipolar I disorder
  – Bipolar II disorder
  – Cyclothymic disorder

Major Depression: An Overview

• Major Depressive Episode: Overview and Defining Features
  – Extremely depressed mood state lasting at least 2 weeks
  – Cognitive symptoms – Feelings of worthless, indecisiveness
  – Vegetative or somatic symptoms – Central to the disorder!
  – Anhedonia – Loss of pleasure/interest in usual activities
• Major Depressive Disorder
  – Single episode – Highly unusual
  – Recurrent episodes – More common

Dysthymia: An Overview

• Overview and Defining Features
  – Defined by persistently depressed mood that continues for at least 2 years
  – Symptoms of depression are milder than major depression
  – Symptoms can persist unchanged over long periods (e.g., 20 years or more)
• Facts and Statistics
  – Late onset – Typically in the early 20s
  – Early onset – Before age 21, greater chronicity, poorer prognosis

Double Depression: An Overview

• Overview and Defining Features
  – Person experiences major depressive episodes and dysthymic disorder
  – Dysthymic disorder often develops first
• Facts and Statistics
– Associated with severe psychopathology
– Associated with a problematic future course

**Bipolar I Disorder: An Overview**

- Overview and Defining Features
  – Alternations between full manic episodes and depressive episodes

- Facts and Statistics
  – Average age on onset is 18 years, but can begin in childhood
  – Tends to be chronic
  – Suicide is a common consequence

**Bipolar II Disorder: An Overview**

- Overview and Defining Features
  – Alternations between major depressive episodes and hypomanic episodes

- Facts and Statistics
  – Average age on onset is 22 years, but can begin in childhood
  – Only 10 to 13% of cases progress to full bipolar I disorder
  – Tends to be chronic

**Cyclothymic Disorder: An Overview**

- Overview and Defining Features
  – More chronic version of bipolar disorder
  – Manic and major depressive episodes are less severe
  – Manic or depressive mood states persist for long periods
  – Pattern must last for at least 2 years (1 year for children and adolescents)

- Facts and Statistics
  – High risk for developing bipolar I or II disorder
  – Cyclothymia tends to be chronic and lifelong
  – Most are female
  – Average age on onset is early adolescence (12 to 14 years of age)

**Additional Defining Criteria for Mood Disorders**

- Course Specifiers
  – Longitudinal course – Past history and recovery from depression and/or mania
  – Rapid cycling pattern – Applies to bipolar I and II disorder only
  – Seasonal pattern – Episodes covary with changes in the season
Mood Disorders: Additional Facts and Statistics

- **Lifetime Prevalence**
  - About 7.8% of United States population

- **Sex Differences**
  - Females are twice as likely to have a mood disorder compared to men
  - Bipolar disorders are distributed equally between males and females

- **Mood Disorders Are Fundamentally Similar in Children and Adults**

- **Prevalence of Depression Seems to be Similar Across Subcultures**

- **Most Depressed Persons are Anxious, Not All Anxious Persons are Depressed**

- **Mood Disorders: Familial and Genetic Influences**

  **Mood Disorders: Additional Facts and Statistics: part 2**

- **Family Studies**
  - Rate of mood disorders is high in relatives of probands
  - Relatives of bipolar probands are more likely to have unipolar depression

- **Adoption Studies**
  - Data are mixed

- **Twin Studies**
  - Concordance rates for mood disorders are high in identical twins
  - Severe mood disorders have a stronger genetic contribution
  - Heritability rates are higher for females compared to males

![Mood disorders among twins](image)

*Figure 6.2*
Mood Disorders: Neurobiological Influences

• Neurotransmitter Systems
  – Serotonin and its relation to other neurotransmitters
  – Mood disorders are related to low levels of serotonin

• The Endocrine System
  – Elevated cortisol and the dexamethasone suppression test (DST)
  – Dexamethasone depresses cortisol secretion
  – Persons with mood disorders show less suppression

• Sleep and Circadian Rhythms
  – Hallmark of most mood disorders
  – Relation between depression and sleep

Mood Disorders: Psychological Dimensions

• Stressful Life Events
  – Stress is strongly related to mood disorders
  – Poorer response to treatment, longer time before remission
  – Link with the diathesis-stress and reciprocal-gene environment models

Mood Disorders: Psychological Dimensions (Learned Helplessness)

• The Learned Helplessness Theory of Depression
  – Related to lack of perceived control over life events

• Learned Helplessness and a Depressive Attributional Style
  – Internal attributions – Negative outcomes are one’s own fault
  – Stable attributions – Believing future negative outcomes will be one’s fault
  – Global attribution – Believing negative events will disrupt many life activities
  – All three domains contribute to a sense of hopelessness

Mood Disorders: Psychological Dimensions (Cognitive Theory)

• Negative Coping Styles
  – Depression – A tendency to interpret life events negatively
  – Depressed persons engage in cognitive errors

• Types of Cognitive Errors
  – Arbitrary inference – Overemphasize the negative
  – Overgeneralization – Generalize negatives to all aspects of a situation

• Cognitive Errors and the Depressive Cognitive Triad
  – Think negatively about oneself
  – Think negatively about the world
  – Think negatively about the future
Beck’s cognitive triad for depression

Figure 6.4
Mood Disorders: Social and Cultural Dimensions

- Marital Relations
  - Marital dissatisfaction is strongly related to depression
  - This relation is particularly strong in males
- Mood Disorders in Women
  - Females suffer more often from mood disorders than males, except bipolar disorders
  - Gender imbalance likely due to socialization (i.e., perceived uncontrollability)
- Social Support
  - Extent of social support is related to depression
  - Lack of social support predicts late onset depression
  - Substantial social support predicts recovery from depression

An Integrative Theory

- Shared Biological Vulnerability
  - Overactive neurobiological response to stress
- Exposure to Stress
  - Stress activates hormones that affect neurotransmitter systems
  - Stress turns on certain genes
  - Stress affects circadian rhythms
  - Stress activates dormant psychological vulnerabilities (i.e., negative thinking)
  - Stress contributes to sense of uncontrollability
  - Fosters a sense of helplessness and hopelessness
- Social and Interpersonal Relationships/Support are Moderators
Treatment of Mood Disorders: Tricyclic Medications

- Widely Used (e.g., Tofranil, Elavil)
- Block Reuptake of Norepinephrine and Other Neurotransmitters
- Takes 2 to 8 Weeks for the Therapeutic Effects to be Known
- Negative Side Effects Are Common
- May be Lethal in Excessive Doses

Treatment of Mood Disorders: Monoamine Oxidase (MAO) Inhibitors

- MAO Inhibitors Block Monoamine Oxidase
  - Monoamine oxidase (MAO) is an enzyme that breaks down serotonin/norepinephrine
- MAO Inhibitors Are Slightly More Effective Than Tricyclics
- Must Avoid Foods Containing Tyramine (e.g., beer, red wine, cheese)

Treatment of Mood Disorders: Selective Serotonergic Reuptake Inhibitors (SSRIs)

- Specifically Block Reuptake of Serotonin
  - Fluoxetine (Prozac) is the most popular SSRI
- SSRIs Pose No Unique Risk of Suicide or Violence
- Negative Side Effects Are Common

Treatment of Mood Disorders: Lithium

- Lithium Is a Common Salt
  - Primary drug of choice for bipolar disorders
- Side Effects May Be Severe
  - Dosage must be carefully monitored
- Why Lithium Works Remains Unclear
Treatment of Mood Disorders: Electroconvulsive Therapy (ECT)

- ECT is effective for cases of severe depression
- The nature of ECT
  - Involves applying brief electrical current to the brain
  - Results in temporary seizures
  - Usually 6 to 10 outpatient treatments are required
- Side effects are few and include short-term memory loss
- Uncertain why ECT works and relapse is common

Psychosocial Treatments

- Cognitive therapy
  - Addresses cognitive errors in thinking
  - Also includes behavioral components
- Interpersonal psychotherapy
  - Focuses on problematic interpersonal relationships
- Outcomes with psychological treatments are comparable to medications

The Nature of Suicide: Facts and Statistics

- Eighth leading cause of death in the United States
- Overwhelmingly a white and Native American phenomenon
- Suicide rates are increasing, particularly in the young
- Gender differences
  - Males are more successful at committing suicide than females
  - Females attempt suicide more often than males

The Nature of Suicide: Risk Factors

- Suicide in the family increases risk
- Low serotonin levels increase risk
- A psychological disorder increases risk
- Alcohol use and abuse
- Past suicidal behavior increases subsequent risk
- Experience of a shameful/humiliating stressor increases risk
- Publicity about suicide and media coverage increase risk

Summary of Mood Disorders

- All mood disorders share
  - Gross deviations in mood
  - Common biological and psychological vulnerability
- Occur in children, adults, and the elderly
• Stress and Social Support Seem Critical in Onset, Maintenance, and Treatment
• Suicide Is an Increasing Problem Not Unique to Mood Disorders
• Medications and Psychotherapy Produce Comparable Results
• Relapse Rates for Mood Disorders Are High

**Group 6 Discussion Questions: Mood Disorders**

• *If a client reports symptoms of depression (anhedonia, excessive guilt, etc.), what kinds of questions would you want to ask to rule out possible Bipolar Disorder?*

• *Describe cognitive errors/attribution associated with depression.*

• *What kinds of facts about your friend, who said s/he had thoughts about death, would make you more concerned about the risk of this person committing suicide?*