

# Mood Disorders and Suicide

## Chapter 8

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## What Are Mood Disorders?

- In mood disorders, disturbances of mood are intense and persistent enough to be clearly maladaptive
- Extreme & persistent sadness, despair, loss of interest in activities



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## What Are Mood Disorders?

- The two key moods involved are mania and depression
- In *unipolar disorders* the person experiences only severe depression
- In *bipolar disorders* the person experiences both manic and depressive episodes



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## The Prevalence of Mood Disorders

- Higher in industrialized than developing countries
  - May be due to higher rates of diagnosis
- Twice as likely for women than men
  - In the U.S., 19–23% of women and 8–11% of men
  - May be due to differences in coping style

The lifetime prevalence for bipolar disorder ranges from 0.4–1.6%

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## Onset and Duration

- First episode usually occurs before age 40
- Symptoms may last days, weeks, or months
- May be one or more repeated episodes
- Children and adolescents can be depressed
  - May also experience Anxiety and Loneliness

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## Depressive Symptoms



- Poor appetite and weight loss
- Sleep disturbance
- Loss of energy and interest
- Difficulty concentrating
- Feelings of worthlessness, guilt
- Thoughts of suicide
- Inability to experience pleasure

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## Unipolar Mood Disorders

- Two fairly common causes of depression that are generally not considered mood disorders are
  - Loss and the grieving process
  - Postpartum blues

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## Unipolar Mood Disorders

- The two main categories of mild to moderate depressive disorders are
  - Adjustment Disorder with Depressed Mood
  - Dysthymic Disorder- Not severe as major depression - Chronic



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## Major Depressive Disorder

- Clinical Depression
- The diagnostic criteria for major depressive disorder require
  - That the person exhibit more symptoms than are required for dysthymia
  - That the symptoms be more persistent
- Subtypes of major depression include
  - Major depressive episode with melancholic features
  - Severe major depressive episode with psychotic features
  - Major depressive episode with atypical features

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## Depressive Symptoms

Sometimes include delusions

- False beliefs inconsistent with reality
- May induce feelings of guilt, shame, or persecution

Difficulty with **reality testing**

- Inability to judge demands accurately and respond appropriately

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## Major Depressive Disorder

- If major depression does not remit for more than two years, chronic major depressive disorder is diagnosed
- Some people who experience recurrent depressive episodes show a pattern commonly known as Seasonal Affective Disorder

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## Biological Bases of Mood Disorders

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## Biological Theories

### Neurotransmitters

#### Monoamine theory of major depression

- Depression results from problems with monoamine neurotransmitters
  - Dopamine, norepinephrine, epinephrine, serotonin
  - May be too few of these neurotransmitters
  - May not bind effectively to receptors
- Drugs that increase binding relieve depression
- Not effective for all cases of depression

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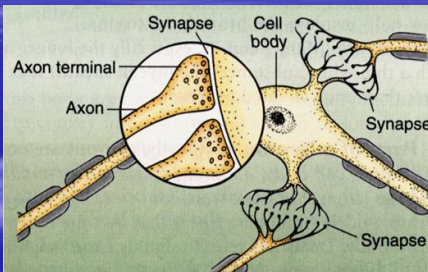
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## The Motor Neuron

### The Synapse

- Small space between neurons



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## Cellular Level

### The Functioning of Neurons

- Communication is an electrochemical process
  - Within neurons it is electrical
  - Between neurons it is chemical
  - A thin membrane around the neuron allows the process

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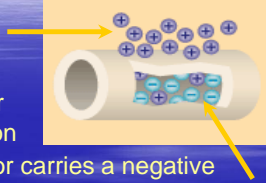
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## The Function of Neurons

- Partially permeable cell membrane
  - Traps charged particles inside or outside the neuron
  - At rest, the interior carries a negative electrical charge
  - The exterior carries a positive electrical charge
  - This difference in charges creates a state of **polarization**



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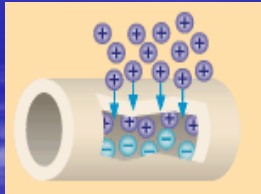
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## The Function of Neurons

- Each neuron has a **threshold**
  - Level of stimulation required for activation
- When the threshold is reached:
  - "Gates" open in cell membrane
  - Positive ions rush into cell
  - Neuron is **depolarized**
    - Relative charge is reversed
  - Action potential** has formed



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## The Function of Neurons

- Action potential
  - The "spike charge" is an electrical current that travels down an axon
- If the threshold is not reached, the neuron will not fire
- All-or-none Principle
  - Either the neuron fires or it doesn't
  - Action potential is always the same strength



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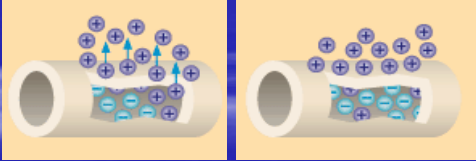
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## The Function of Neurons

- Neuron must recover between firings
  - Refractory Period**
    - No action potentials can occur until resting state is re-established



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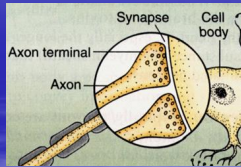
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## Neurotransmitters and Behavior

- Communication must cross the **synapse** between neurons
- Chemical signal
  - At the axon terminal, the action potential causes the release of **neurotransmitters**



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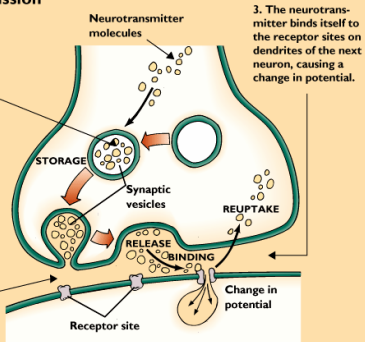
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### Synaptic Transmission

- Within the axons of the neuron are neurotransmitters, which are held in storage-like vesicles until they are released when the neuron is stimulated.
- The small space between the axon terminal and the dendrite of the next axon is called the synapse. An action potential stimulates the release of neurotransmitters across the synapse.
- The neurotransmitter binds itself to the receptor sites on dendrites of the next neuron, causing a change in potential.



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## Neurotransmitters

- After binding with an adjacent neuron, one of two processes occurs
  - Breakdown by enzymes
  - **Reuptake** back into the releasing neuron
- Neurotransmitters have two effects
  - **Excitatory**: receiving neuron fires more easily
  - **Inhibitory**: receiving neuron fires less easily

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## Neurotransmitters

- There are at least 50 different neurotransmitters
- Examples:
  - **Acetylcholine (ACh)**
    - Excitatory
    - Receptors in skeletal muscles
    - Involved in memory and learning
    - Alzheimer's disease involves insufficient production of acetylcholine

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## Serotonin

- Inhibitory
- Involved in sleep regulation, appetite, anxiety, and depression
- Antidepressants affect serotonin
- A monoamine neurotransmitter

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## Dopamine

- Inhibitory
- Involved in movement, learning and memory, emotions, pleasure
- Also involved in Schizophrenia, ADHD, Parkinson's Disease

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## Norepinephrine

- Excitatory
- Involved in arousal, hunger, learning, memory, & mood disorders.

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## Neuropeptides

- Chemicals similar to neurotransmitters
  - Endorphins
  - Inhibitory, Painkillers. Occur naturally in the brain & bloodstream. Similar to morphine.

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## Neurotransmitters, Drugs, and Behavior

Change the speed at which neurotransmitters are disabled after release

- Prozac and Zoloft slow reuptake of serotonin
- Bind to neurotransmitter receptor sites

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## Selective Serotonin Reuptake Inhibitors (SSRIs)

Alter levels of specific neurotransmitters in the brain

- Block reuptake of serotonin
- Prolongs action of serotonin at synapse
- Effects usually seen within about 4 week
- Prozac, Zoloft, Paxil

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## Side Effects

All Antidepressant drugs have some Side Effects

- Sexual side effects
- Nausea, changes in appetite
- Insomnia, headaches

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## Biological Causal Factors (Etiology) in Unipolar Disorder

- Family studies and twin studies suggest a moderate genetic contribution
- Altered neurotransmitter activity in several systems is clearly associated with major depression
- The hormone cortisol also plays a role
- Depression may be linked to low levels of activity in the left anterior or prefrontal cortex

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## Biological Causal Factors in Unipolar Disorder

- Disruptions of the following may also play a role:
  - Sleep
  - Circadian rhythms
  - Exposure to sunlight

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## Psychosocial Causal Factors in Unipolar Disorder

- Stressful life events are linked to depression
- Diathesis-Stress Models propose that some people have vulnerability factors that may increase the risk for depression

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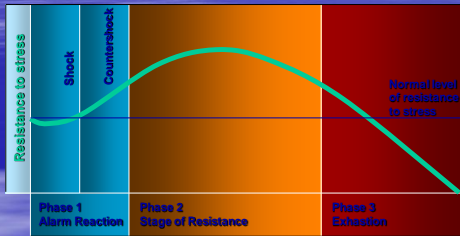
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## The Effects of Severe Stress: General Adaptation Syndrome



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## Psychosocial Causal Factors in Unipolar Disorder

- Freud believed that depression was anger turned inward
- Beck proposed a cognitive model of depression



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## Cognitive Theories

- Depression results from negative thinking
- Aaron Beck's approach
    - Negative views of self, environment and the future
    - Magnifies errors and misfortunes
    - Such cognitive distortions predict depression across ages and cultures

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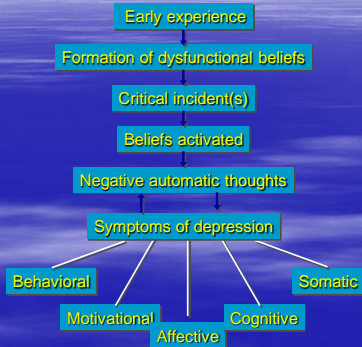
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## Beck's Cognitive Model of Depression



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## Psychosocial Causal Factors in Unipolar Disorder

- Reformulated Helplessness Theory: A pessimistic attributional style is a diathesis for depression
- Hopelessness Theory: A pessimistic attributional style and one or more negative life events will not produce depression unless one first experiences a state of hopelessness
- Seligman's Learned Helplessness: Repeated trying eventually lead to a person giving up

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## Bipolar Disorder

- Previously called manic–depressive disorder
- Alternating depression and **mania**
  - Excitement, euphoria, boundless energy
  - Rapid speech
  - Inflated self-esteem
  - Impulsivity
- Much less common than major depression
- No gender differences in prevalence
- Hypomania

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## Bipolar Disorder

- Usually appears in late adolescence/early adulthood
- Time in and between each phase varies widely from person to person
- Substantial genetic component
- Often treated successfully with drugs
  - Low compliance with drug treatment because manic phases are often pleasant for the individual
  - Untreated bipolar disorder is associated with suicide risk and other maladaptive behaviors

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## Bipolar Disorders

- Bipolar disorders are distinguished from unipolar disorders by the presence of manic or hypomanic symptoms
- Some people are subject to cyclical mood swings less severe than those of bipolar disorder; these are symptoms of cyclothymia

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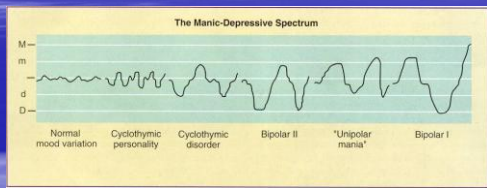
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## Bipolar Disorders: Features



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## Bipolar Disorders

- People may be diagnosed with Schizoaffective Disorder if they have a period of illness during which they:
  - Meet the criteria for a major mood disorder
  - Exhibit at least two major symptoms of schizophrenia

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## Biological Causal Factors in Bipolar Disorders

- There is a greater genetic contribution to bipolar disorder than to unipolar disorder
- Norepinephrine, serotonin, and dopamine all appear to be involved in regulating our mood states
- Bipolar patients may have abnormalities in the way ions are transported across the neural membranes

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## Biological Causal Factors in Bipolar Disorders

- Other biological influences may include
  - Cortisol levels
  - Disturbances in biological rhythms
  - Shifting patterns of blood flow to the left and right prefrontal cortex

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## Psychosocial Causal Factors in Bipolar Disorder

- Psychosocial causal factors include
  - Stressful life events
  - Personality variables (such as neuroticism and high levels of achievement striving)
- According psychodynamic theorists, manic reactions are an extreme defense against or reaction to depression



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## Sociocultural Factors Affecting Unipolar and Bipolar Disorders

- The prevalence of mood disorders seems to vary considerably among different societies
  - The psychological symptoms of depression are low in China and Japan
  - Among several groups of Australian aborigines there appear to be no suicides
- In the United States, rates of unipolar depression are inversely related to socioeconomic status

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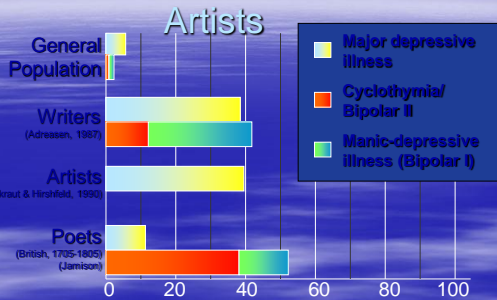
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## Mood Disorders in Writers and Artists



- Figures such as these indicate such individuals are particularly likely to have a mood disorder

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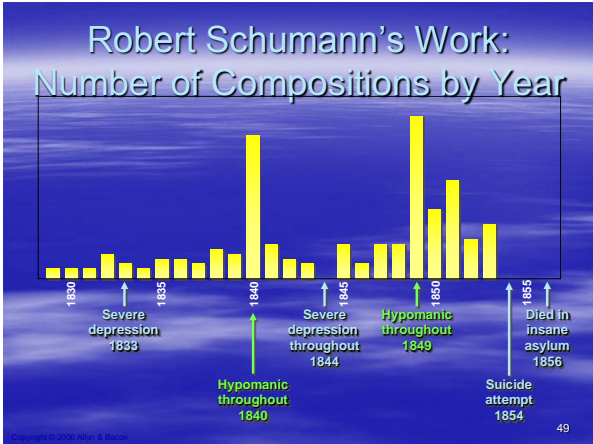
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- ### Treatments and Outcomes
- Psychotherapy
    - Cognitive-behavioral therapy
    - Interpersonal therapy
    - Family and marital therapy
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- ### Treatments and Outcomes
- Many patients never seek treatment, and many of these patients will recover
  - Antidepressant, mood-stabilizing, and antipsychotic drugs are all used in the treatment of unipolar and bipolar disorders
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## Treatments and Outcomes

- Antidepressant drugs usually require at least 3 to 4 weeks to take effect
- Discontinuing the drugs when symptoms have remitted may result in a relapse
- Lithium therapy has now become widely used as a mood stabilizer in the treatment of bipolar disorder
- Electroconvulsive therapy is often used with severely depressed patients

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## Electroconvulsive Therapy (ECT)

Electrical current applied to the head to produce a seizure

- Overused in the 1940s and 1950s
- Effective in short-term treatment of **Severe Depression** not responsive to antidepressants
- Drug treatment and talk therapy needed to maintain long-term change

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## Treatments and Outcomes

- The following forms of psychotherapy are also often effective:
  - Cognitive-behavioral therapy
  - Interpersonal therapy
  - Family and marital therapy

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# Suicide

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# Suicide

- Suicide is more likely than violence against others
- Suicide **attempters** are unsuccessful
    - More likely to be young, female, make less lethal attempts
  - Suicide **completers** are successful
    - More likely to be White, male, older, and use more lethal means
  - Substance abuse increases risk

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# Suicide

- 60–70% of people with major depression think about suicide
- Those with antisocial personality disorder or bipolar disorder also at higher risk
- White men over age 75 at highest risk

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## Suicide: Who Attempts and Who Commits Suicide?

- Rates of suicide among children seem to be increasing
- Rates of suicides for people 15–24 tripled between the mid-1950s and mid-1980s
- Conduct disorder and substance abuse are relatively more common among the completers of suicide
- Mood disorders are more common among nonfatal attempters

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## Violence as Risk for Developing Mental Disorder

- Child abuse increases risk of a range of mental disorders
- Also increases risk of becoming an abuser
- Most abusers do not have a mental disorder
  - Poor parenting and environmental stress interact to create abusive parents

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## Domestic Violence

- Common throughout the world
- Married and unmarried partners
- Victims are at increased risk for PTSD, eating disorders, and depression
- May explain higher rates of these disorders among women

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## Rape

Women also more likely to be raped

- Date or acquaintance rape more common than stranger rape
- Experiences of male and female victims is similar
  - Increase risk for PTSD, anxiety disorders, depression, suicide, substance abuse
- Rapists unlikely to have a mental illness
  - Mental disorders less predictive of rape than social factors and attitudes

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## Suicide: Causal Factors

- Genetic factors may play a role in risk for suicide
- Reduced serotonergic activity appears to be associated with increased risk
- Whites have much higher rates of suicide than African Americans
- Rates of suicide vary across cultures and religions

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## Suicide: Suicidal Ambivalence

- Some people do not really wish to die but instead want to communicate a dramatic message concerning their distress
- Research has clearly disproved the tragic belief that those who threaten to take their lives seldom do so



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## Suicide: Prevention and Intervention

- Treatment of the person's current mental Disorder(s)
- Crisis intervention
- Preventive programs aimed at alleviating the problems of people who are in high-risk groups

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