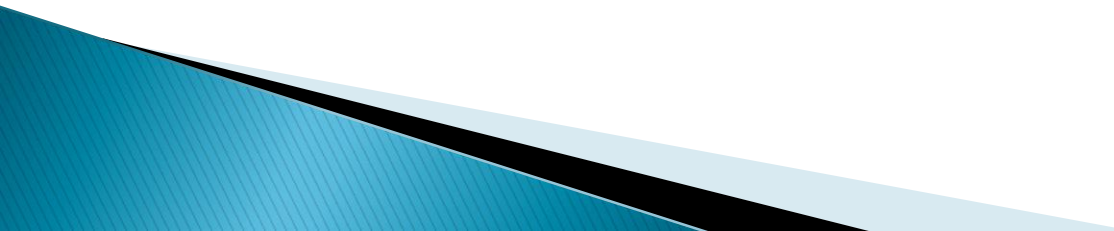


Mood Disorders (Depression and Mania)

Presented by
Dr. Hassan Ali

- ▶ **Mood Disorders**, also called **Affective Disorders**, are pervasive alterations in emotions that are manifested by depression, mania, or both.
 - ▶ They interfere with a person's life, troubling him or her with severe and long-term sadness, agitation, or elation. Accompanying self-doubt, guilt, and anger alter life activities, especially those that involve self-esteem, occupation, and relationships.
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* Categories of Mood Disorders

1. Major Depressive Disorder

2. Bipolar Disorder (formerly called **Manic-depressive illness**).

* Related Disorders

- Dysthymic disorder
- Cyclothymic disorder
- Substance-induced mood disorder
- Mood disorder due to a general medical condition

*** Other disorders that involve changes in mood include the following:**


- Seasonal Affective Disorder (SAD)**
- Postpartum or “maternity” blues**
- Postpartum depression**

* Aetiology

- ▶ Various theories for the aetiology of mood disorders exist. The most recent research focuses on **chemical biologic imbalances** as the cause. Nevertheless, **psychosocial stressors** and **interpersonal events** appear to trigger certain physiologic and chemical changes in the brain, which significantly alter the balance of neurotransmitters and **Psychodynamic Theories**

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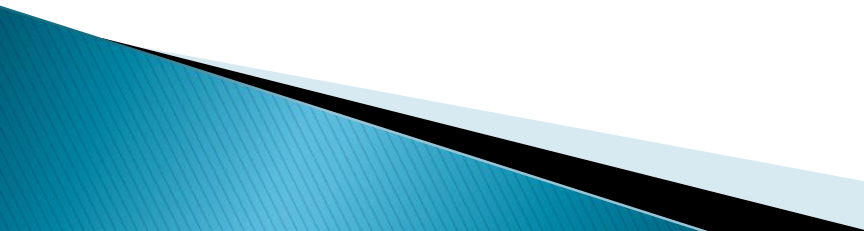
1. Major Depressive Disorder

- Major depressive disorder typically involves 2 or more weeks of a sad mood or lack of interest in life activities with at least four other symptoms of depression such as anhedonia and changes in weight, sleep, energy, concentration, decision making, self-esteem, and goals.
 - Major depression is twice as common in women and has a 1.5 to 3 times greater incidence in first-degree relatives than in the general population.
 - Incidence of depression decreases with age in women and increases with age in men.
 - Single and divorced people have the highest incidence. Depression in pre-pubertal boys and girls occurs at an equal rate.
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Onset and Clinical Course

- ▶ An untreated episode of depression can last 6 to 24 months before remitting. Fifty to sixty percent of people who have one episode of depression will have another. After a second episode of depression, there is a 70% chance of recurrence. Depressive symptoms can vary from mild to severe. The degree of depression is comparable with the person's sense of helplessness and hopelessness. Some people with severe depression (9%) have psychotic features.

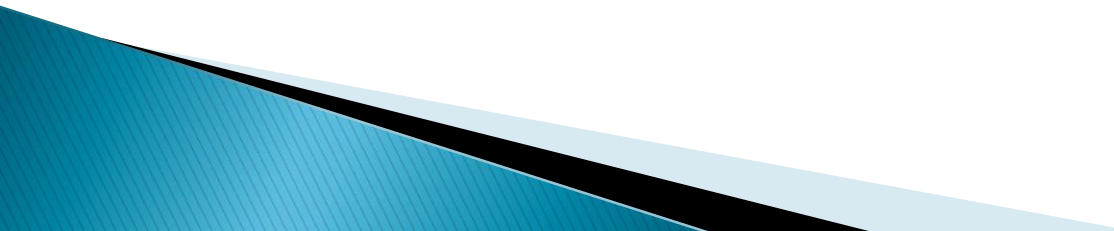
DSM Diagnostic Criteria of Major Depressive Disorder:

- ▶ Depressed mood
 - ▶ Anhedonism (decreased attention to and enjoyment from previously pleasurable activities)
 - ▶ Unintentional weight change of 5% or more in a month
 - ▶ Change in sleep pattern
 - ▶ Agitation or psychomotor retardation
 - ▶ Tiredness
 - ▶ Difficulty thinking, focusing, or making decisions
 - ▶ Hopelessness, helplessness, and/or suicidal ideation
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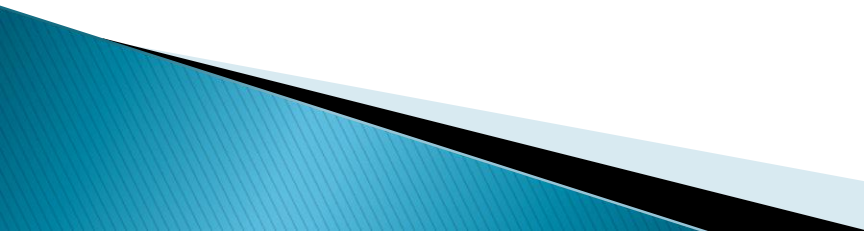
Treatment and Prognosis

- ▶ **Psychopharmacology**
 - ▶ **Electroconvulsive Therapy**
 - ▶ **Psychotherapy**
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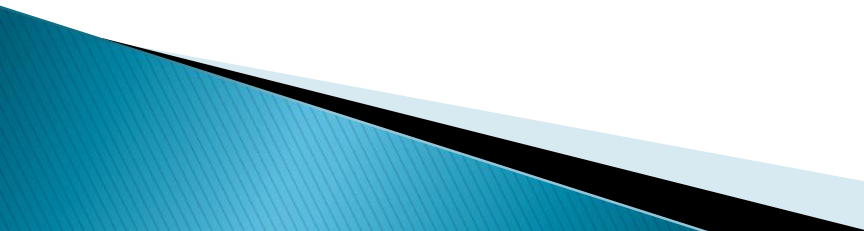
Nursing Interventions for Depression

- Provide for the safety of the client and others.
 - Institute suicide precautions if indicated.
 - Promote completion of activities of daily living by assisting the client only as necessary.
 - Establish adequate nutrition and hydration.
 - Promote sleep and rest.
 - Engage the client in activities.
 - Encourage the client to verbalize and describe emotions.
 - Work with the client to manage medications and side effects.
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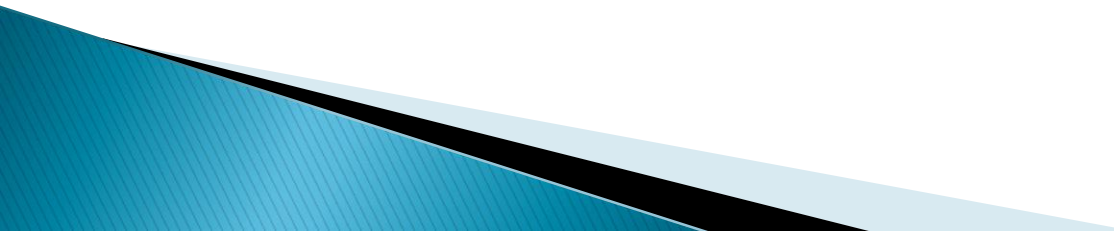
2. Bipolar Disorder

- Bipolar disorder involves extreme mood swings from episodes of mania to episodes of depression. (Bipolar disorder was formerly known as **Manic-depressive illness**.)
 - **During manic phases**, clients are euphoric, grandiose, energetic, and sleepless. They have poor judgment and rapid thoughts, actions, and speech.
 - **During depressed phases**, mood, behavior, and thoughts are the same as in people diagnosed with major depression.
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* Onset and Clinical Course

- The mean age for a first manic episode is the early 20s, but some people experience onset in adolescence, whereas others start experiencing symptoms when they are older than 50.
 - Manic episodes typically begin suddenly, with rapid escalation of symptoms over a few days, and they last from a few weeks to several months. They tend to be briefer and to end more suddenly than depressive episodes. Adolescents are more likely to have psychotic manifestations.
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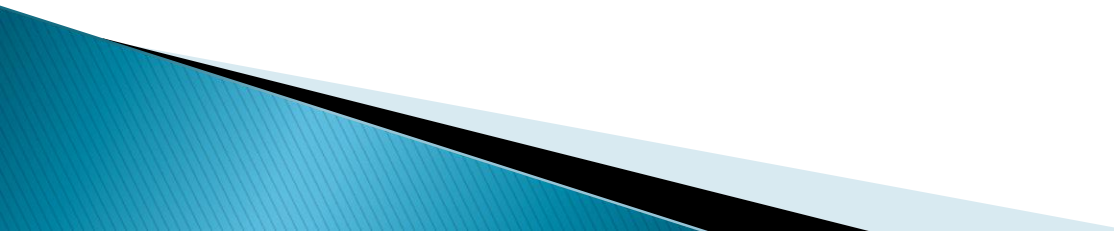
Typical Symptoms of Mania

- ▶ Heightened, grandiose, or agitated mood
 - ▶ Exaggerated self-esteem
 - ▶ Sleeplessness
 - ▶ Pressured speech
 - ▶ Flight of ideas
 - ▶ Easily distractible
 - ▶ Increased number of activities with increased energy
 - ▶ Multiple, grandiose, high-risk activities, using poor judgment, with severe consequences
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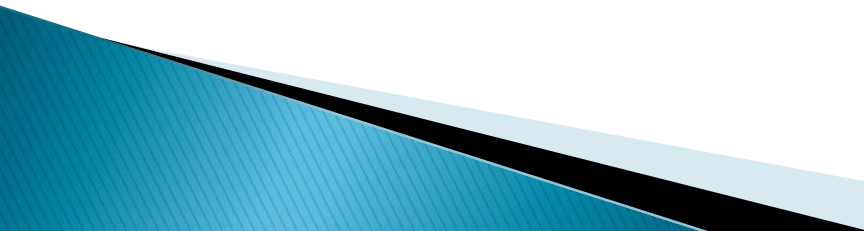
Treatment

- ▶ *** Psychopharmacology**
- ▶ **Psychotherapy**

* Nursing Interventions for Mania

- Provide for client's physical safety and those around.
 - Set limits on client's behaviour when needed.
 - Remind the client to respect distances between self and others.
 - Use short, simple sentences to communicate.
 - Clarify the meaning of client's communication.
 - Frequently provide finger foods that are high in calories and protein.
 - Promote rest and sleep.
 - Protect the client's dignity when inappropriate behaviour occurs.
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* Client Family Education for Mania

- Teach about bipolar illness and ways to manage the disorder.
 - Teach about medication management, including the need for periodic blood work and management of side effects.
 - For clients taking lithium, teach about the need for adequate salt and fluid intake.
 - Teach the client and family about signs of toxicity and the need to seek medical attention immediately.
 - Educate the client and family about risk-taking behaviour and how to avoid it.
 - Teach about behavioural signs of relapse and how to seek treatment in early stages.
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Thank you for listening

