



Mood Disorders
Information for Patients and Families
Covenant Health
Mental Health Programs
Grey Nuns Community Hospital & Misericordia Community Hospital

What are mood disorders?

Mood disorders are psychiatric illnesses affecting the control of mood. Other terms commonly used are **major depression, manic depression, bipolar disorder, depressive illness, or affective disorder.**

The term depressive illness is used throughout the rest of this booklet, except for a brief description of a related, but opposite mood state, referred to as **mania**.

All people experience the feeling of depression many times in their lives. Feeling down in the dumps, sad, gloomy, discouraged, or blue is a common response to bad news, a setback or a loss. An extreme form of a normal state of depression is grief, a natural response to the loss of a loved one. These mood states are usually very transient and change when events around us change. Even grief resolves with time. Depressive illness, on the other hand, is not transient. It is a state of sadness or despair that persists in spite of attempts to alter it. It usually deepens with time and begins to interfere more and more with day to day activities.

Disorders of mood are very common, and in fact, have been identified by the World Health Organization as a major public health problem. These disorders affect all races, all cultures, all socioeconomic classes equally. Mood disorders can occur in all age groups including the very young and the very old.

Apart from personal suffering, depression can lead to non-productivity at work, impaired relationships, as well as alcohol and drug abuse.

Depression also has a major negative impact on physical health. Persons who are depressed are more likely to develop other illnesses such as infections and even heart attacks.

Depression can also have a major adverse effect on a preexisting physical condition. The chance of negative outcomes or complications occurring is doubled when depression is present. In the case of heart attacks, if depression is present, it increases five-fold the chances of a negative outcome. Untreated, or if recurrent over time, depression can lead to changes in the structures of the brain called the hippocampus. This can affect recent memory function.

Depression can affect mortality. Not only does it increase the chances of a physical illness being fatal; it can also be fatal in itself. Suicide is a major risk. Statistics show that up to 12 – 15% of individuals with untreated depression may commit suicide.

Over a lifetime, as many as 10-15% of the population will suffer from a mood disorder. Women are usually affected twice as often as men.

What are the symptoms of depressive illness?

There are many symptoms of depression. One significant symptom is a change in mood. Usually this is experienced as feeling depressed, sad, or gloomy. The feelings usually begin gradually, persist, and then begin to worsen with time. Other changes in the emotional state such as anger, irritability, agitation or anxiety can also occur, and may even be the most prominent four features. The change of mood particularly as the depression deepens is accompanied by a number of other features that affect mental functioning. These include:

- seeing everything in a negative light
- being preoccupied, worried
- dwelling on past negative events
- feelings of guilt, inadequacy, failure, worthlessness
- loss of interest in normally pleasurable activities
- loss of interest in everything, referred to as anhedonia
- feelings of emptiness inside
- feelings of fatigue and a wish to withdraw and be isolated
- changes in mental functioning so that concentration is poor, thinking becomes difficult and slow, and memory is impaired
- feeling that life is not worth living, a wish to be dead or active thoughts of suicide

Because depression is an abnormal biological state, other systems in the body are affected. Physical symptoms that are common in depression include:

- changes in appetite, this can be loss of appetite with weight loss or episodes of overeating (bulimia) and weight gain
- changes in sleep patterns, usually difficulty falling asleep, waking up frequently and waking up too early; however, lethargy and an increased need for sleep can be present
- decreased energy, or a slowing of movements
- decreased interest in sexual activities
- constipation
- headache
- vague aches and pains or specific pains that are not typical of another illness

The symptoms of depression can fluctuate over the course of a day and a person may feel worse in the morning and better as the day goes on, or the reverse. Individuals with depression can also be temporarily cheered up or respond to a joke. Because of this, the state of depression may seem deceiving to others.

In more extreme states of depression, a person can become mentally and physically slowed. This is called psychomotor slowing and can progress to a state of total inactivity or stupor. Mental processes can also change and other psychiatric symptoms can appear. These may include:

- false beliefs (delusions) that something awful is going to happen or that something terrible is happening to one's body
- hearing voices (auditory hallucinations) when no one is around. The voices usually make negative comments.
- suspiciousness (paranoia) or a feeling that others are talking about the individual or going to do them harm

Are there different types of depression?

There are several types of depression and these will be briefly described. The main distinction is **Bipolar** and **Unipolar** forms of depression.

Bipolar depression, also known as Manic Depressive Illness. It is less common than Unipolar depression and is characterized by mood swings from states of depression to states of euphoria with periods of euthymia (normal mood). Bipolar illness occurs equally in men and women. A milder form is referred to as cyclothymia in which the mood swings are not as severe but still disruptive to a person's life.

Individuals who suffer from this type of mood disorder can also experience "high" or euphoric moods that can persist for many weeks. In addition to a change in mood, other symptoms also occur and can include:

- racing thoughts, rapid speech
- increased energy
- decreased need for sleep
- grandiose ideas
- overconfidence
- increased sexual feelings

States of mania can be very dangerous. Awareness that one is ill is less likely, since the changed mood state is usually pleasurable. However, judgment is impaired and may lead the person to do dangerous things such as driving too fast in a reckless fashion, spending too much money, or making bad business deals. Hospitalization may be required but the individual who is ill often does not recognize this as necessary.

There are very effective medications available to counteract the state of mania and recovery is usually rapid. Prevention of further episodes is also very possible.

Unipolar depression is characterized by the state of depression only; it is also referred to as **major depression**. It can occur in many forms such as:

- single episode only
- recurrent episodes
- severe and incapacitating
- triggered by childbirth (post-partum depression) or other events such as a severe viral infection, major surgery
- in children and appear as a behavior problem
- in elderly persons who appear to be senile
- can present in a less severe, long-term, persistent form called dysthymia

What causes depression?

The exact cause of depression is not known. There are multiple factors that can have an adverse effect on the brain and its functioning. Some of these factors are:

Heredity: It is known that some types of mood disorders run in families, in particular, bipolar affective disorder. Up to 15-20% of first line relatives of individuals with bipolar disorder may also suffer from this disorder. The hereditary factor can be stronger in some families than in others. The illness can skip several generations, then suddenly reappear.

Physical factors: Anything that can affect brain function can contribute to a depressive illness. This may include injury at birth, a severe viral illness, or a head injury. Some drugs, both medical and non-medical, can induce depression. Medical drugs such as those used for high blood pressure, acid blockers for the stomach or steroids are commonly associated with depression. The abuse of alcohol, marijuana, cocaine or speed can also cause depression. Some physical illnesses can also induce a state of depression such as thyroid dysfunction.

Psychological factors: These also play a very important role. Individuals who have had traumatic experiences as children seem to be more vulnerable to develop depression as adults. Severe psychological stress can induce a state of depression. A state of grief can become prolonged, and if unresolved, may develop into a depressive illness.

Brain chemistry: Chemicals found in the brain act as messengers between the nerve cells; there are many such messengers. Depression is associated with deficiencies in certain brain chemicals, such as substances called serotonin, noradrenaline and dopamine. *Pharmacological* treatments for depression interact with these essential messenger systems.

Studies using special x-rays of the brain (SPECT or PET) have demonstrated that persons who are depressed have decreased metabolic activity in the parts of the brain that control mood. Of note, this dysfunction is reversed with effective treatment.

It is important to note what **does not** cause depression:

- depression is not caused by bad parenting
- depression is not self-inflicted and a person with depression cannot “snap out of it” or just “pull up their socks”
- depression is not due to a “weakness” in personality or character
- depression is not a sinful disease, not a form of punishment

Depression is a serious illness that has many possible causes; with the end result being a biological illness that affects the functioning of the part of the brain controlling mood. It is associated with abnormalities in the chemical messenger systems in the brain. Depression is very much like the illness diabetes. Diabetes also has several causes, but it is known that the end result is a deficiency in insulin production. Both diabetes and depression are treatable by correcting the chemical deficiency; factors such as lifestyle changes and psychological approaches are also important.

Are there any tests for depression?

Depression is a diagnosis made primarily on signs and symptoms. A physician must rule out any other physical illness that can cause depression. This may involve blood tests, x-rays and a physical examination.

There are a number of psychological tests, which are rating scales that help to assess the severity of depression, as well as improvement and changes with treatment.

Can depression be treated?

Depression can be very successfully treated **and** further episodes can be prevented. The treatment of depression involves a combination of several psychological and biological approaches.

Biological treatments:

There are a number of very effective antidepressant medications available. The choice of antidepressants that your doctor prescribes for you depends on the type of depression you have, and assessment of the more prominent symptoms such as sleep disturbance. Other factors such as a previous medication response is also considered. Antidepressants can sometimes be used in combination.

In addition, there are several medications that may be used to enhance the effect of antidepressants. There are also medications used to prevent recurrences of depression, particularly bipolar affective disorder.

Other medications may be used to alleviate specific symptoms until the antidepressants have had their full effect. Antianxiety agents may be used for anxiety or as a sleeping medication.

There are a number of things to remember about antidepressants:

- They have a slow onset of action and may take 3 weeks to begin working and 5-8 weeks for their full effect to be felt
- All antidepressants can have side effects. These should be reported to your doctor. Most side effects are transient and go away with time. Some side effects may necessitate that the antidepressant be discontinued. Some side effects can be reduced or eliminated by using other medications to counteract them
- During the delay in action, there may be a transient worsening of symptoms of depression. This should be reported to your doctor, but is not a cause for alarm
- An antidepressant usually works in 65-75% of cases. If it is not effective, it may necessitate changing the medication or using combinations of medications
- Once a medication is found that is effective, it is **important to take it regularly**, even though you are feeling good. Most patients need to stay on an antidepressant for 8-12 months after recovery. If there have been several episodes of depression, the antidepressant may have to be taken for an indefinite period of time. After an individual has had one episode of depression, the chance of recurrence is 50%. After two episodes the chance of recurrence is increases to 80 - 90 %.
- Antidepressants are not addicting, nor are they “crutches”. Like insulin in a diabetic, antidepressants serve to correct a biochemical deficiency in the body
- The effective use of antidepressants is a cooperative effort between you and your doctor.

Electro-Convulsive Therapy

ECT is a safe treatment for depression and effective in up to 90% of cases. The treatment is well tolerated and has few side effects. Usually a patient is hospitalized for ECT and 8-12 treatments are required. More information about ECT is available in a separate brochure.

Psychological Treatments

Psychological therapies are also very important in the treatment of depression. In milder forms of depression, psychotherapy can be effective without the use of medications. Psychotherapy can be given in the form of one-to-one talk therapy or group therapy. Cognitive behavior therapy in particular is very effective.

Psychological treatment helps to restructure thought and behavior patterns, some areas of treatment focus are:

- not blaming yourself or others for your illness
- delaying important decisions until you are feeling better
- taking one day at a time, focusing on recovery
- engaging in positive action such as exercise or contacting friends
- reducing the stressors in your life
- shifting focus to the positive rather than negative factors in your life
- examining destructive thought, behavior and emotional patterns and working to change these

Exercise

Research has shown that depression in all age groups can improve with exercise. Physical activity leads to release of natural “feel good” hormones into your bloodstream. Physical activity improves the function of your

heart, muscles and brain; it gives you a sense of achievement and control over your life. In particular, outdoor light helps improve mood.

Mental health problems that are improved by exercise include stress, depression, and anxiety as well as numerous other mental health disorders. Feelings of well-being, self-esteem, thinking ability (older adults in particular), and sleep quality are improved by exercise.

How can family and friends help?

- accept that the person is ill
- be calm, clear, and direct in your communications
- learn more about the illness
- be respectful
- see the behavior as part of the illness, do not take it personally
- praise all positive steps and behaviors
- understand that the person may not be able to do things at this time
- help the person work towards short term goals that are realistic
- break down long-term goals into short-term goals that can be accomplished
- look after your own needs while being supportive to someone who is depressed
- take time for yourself

Mood Disorders Across the Life Span

Depression can occur in children and elderly individuals.

In children:

Behavior changes such as withdrawal, aggression, or misbehavior are the most prominent symptoms of depression, as well as a change in school performance.

In the elderly:

Depression may appear as dementia, severe memory impairment or confusion. Depression is made worse by several factors:

- failing health, changed physical abilities (poor eyesight, impaired hearing)
- loneliness or isolation because of loss of spouse or friends
- medications that are taken for other conditions can make a depressed mood worse

Just as in adults, pharmacological and psychological treatments are effective for elderly individuals and children. Physical activity and social supports are also essential.

Seasonal Affective Disorder

This is a type of depression that occurs regularly and consecutively during winter. In the summer, the person's mood is normal or even a bit high. In the winter, oversleeping and overeating is common. This type of depression responds to antidepressants but may also respond to light box therapy.

Post Partum Depression

Up to 80% of mothers experience a transient mood disorder called the 'baby blues'. However, some develop a serious depression that can occur up to three months after the baby is born. It is often overlooked as the symptoms of depression are attributed to the stress of looking after a young baby. Early diagnosis and treatment is essential before the illness has an impact on mother/infant bonding and infant development.

Mood Disorders and Substance Use

In the event that you consume alcohol or use street drugs, it is important to share this information with your Doctor and Health Team. This is an important consideration when planning treatment for mood disorders. Any

of these substances (alcohol and or street drugs) effect the central nervous system (primarily depress or certain drugs stimulate the CNS) and they also utilize the same organs that pharmaceutical medications are metabolized by in the body. If possible, it is therefore advisable to refrain from use. If you are dependent on these substances, a plan can be made to help you address this issue as well as providing treatment options for mood stability. The first step is speaking openly about your needs.

Conclusions

Depression is a very common illness affecting people from every walk of life, and in every age group. If properly diagnosed and treated, the outcome is very good. Everyone can be helped in some way. Treatment with antidepressant therapies (medications, ECT) and psychotherapy can be very effective, and complete recovery is possible. Although depression can be recurrent in some individuals, effective preventative measures are also available.

Research is helping mental health professionals to better understand the cause of depression. More effective and very specific treatments are also being developed. The most important thing is to recognize that depression is an illness that can be treated. The first step is to ask for help.

If you have unanswered questions, consult your doctor or a member of the Mental Health Treatment Team.

Where can you get more information?

- Ask your health care professional
- Call Health Link: 780- 408-5465

This pamphlet was produced by the Patient Education Committee at Covenant Health, Revised August 2009
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