PSY 235
Introduction to Abnormal Psychology

Chapters 7 & 8
Mood disorders & Suicide

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Agenda/Overview

- Mood disorders
  - Major Depression
  - Dysthymia
  - Bipolar Disorder
  - Cyclothymia
- Suicide

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Mood Disorders

- fundamental distinction: unipolar (depression only) or bipolar (depression and mania)
- most prevalent disorders after the anxiety disorders.
- Five broad kinds of symptoms
  - emotional
  - motivational
  - behavioral
  - cognitive
  - somatic
- How might these emerge sequentially or cause one another?
- How might these symptoms arise from a common cause?

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Major Depressive Disorder (MDD)

- A. 5 or more symptoms x two weeks
- Must have either
  - 1. depressed mood, most of the day, nearly every day or
  - 2. markedly diminished interest or pleasure
- and
  - 3. weight gain or loss without dieting
  - 4. sleep disturbance
  - 5. psychomotor agitation or retardation
  - 6. lack of energy, fatigue
  - 7. feeling worthless or inappropriate guilt
  - 8. problems thinking or concentrating
  - 9. recurrent thoughts of death, suicidal ideation

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MDD (cont.)

- Exclusions
  - do not meet mixed episode criteria
  - not due to organic cause and not better accounted for by bereavement
- Patterns of MDD
  - Females 2x as likely to be sufferers.
  - lifetime prevalence dramatically increased in recent birth cohorts
  - would expect that those who have lived longer would have a higher probability of experiencing depression

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MDD Patterns (cont.)

- comparisons of cohorts born around 1910 and 1950
- 10 to 20 x increase in percentage who experienced severe depression prior to age 30
- these individuals report rates of early alcoholism and psychotic symptoms at similar rates to those seen today
- What might explain getting more depressed?
- age of onset creeping closer to adolescence
- born in 30's, avg. age of onset 30-35 years old
- born in 50's, avg. age of onset 20-25 years old

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Epidemiology

- Adolescence
  - number of high school students with depression during a one year period
    - hypothetical school - 1000 students,1 year period
      - 42 students for first time
      - 32 would relapse
- Overall Prevalence
  - lifetime-12 month: males 12.7%-7.7%, females 21.3%-12.9%, overall 17.1%-10.3%
  - Text says 7% severe & 5% mild each year
  - Genetic component, MZ-54% DZ-19% from a Danish twin study.

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Dysthymia

- less severe than major depression
- always chronic
- depressed mood most of day, majority of days for 2 years
- must have 2 or more of: a. poor appetite/overeating, b. sleep disturbance, c. low energy level, d. poor self-esteem, e. concentration/decision making problems, f. hopelessness
- symptoms never absent for over 2 months
- exclusions
  - no major depressive episode the first two years
  - no manic, mixed, or hypomanic episode
- Prevalence: lifetime-12 month: males 4.8%-2.1%, females 8%-3%, overall 6.4%-2.5% (Text: 1.5-5%)
- "Double depression"

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Bipolar Disorder

- In DSM-IV, Bipolar I / II distinction
- Bipolar I - manic or mixed episodes
- manic episode - abnormally and persistently elevated, expansive, or irritable mood lasting at least a week
- Bipolar II - no full-blown manic episode, has been hypomanic
- Same 5 general symptoms: emotional; motivational; behavioral; cognitive; & physical

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Manic Episode Criteria

- 3 or more of (4 if mood only irritable)
  - grandiosity
  - decreased need for sleep
  - more talkative than usual
  - flight of ideas/racing thoughts
  - distractibility
  - increase in activity or agitation
  - excessive pleasurable activities

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Bipolar Disorder

- Epidemiology
  - About equally prevalent across genders.
  - Prevalence (NCS): lifetime-12 month: 1.6%-1.3% (Text says 1.6% for BP I & 1% for BP II)
  - Genetic component: MZ concordance-79%, DZ-24%
- Differential diagnosis
  - Bipolar I differentiated from psychotic disorders by
    - rapid onset of symptoms
    - absence of prodromal signs of schizophrenia
    - quick return to previous level of functioning

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Treatment

- Psychotherapy alone useless
- Medications effective in about 80%
- Lithium primarily – also anticonvulsants (valproic acid/ carbamazepine)
- Historical figures with Bipolar disorder

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Cyclothymia

- periods of hypomanic and depressive symptoms
- not either a manic or major depressive episode
- symptoms last at least 2 years
- no symptom free interval > two months.
- borderline personality disorder associated with shifts in mood that may suggest cyclothymia
- if criteria met for both, both diagnoses are given
- Cyclothymic Disorder on Axis I and BPD on axis II
- One year prevalence about 0.4%, no gender difference

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Mood disorders

- Causes
  - Neurotransmitters – serotonin & norepinepherine
  - Ions – Na & K
  - Brain structure – basal ganglia & cerebellum
  - Genetic – polygenetic
- Psychological Treatments: Cognitive, Learned Helplessness Paradigm, Psychodynamic

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Treatments

- cognitive
- learned helplessness
- psychodynamic

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Cognitive behavioral therapy

- addresses the cognitive triad
  - depression-negativity about the self, the world, and the future
- automatic thoughts
  - confronted
  - modified
- distortions addressed and depressive schemata exposed and modified
- Beck's four phases

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Learned Helplessness/ Psychodynamic

- Learned Helplessness
  - increase perceptions of efficacy
  - increasing perceptions over control of outcomes
- Psychodynamic treatment
  - aims at achieving insight
  - anger not being appropriately expressed
  - finding ways to do so

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Evaluation: cognitive therapy

- Jacobson, et al. (1996)
- tested theory of mechanisms involved in change during cognitive therapy
- split manualized cognitive therapy into three components
  - behavioral activation (BA)
  - challenging automatic thoughts (AT)
  - modifying core schema

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Cognitive Therapy (cont.)

- BA only
- BA + AT
- CT (complete process)
- no significant differences at post treatment or 6 month follow up
- null results not attributable to power
- implications for policy?

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Biological treatments

- Norepinepherine and serotonin
- Tricyclics block reuptake of norepinepherine
- MAO inhibitors prevent breakdown of NE
- SSRI's prevent reuptake of serotonin
  Issue re: text table of antidepressants
- ECT-works very quickly

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Suicide

- very poor at predicting who will kill themselves
- best predictor: previous suicide attempt
  - many other predictors: male, older, unemployed, unmarried, living alone, chronic illness, culturally alienated group
- alcohol & drug use often associated
- why?
- Shneidman: "psychache"
- depressed at greatest risk – risk can increase as symptoms improve

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Suicide (cont.)

- Parasuicidal behaviors: dimensions to consider
  - lethality & intent
- should the state interfere with a decision to end one's own life?
- 31K suicides vs. 23K homicides in US
- Predictors/triggers: stressful events/situations, hopelessness, dichotomous thinking, alcohol
- Hospitalizations

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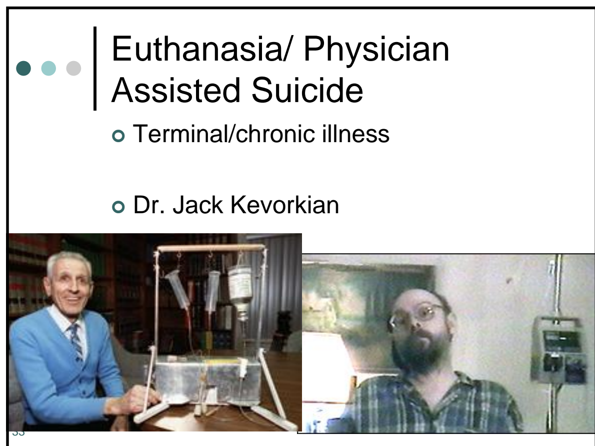
Euthanasia/ Physician Assisted Suicide

- Terminal/chronic illness
- Dr. Jack Kevorkian



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Oregon's Death with Dignity Act

- 1994/1997
- DoJ challenged without success
- Criteria
  - OR resident
  - 6 mos. or less terminal diagnosis
  - Mentally competent
- 2006 – 65 prescriptions, 35 used, 11 used old prescriptions, 19 died of disease
- Since law passed in 1997 – 292 died

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