# MOOD Disorders !!

## Major Depressive disorder (MDD)

Epidemiology

- F>M.
- mean age of onset of depression: 40yrs
- mc psychatric disorder a/w suicide → Depression
  m/c psychatric disprder in indig

## Etiology

1. Neurotransmitters
   - serotonin ↓
   - Norepinephrine ↓
   - Dopamine ↓.
2. Alteration of Hormonal regulation.
   - ✓ elevated HPA axis
   - ✓ hypothyroidism.
3. Genetic factors
   Polymorphism in serotonin transporter gene
   short allele → stresser → ↑ risk of depression
4. psychological theories
   cognitive theory — by AARON Beck
   → Negative automatic thoughts
   cognitive triad of depression.
   1) Negative views about theself (ideas of worthlessness)
   2) Negative views about environment — a tendancy to experience the world as hostile (ideas of helplessness)
   3) Negative views about future — expectation suffering & failure (ideas of hoplessness)

Diagnosis DSM-5 : 2 week period

SIGE ~~E~~ CAPSS

- Sad mood
- intrest ↓ – Anhedonia
- Guilt / worthlessness
- Energy : Fatigue / loss of energy
- Concentration ↓ – pseudodementia
- Appetite ↓ – ↓wt / ↑.
- PMA – Psychomotor activity ↓ / ↑.
- sleep / : insomnia / hypersomnia
- suicidal ideation / suicide attempt

① / ② + 4 or more.

Major Depressive disorder: Recurrent.
atleast a 2nd / more episodes of depression

Specifiers :

with psychotic symptoms

with melancholic feature (Ch)
- Symptoms in morning
- Empty mood
- ↑↑ Guilt

with Atypical features

with catatonic features

with post partum onset
(6 weeks of delivery)

| Post partum Blue | Post partum depression | post partum Psychosis |
|---|---|---|
| -30-75% | 10-15% | 1-2 /1000 ♀ |
| - onset 3-5 days<br>Last: days-weeks<br>transient mood disturbance - sadness, dysphoria, tearfulness<br>↓ sleep. | onset within 4 weeks after delivery.<br>durcidal) thoughts, guilts, thought of harming baby, anhedonia | irritability, sleep problems, anger, then delusion & hallucination<br>thought of harming herself / infant.<br>Baby dead, not mine. |
| - supportive care. | SSRI, CBT.<br>℞ Zuranolone (Coral) | Antipsychotics/ lithium, |

## Treatment

1. Pharmacotherapy

Antidepressant → less side effect

First line SSRI - D.O.C — Sertaline, Fluoxetine, citalopram

S/E - Nausea, vomiting, Diarrhea, Dry mouth, Vivid dreams

m.c long term s/e - sexual dysfunction

✓ SNRI - serotonin, NE reuptake inhibitor
- venlafaxine
- Duloxetine.
- Milnacipran

✓ NDRI - Bupropion - least sexual s/e
- s/e seizure (C/I Bulimea nervosa, Anerexia nervosa)

✓ TCA

2. Psychotherapy

CBT (cognitive behaviour therapy)

# Bipolar disorder

characterised by episodes of mania, depression, hypomania.

- Bipolar I disorder : manic, depression
- Bipolar II disorder : hypomania, depression.

epidemiology

prevalence . 1%.

Bipolar disorder I - m = F
BP II more F > m.

mean age of onset of
BI · Disorder : 30yrs

Etiology.

1. Genetic factors
   - chromo . 18q & 22q are two regions with strongest evidence
   - chromosome 21q has been linked.
2. Neuro transmitters
   dopamine ↑

3. Symptoms of mania. - 1 week. MC DIG FAST

Mood : elevated, expansive, irritable
Energy / Activity : increased ① + ② + 3 or more.
Distractability ← ↑ religiosity
Impulsivity ← over socialization
Grandiosity / inflated self esteem. ← overspending

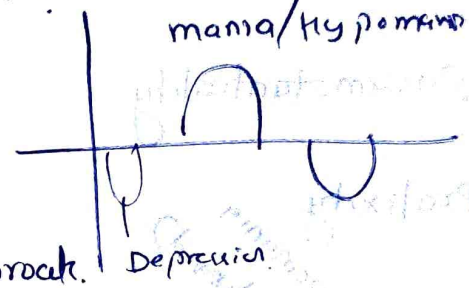
Flight of ideas
Activity
Sleep - ↓ need for sleep
Talkative.

manic with psychatric Symptoms:
Delusion & Hallucination

Hypomania: Duration: 4 days
symptoms are similar to mania however they are not severe enough to cause marked impairment.
→ Never have Psychotic Symptoms.
→ Never need of hospitalization.

Treatment of mania / hypomania.

✓ STop anti depressants




anti psychotic → with psychotic symptoms.

Lithium Valproate. → mood stabilizer.

Euphoric mania

Dysphoric mania
rapid cycling
- Avoid women of child bearing age (PCOD)

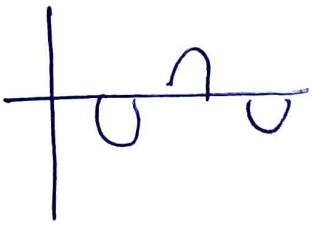
Ebstein anomaly

Neural tube defect!!!

~~PCOD~~

Bipolar depression
donot use antidepressants alone

- Olazapine + fluoxetine
- Lithium
- Lamotrigine.
- Quetiapine.



Antidepressant + mood stabilizer

## Delusion (disorder of thought)

False / fixed / firm idea of belief
Held with extraordinary conviction.
Unexplained by social / cultural Background.

persecution — kill or harm
Reference — Talking / spying
Grandiosity → False Big claims
Nihilism / Negation

## Hallucination (perception)

disorder of → psychotic symptoms.

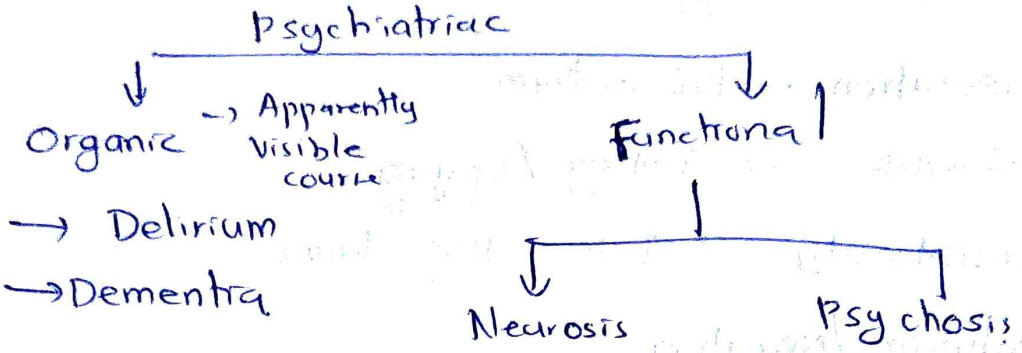
False perception without real object

- clear / vivid
- involuntary
- External objective space
  - Auditory (Hear)
  - Visual — organic, mental Dis
  - Tactile (touch)
  - Olfactory (smell)
  - Gustatory (Taste)

## classification

→ ICD 11 → given WHO

→ DSM – 5 → APA




| | Neurosis | Psychosis |
|---|---|---|
| Insight | Present | Absent |
| Personality | ~~Perse~~ Preserved | Affected |
| Judgement | + (intact) | – Impaired |
| ~~Re~~ Reality | intact | impaired |
| Delusion & Hallucination | Absent | Present |
| Example | Anxity<br>OCD<br>Somatoform<br>Depression | Schizophrenia<br>Bipolar –<br>Acute psychosis<br>Hallucinchac delusion<br>~~depression~~ psychostic ~~depressed~~ depressed |

# Schizophrenia.

## epidemiology

→ Lifetime prevalence of schizophrenia.
0.7%. (earlier 1%)

→ Gender M = F

MEN
- → peak age of onset - 10-25 years
- → prognosis - poor

WOMEN
- → 25 - 35 years
- → > 40 years
- Good

→ Late-onset schizophrenia
>45 years of age.
- good prognosis

## Etiology

1. Genetic factors:
chromosome 22q11.2 deletion syndrome / DiGeorge / velocardiofacial syndrome (VCFS)
- 30% are

2. Neurotransmitters:
- Dopamine hypothesis → ↑ in Dopamine
  - mesolimbic pathway → VTA (ventral tegmental area) → ↑↑ Dopamine → +ve symptoms
  - mesocortical pathway → (PFC) prefrontal cortex → ↓↓ Dopamine → -ve
- Serotonin → ↑↑
- others → ↓GABA / Ach, Glutamate

3. Neuroanatomical Factors

* CT Finding
  Lateral & 3rd ventricular enlargement

## Risk Factors

1. During early development
   - Paternal age > 50 years
   - Obestietric complications (eg. Birth trauma)
   - Prenatal risk factors
     - malnutrition
     - infection (influenza)

2. During childhood & Adolescence
   - Urban upbringing
   - Migration
   - cannabis use

## Symptoms

* B. Positive / psychotic

Delusion → m.c → Persecution

Hallucination → m.c → Auditory hallucination

* Negative Symptoms:
  - Anhedonia → ↓ interest
  - Avolution → ↓ will
  - Alogia → ↓ verbal output
  - Affect blunting → ↓ expressions
  - Associality → ↓ socialization

* Disorganisation
- formal thought disorder (LOA, D, T, N)

Catatonia - Group of motor symptoms
- mood disorder, infections

- Stupor (↓ psychomotor activity)
- excitement (↑ Psychomotor activity)
- Mutism (↓ verbal communisum)
- waxy flexibility
- Negativism, automatic obedience
- mannerism, stereotypy → non purposeful (purposeful)
- Echolalia, Echopraxia (repeating wording) (repeating activity)
- catalepsy, Posturing (passive) (active)
- Grimacing (odd facial)
- Ambitendency)

℞ → I.V Lorazepam
ECT.

Diagnosis
1. ~~Delta~~ Delusions
2. Hallucinations
3. Disorganized speech
4. Grossly disorganized or Catatonic behaviour
5. Negative symptoms.

2 or more symptoms (atleast one from 1st 3)
~ 6 months.

| Good prognostic factors | Bad prognostic factor |
| --- | --- |
| Acute / abrapt onset | insidious onset |
| Late age onset | Early onset |
| catatonic / paranoid | simple / Hebephrenic (Disorganised syndrome) |
| Female | male |
| - prominent +ve symptoms | -ve symptoms |
| → Presence of mood symptoms | Absence of mood symptoms |
| → F/H of mood disorder. | F/H of schizophrenic |
| → Married | unmarried / divorced |
| → Good social support | - poor social support |

## Treatment

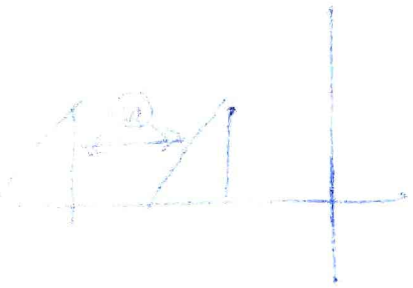
| First Generation / typical antipsychotics | Secondary generation / atypical antipsychotics |
| --- | --- |
| $-D_2$ receptor antagonist | $D_2$, $5HT_2$ receptor antagonist |
| - more extra pyramidal syndrome. | less |
| - less metabolic side effect | more |
| eg: Haloperidol, Trifluoperazine, Chlopromazine (also blocks M, $H_1$, alpha receptor) | olanzapine - wt gain<br>Risperidone<br>Quitapine<br>Clozapine |

clozapine ($D_4 >> D_2$) least EPS

— Treatment resistant schizophrenic

( Lack response of atleast 2 antipsychotics )

- Anti-suicidal property → Li → mood stabilizer
- m/c s/e sedation
- ~~S~~ Seizure
- # Agranulocytosis ↓WBC
- Myocarditis



## Dependence

a) strong desire / sense of compulsion to take substance (craving)

b) difficulties in controlling substance taking behaviour

c) withdrawal symptoms: a physiological withdrawal state when substance use has ceased or been reduced

d) Tolerence: increased doses of ~~sphy~~ psychoactive substance are required in order to achieve effect originally produced by lower dose

e) Progressive neglected of alternative pleasures / intrest because of psycho active substance use

f) Persisting use despite ~~g~~e clear evidence of overity haimful consequence

## Alcohol

ethylalcohol (ethanol) - active ingredient, standard drink unit of alcohol = 7.8 gm of absolute alcohol.

| Time (hrs) | Alcohol withdrawal symptoms |
|---|---|
| 6-8 | M.c. Tremors |
| 8-12 | Alcoholic Hallucinosis (~~Ad~~ Audi > visual) |
| 12-24 | Seizure (GCTS a.k.a rumfits) |
| | cluster seizures |
| upto 72 (peak 48-72) | Delirrum Tremens # (visual > Audiotory) |
| | impairment of conciousness |
| | clouding, Altered sensorium, confusion |

# Alcohol induced neurocognitive disorder

## Wernicke's encephalopathy

onset: Acute

Symptoms:

- Global confusion
- Opthalmoplegia (6th nerve > 3rd nerve)
- Ataxia

Cause: Deficiency of vit $B_1$ or thiamine

Treatment: Thiamine (Reversible)

## Korsakoff syndrome

: chronic

Amenesia - Antegrade > retrograde amenesia

confabulation: False stories to fill memory gaps

Rx Thiamine (Irreversible)

Evaluation - screening

CAGE Questionare

C - cut down
A - annoyed
G - Guilt
E - eye opener

Yes to 2. Or > = positive for problematic alcohol drinking

AUDIT - Alcohol use disorder identification

Treatment:

a) Detoxification (withdrawal)

Benzodiazepines (BZD) drug of choice

- Lorazepam, Oxazepam.

Liver ok

- cholrdiazepoxide, diazepam.
- Vitamin $B_1$ should administrated

Maintainence of abstinence

pharmacological

a) Disulfiram: Deterrent agent / Aversive agent

M.O.A: inhibit aldehyde dehydrogenase (ALDH)

In presence of disulfiram
- alcohol use result in accumaln of acetaldehyde
- which cause host unpleasent symptoms

ethanol
↓ Alcohol dehydrogenase (ADH)
Acetaldehyde
↓
Acetic acid
↓
$CO_2 + H_2O$

2) Anti craving agent

~~Aora~~ Acamprosate
- NMDA antagonist

- Naltrexone (oral opioid receptor antagonist)

- ~~Et~~ ondansetron
- Topiramate

2) ~~Non~~ pharmacological

a) cognitive behaviour therapies: include MET (motivation Enhancement therapy)
Relapse prevention & cognitive therapy

b) Alcohol anonymous: self help group which follow 12 step to quit alcohol use

c) Family therapy.