Mood CRS
Depression

The word depression is used to describe a variety of states ranging from normal unhappiness after a loss up to severe major depressive illness with physical and psychotic symptoms. Psychiatry tends to concern itself with the more severe end of this spectrum. Heritable genetic factors may make one vulnerable to depression, and stress, substances, parturition or physical illness may induce an episode. Psychotherapy, mediation, ECT and social interventions may all assist in recovery.
Formulation

- Bipolar disorder
- Bipolar disorder is a brain illness characterised by manic episodes and episodes of depression. Heritable genetic factors have a strong role in predisposing one to developing the illness, and a stressful life event may induce episodes. Mood stabiliser medications are the backbone of treatment, and psychotherapy, other medications, ECT and social interventions are also useful in maintaining wellness.
Clinical features - Depression

- Pervasively low mood
- Loss of pleasure or interest (anhedonia)
- And some of
  - Insomnia
  - Loss of appetite
  - Fatigue
  - Poor concentration
  - Thoughts of death or suicide
  - Psychomotor slowing or agitation
  - Delusions or hallucinations with depressive or nihilistic themes.
Clinical features - mania

- Euphoric or intense and irritable mood
- Grandiose self image (special qualities or abilities)
- Needing little or no sleep
- Pressured (rapid, profuse and hard to interrupt) speech with jokes, puns, rhyming etc.
- Racing thoughts and flight of ideas
- Overactivity
  - High subjective energy level
  - More physically active than usual
- Hazardous behaviour
  - Risk taking (eg. driving too fast, taking drugs)
  - Sexual promiscuity
  - Overspending or gambling
Aetiology
Depression and bipolar disorder

- Biological
- Genetic
- Medical conditions eg thyroid
- Medications eg corticosteroids
- Drugs and alcohol
- Pregnancy and parturition
Aetiology
Depression and bipolar disorder

Psychological

- Anxious temperament
- Negative cognitive style
- Insecure attachment style
Aetiology
Depression and bipolar disorder

- Social / environmental
  - Childhood trauma
  - Stressful life events
  - Chronic stress
  - Unemployment
Treatment
Depression and bipolar disorder

- Biological
- Mood stabilisers (bipolar)
- Antidepressants
- Augmentation strategies
- Antipsychotics
- ECT
Treatment
Depression and bipolar disorder

- Psychological
  - Early warning signs
  - CBT
  - Interpersonal and social rhythm therapy
  - Family and couples therapy
Treatment
Depression and bipolar disorder

- Social
  - Attention to any children in the family
  - Support groups
  - Occupational therapy
  - Housing
  - Finances
1. Genetics
   - How might the patient's family history contribute to the aetiology of their condition?
   - What would be the probability of the person's children developing the condition?
   - How might you discuss this with the patient (and partner?) and why?

2. The patient asks what is wrong with their brain chemistry. What will you tell them?

3. What would be the best biological treatment strategy for this person? What problems is it likely to cause them? What advice might help to prevent these problems (e.g., lithium toxicity / teratogenicity)?
Biological

1. What will happen if they stop their medication? Now? In a few years? In 20 years?

2. What is the effect of psychotropics/ECT on neuronal survival? How might this information impact on the patient's medication compliance?

3. What medical illnesses or medications might worsen the patient's mental illness or interact with their psychotropics?

4. What percentage of people with this illness abuse substances? Why? What might be the consequences for this person?
1. How could you form an idea of this person's premorbid cognitive style?

2. What psychotherapy might help them most? Why?

3. How have factors from the patient's childhood helped to make them the person they are today?

4. What are the patient's early warning signs? How can you help the patient use this knowledge to stay well?

5. What is this patient's lifetime suicide risk? How can you help them to reduce it?
Social

1. Were any of the patient's episodes precipitated by stressful life events?

2. What are the major stresses for the patient these days? Can any of them be alleviated?

3. What have the social consequences of this illness been for the patient?

4. Is there anyone apart from the patient him/herself who might need your input?

5. What might it be like to be raised by a parent with bipolar disorder?