

# Mood disorders - symptoms and diagnosis

## BACKGROUND

Mood disorders are one of the most frequently occurring psychopathologies, the risk of developing one is around 9%. The DSM IV distinguishes between two main categories of mood disorder: unipolar depression and bipolar (manic) depression. Major unipolar depression occurs at least 5 times more frequently than bipolar depression (it has been called 'the common cold of mental illness'), and mania can occur on its own (although this is very rare). It is important to remember that we all have our emotional 'ups and downs' but these mood disorders differ in degree from 'normal', natural reactions, both in their severity, frequency and duration, and may lead to suicide attempts.

## UNIPOLAR DEPRESSION

**Diagnosis** - Unipolar depression can present four types of symptoms. The DSM IV states that either depressed mood or loss of pleasure, plus at least another 4 symptoms (out of those listed opposite) must be shown during the same two-week period for the diagnosis to be made.

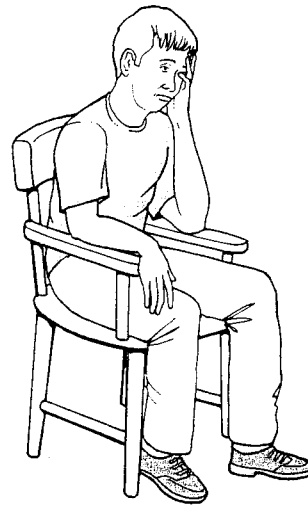
**Prevalence** - There is at least a 5% lifetime risk of developing unipolar depression. It appears cross-culturally, but is diagnosed twice as often for women.

### EMOTIONAL SYMPTOMS

Intense feelings of sadness or guilt, along with a lack of enjoyment or pleasure in previous activities or company.

### MOTIVATIONAL SYMPTOMS

Passivity and great difficulty in initiating action and making decisions.



### COGNITIVE SYMPTOMS

Frequent negative thoughts, faulty attribution of blame (blame themselves), low self-esteem, and irrational hopelessness.

### SOMATIC SYMPTOMS

Loss of energy or restlessness. Disturbance of appetite, weight, and sleep.

## BIPOLAR DEPRESSION

**Diagnosis** - Bipolar depression involves the symptoms of depression, followed by mania or hypomania (shorter, less severe mania). Mania involves 4 types of symptoms. The DSM IV states a manic episode must involve 'a distinct period of abnormally and persistently elevated, expansive or irritable mood, lasting at least a week', plus at least 3 additional symptoms (out of those opposite).

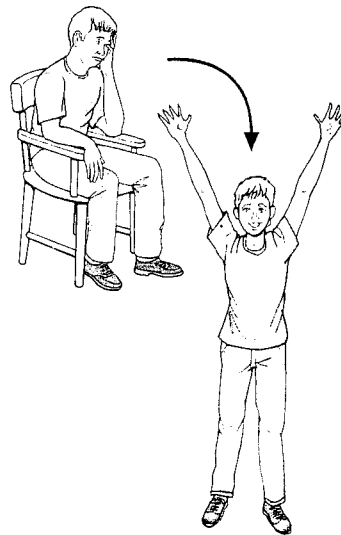
**Prevalence** - There is around a 1% lifetime risk of developing bipolar depression.

### EMOTIONAL SYMPTOMS

Abnormally euphoric elevated or irritable mood, and increased pleasure in activities.

### MOTIVATIONAL SYMPTOMS

Increase in goal-directed activity and increase in pleasurable activities that have a high risk of painful consequences.



### COGNITIVE SYMPTOMS

Inflated self-esteem or grandiosity, racing ideas and thoughts, distractibility of attention.

### SOMATIC SYMPTOMS

Decreased need for sleep, psychomotor agitation, more talkative and rapid, pressured speech.

## OTHER MOOD DISORDERS

The DSM IV and ICD 10 list many other varieties of mood disorder, including:

- **Dysthymia** - A classification given to those who suffer chronic mild depression over a period of not less than two years, where a depressed mood and other symptoms of mild depression are suffered a for most of the day, b on more days than not, and c without a break of more than two months in the two year period.
- **Cyclothymia** - The bipolar equivalent of dysthymia. It is a classification given to those who suffer from mild depression, interspersed with periods of hypomania, for more than two years.
- **Mania** - A classification given to those who suffer from full blown symptoms of mania without corresponding periods of depression. The symptoms must last for at least one week and must be sufficiently severe to interfere with social and/or occupational functioning.
- **Seasonal affective disorder** - A classification given to those who suffer a mood disorder that systematically varies with seasonal changes, often involving depression in winter months and sometimes also bipolar mania in the summer.