

DIAGNOSING MOOD DISORDERS

MAJOR DEPRESSION EPISODE

Acronym: MI PASS ECG

M - mood (mood is down)

I - interest (loss of interest)

P - psychomotor retardation (know what has to be done but can't find the energy to do it)

A - appetite

S - suicidal ideation

S - sleep

E - energy

C - concentration

G - guilt (feelings of guilt)

- mood and interest have to be affected. Needs 5 or more of these symptoms to qualify for a depressive episode.

MAJOR DEPRESSIVE DISORDER

- If you have 5 or more symptoms for two weeks or longer and one of those symptoms is loss of interest, you have met the diagnosis of major depression.
- At least 2 episodes of major depressive episode with at least 2 months in between.

MANIA

Acronym: GST PAID

G - grandiosity

S - sleep deprivation

T - talkative

P - pleasurable activities (sexual, shopping, gambling - all have negative outcomes)

A - activity level (increased)

I - ideas (flight of ideas)

D - distractible

- At least 3 of these symptoms.
- To diagnose manic episode, increased mood and interest for at least 1 week.
- Any previous hospitalization for mania.

Early onset symptoms:

- Frequent job change
- Task orientated
- Quick to argue
- Tends not to delegate; micromanages
- High energy level
- Tends not to respect boundaries

HYPOMANIA - increased mood and interest for less than one week, usually 4-6 days.
At least 3 symptoms.

BIPOLAR I

- One week history of mania
- Hospitalization for mania
- May never have depression (although most will at some point)

BIPOLAR II

- Manic episode for at least 1 week followed by depressive state for at least 2 weeks.

Bipolar disorder is a combination of mania and depression alternating in its presentation. Hence the term manic depressive psychosis. 11% of chronic bipolar patients will take their own lives.

DISTEMIA

- 2 year history
- Always sad, not really interested in anything
- Not happy as a child, teenager or adult

CYCLODEMBIA

- Has lows and highs, but not to extremes.
- Everyone has this.

POSTPARTUM BLUES

- Baby born (mother, father, adoptive parents)
- Develops sadness within 2-4 days after birth.
- Relieves 10 days after birth.
- Doesn't require treatment

POSTPARTUM DEPRESSION

- Baby born (mother, father, adoptive parents)
- Sadness within the first 4 weeks, lasting 2-6 months.
- Requires treatment

PERSONALITY DISORDER CLUSTERS

- a) Cluster A syndrome: Behaviour is usually described as odd and eccentric
- b) Cluster B syndrome: Behaviour is usually very emotional
- c) Cluster C syndrome: Behaviour is usually anxious and fearful

NARCISSISTIC PERSONALITY

Disorder is a pervasive pattern of grandiosity and need for admiration. Individuals with this disorder have a grandiose sense of self importance. They routinely overestimate their abilities and inflate their accomplishments. Often appearing boastful and pretentious. They tend to assume that others think the same of them and are surprised when the praise they expect and feel they deserve is not forthcoming. They feel that they are superior special or unique.

Narcissistic personalities are often preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love. They often compare themselves to famous or privileged people. They will often insist to having the 'top' doctor, lawyer, hairdresser or instructor. They usually devalue the credentials of those who disappoint them.

- 50-75% are males
- Prevalence 2-26% of clinical population. 1% of general population

HYSTRIONIC PERSONALITY DISORDER

Disorder begins in early adulthood. It is a disorder characterized by pervasive and excessive emotionality and attention seeking behaviour. Persons with histrionic personality disorder feel uncomfortable or unappreciated when they are not the centre of attention.

They are often lively and dramatic. They tend to draw attention to themselves and may initially charm new acquaintances by their enthusiasm, apparent openness or flirtatiousness. These qualities soon wear thin. They commandeer the life of the party. If they are not the centre of attention, they'll make up stories to create a scene. They are overly concerned with impressing others by their appearance and expend an excessive amount of time, energy, and money on clothes and grooming.

They may 'fish' for compliments. Very superficial, never detailed. When seen by clinician dramatized their symptoms. May change symptoms on the next visit. Flights into romantic fantasy are common.

- Prevalence: 2-3% of the population

SCHIZOPHRENIA

Disturbances in thinking, feeling and behaviour. Required 6 criteria for diagnosis

1. Formal thought disorder characterized by delusions and hallucinations.
2. Deterioration from previous level of functioning.
3. Continuous sign of the illness for at least 6 months.
4. Onset before age 45 (usually early adolescent)/
5. Not due to mood disorder.
6. Not due to organic brain injury.

Occupies half of all psychiatric hospital beds and one quarter of all available hospital beds. Schizophrenia is not reversible and is progressive.