

COURSE: B.Sc Nursing III Yr

SUBJECT: MENTAL HEALTH NURSING
Unit: VII

TOPIC- MOOD DISORDERS-

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LEARNING OBJECTIVES

At the end of the class, students will be able to

- Define Mood Disorder, Bipolar affective disorders, Mania, depression and dysthymia
- Mention the ICD-10 classification of Mood Disorder
- Describe the Course of illness

Contd....

- Describe the Etiology of Mood Disorders
- Explain the Pathophysiology of Mood Disorders.
- Discuss the Management of Mood disorders

Content-Overview

- Introduction
- Definition
- ICD-10 Classification of Mood Disorders
- Etiology
- Psychopathology
- Clinical Features
- Management

Definition – Mood Disorders

Mood disorders are characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome, which is not due to any other physical or mental disorder.

Affect and Mood

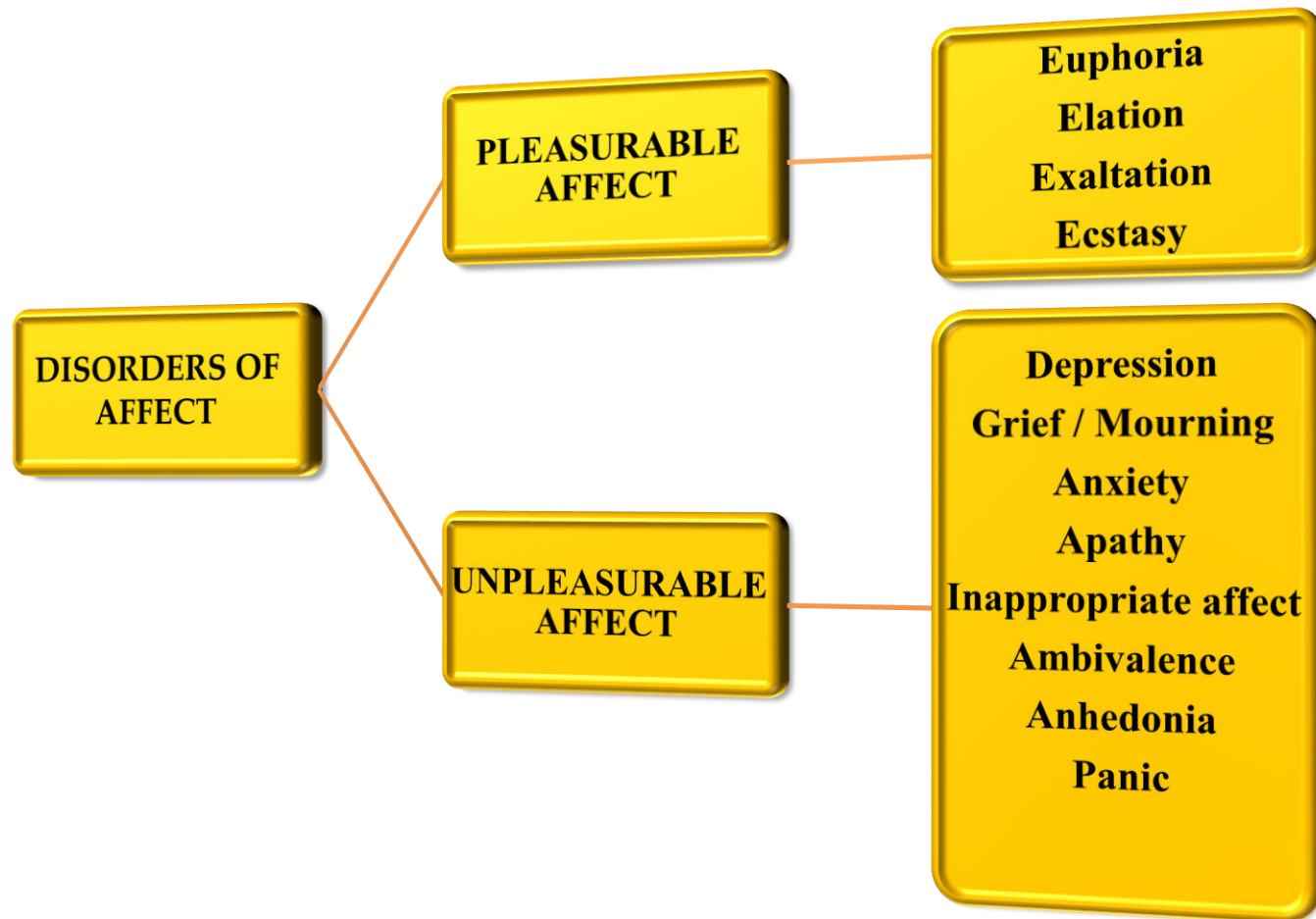
Affect- Short lived emotional response or expression to ideas or event

Mood- Sustained and pervasive emotional response which colours the whole life.

Euthymia

**Normal mood status is termed
as Euthymia**

Symptoms of Mood/ Affective Disorder



Pleasurable Affect

- **Euphoria (Stage I):** Mild elevation of mood in which feeling of elevated mood with optimism and self-satisfaction not keeping with ongoing events. Usually seen in hypomania.
- **Elation (stage II):** (Moderate elevation of mood) - a feeling of confidence and enjoyment, along with increased PMA. –a feature of manic illness

Pleasurable Affect

- **Exaltation (stage III):** (severe elevation of mood): intense elation with delusions of grandeur, seen in severe mania.
- **Ecstasy (Stage IV):** (very severe elevation of mood): a sense of extreme well-being associated with a feeling of rapture, bliss and grace. typically seen in delirious and stuporous mania

Unpleasable Affect

Apathy: Lack of emotion, interest or concern, associated with detachment.

Labile Affect: Rapid, abrupt changes in emotions in the same setting, unrelated to external stimuli.

Contd..

Grief: Sadness appropriate to a real loss (e.g. death of a relative)

Ambivalent Mood: Coexistence of two opposing emotional tones towards the same object in the same person at the same time.

Unpleasable Affect

Depressed mood: Feeling of sadness, pessimism and sense of worthlessness

Anxiety: Feeling of apprehension accompanied by autonomic symptoms (such as muscles tension, perspiration and tachycardia), caused by anticipation of danger. Loneliness.

Contd..

Panic: Acute, self-limiting, episodic intense attack of anxiety associated with overwhelming dread and autonomic symptoms.

Anhedonia: Lack of pleasure in acts which are normally pleasurable.

Classification of Mood Disorders

F30 - Manic episode

F31 - Bipolar mood (Affective) disorder

F32 - Depressive episode

F33- Recurrent depressive disorder

F34 - Persistent mood disorder (Including
Cyclothymia and Dysthymia)

Contd....

F38 - Other mood disorders (Including mixed affective episode and recurrent brief depressive disorder)

F39- Unspecified mood disorder

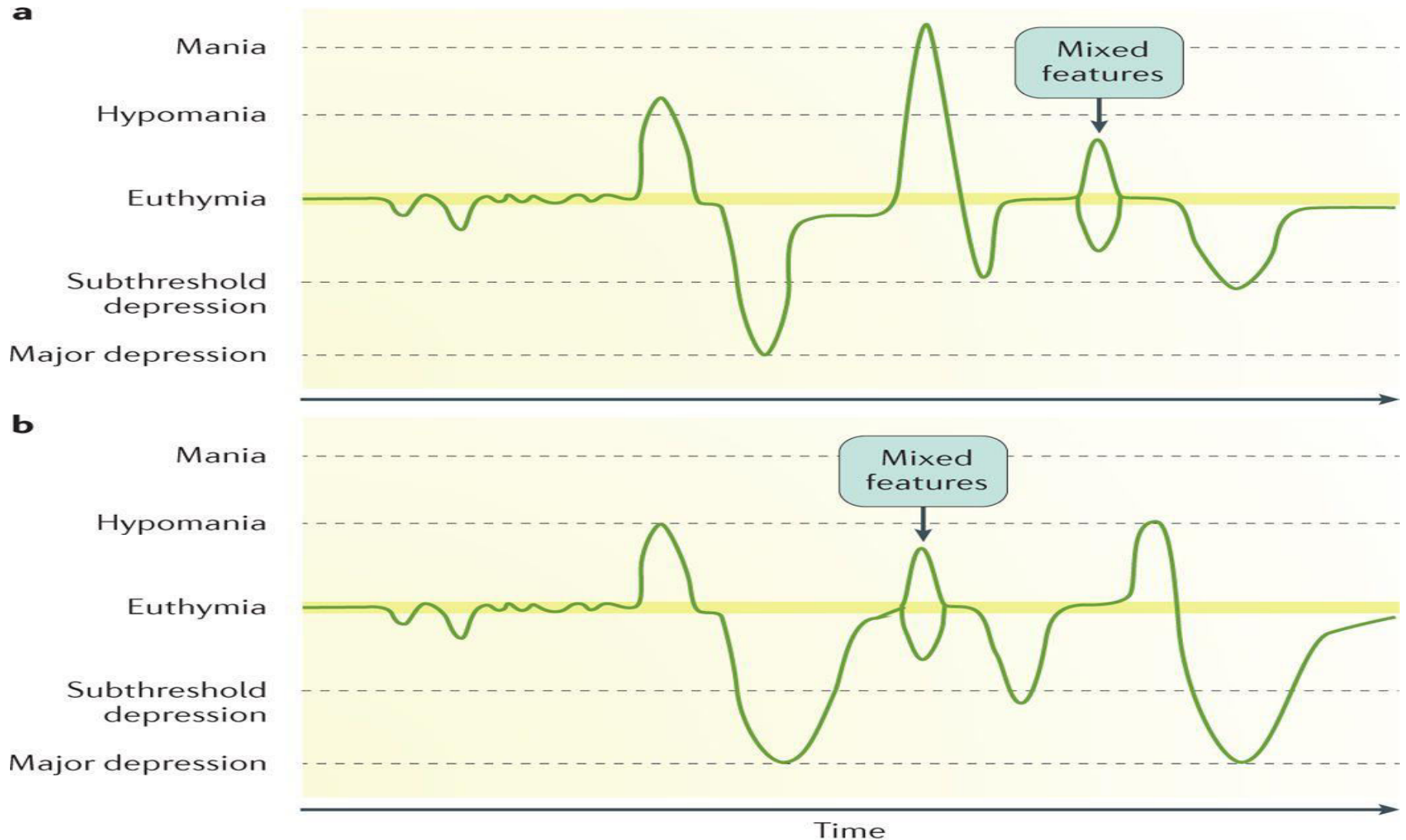
Bipolar Affective Disorder

- **Bipolar disorder**, formerly called Manic Depressive Psychosis (MDP).
- It is a mental disorder that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression) in same person in different period of time.

Bipolar Affective Disorder

- There are often periods of normal moods in between these episodes.
- Bipolar disorder involves a person having at least one major depressive episode and at least one hypomanic episode
- People with bipolar disorder often have other co-occurring mental illnesses such as an anxiety disorder or substance use disorder.

Bipolar Affective Disorder- Nature of Illness



Bipolar Disorder



Contd...



ETIOLOGY- Mood Disorders

BIOLOGICAL THEORIES:

Genetic Hypothesis:

- **Monozygotic Twins have a higher rate of incidence than normal siblings.**
- **First degree relative : 5-10%**
- **Identical twin with Bipolar disorders : About 40-70% chance.**

Biochemical Theories

- Excessive levels of nor-epinephrine and dopamine.
- Imbalance between cholinergic and noradrenergic systems
- Alteration in serotonin level.

Mania - Increased

Depression - Decreased

Brain Imaging

- Lesions in the areas of the brain
- White matter hyper intensities
- Dilatation of Ventricles,
- Changes in blood flow and metabolism
- Neuroendocrine theories
- Hypothyroidism
- Cushing syndrome

Psychosocial Theories

- **Psycho-dynamic Theories**

Faulty family dynamics during early life are responsible for manic behaviors in later life.

- **Stress**

- **Cognitive and behavior theories-** learned behaviour

Definition- Mania

Mania is a syndrome in which the central features are elevated or irritable mood with the acceleration of thoughts and actions.

Definition of Depression

Depression is popularly known as Melancholia and is characterized by a triad of mood symptoms such as Sadness of mood, Poverty of ideas, Psychomotor retardation (or) agitation.

Definition of Dysthymia

Dysthymia is a chronic form of depression that can cause people to lose interest in normal daily activities, have low self-esteem and an overall feeling of inadequacy, feelings of hopelessness, and difficulty with productivity.

Given the chronic nature of dysthymia, these feelings can last for years and negatively impact relationships, employment, education, and other daily activities.

PSYCHOPATHOLOGY of MOOD DISORDER (Bipolar)

Precipitating event



Predisposing
Factors

Genetic

Influences

**Family history of bipolar
disorder**

Past

Experiences

Existing

conditions


Past episode of mania

Electrolyte imbalance

Cerebral lesion

Contd..

Cognitive appraisal
Primary



Threat to, or loss of, self- esteem



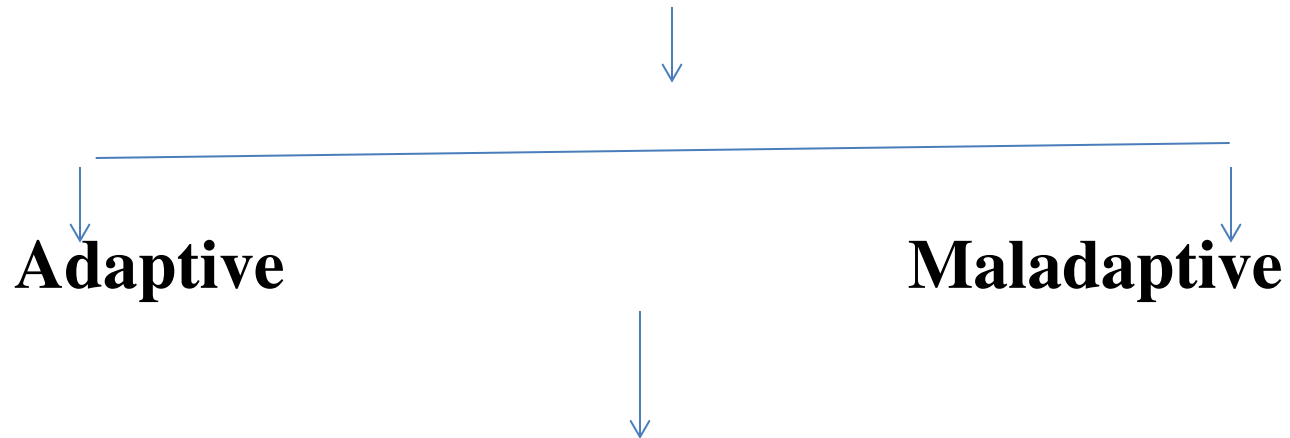
Secondary



Defense mechanisms: Denial, Regression, Fantasy

Contd..

Quality of response



Depression / Denial of Depression (Mania)

Clinical Features

Clinical Features varies based on the nature, type and severity of the illness.

- Features of Mania**
- Features of Depression**

(Described in detail in subsequent sessions)

Management

Management of Mood disorders vary from type and nature of illness – includes

- 1. Mood Stabilisers**
- 2. Anti depressive Drugs**
- 3. Anti Psychotic Drugs**
- 4. ECT**
- 5. Psycho Social Interventions**

(Described in detail in subsequent sessions)

Treatment (Mania)

Mood Stabilizers:

- **Lithium : 900-2100 mg/day.**
- **Carbamazepine-600-1800mg\day**
- **Sodium Valporate- 600- 2600mg\day**

Other Drugs

- **Antipsychotic Drugs (such as Haloperidol) are prescribed when there are Psychotic features.**
- **Usually these drugs are recommended along with other drugs, as required.**

Anti- Depressants (Depression)

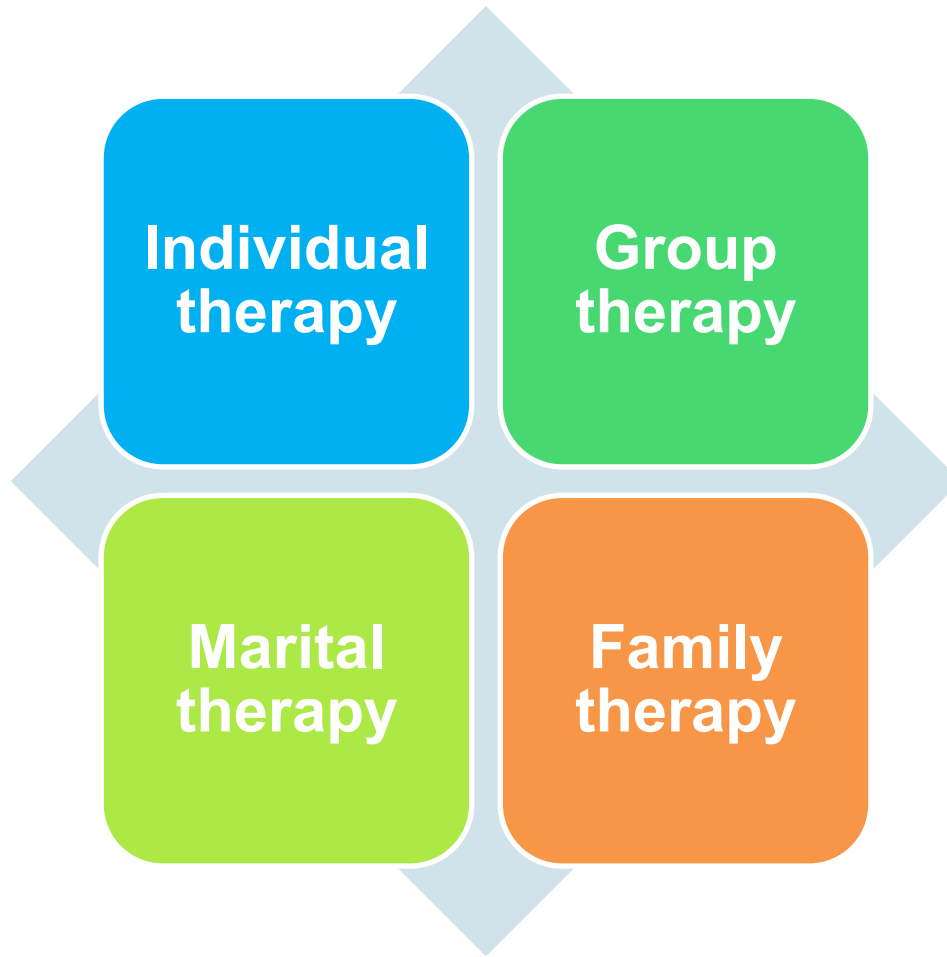
- Tri-cyclic anti-depressants

- ✓ Amitriptyline- 50- 300mg
- ✓ Imipramine – 30-300 mg
- ✓ Clomipramine – 25-250 mg.

- Selective serotonin reuptake inhibitors

- ✓ Fluoxetine – 20-80 mg
- ✓ Fluvoxamine – 50-300mg
- ✓ Sertraline – 50- 200mg

Psycho-social Therapy



Nursing Management

- Nursing Management of Mood Disorder varies based on the nature, type and course of illness.
- Described in detail in subsequent sessions under Mania and Depression.

Summary

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- Definition
- ICD-10 Classification of Mood Disorders
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References

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Any questions ?



THANK YOU

