



## Mood Disorder

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### ABSTRACT

Mood disorders can also involve dramatic rises in mood, with feelings of elation, increased energy, and a decreased need for sleep. A person experiencing a manic episode will often have racing thoughts, rapid and pressured speech, and poor judgment and planning. This, combined with impulsivity, often creates major problems for the person in the manic state. Psychological disorders involving intense and prolonged shifts in mood. A person with a mood disorder might feel very happy or very sad for long periods of time and for no apparent reason. Because of this, their moods affect the way they perceive everything in their daily lives, making it very difficult to function well. There are two main categories of mood disorders; Depressive Disorders (major depression, dysthymia) and Bipolar Disorders (also known as manic depression; mood swings from euphoria to depression). Mood disorders are disturbances of a person's emotional state that affect a person's normal activities. In psychology, the diagnosis of a mood disorder is used to explain and then prescribe treatment for certain abnormal behaviour.

### Keywords:

#### ➤ What are the mood disorders?

Mood disorders are characterized by a disturbance in the regulation of mood, behaviour, and affect. Mood disorders are subdivided into (1) depressive disorders, (2) bipolar disorders, and (3) depression in association with medical illness or alcohol and substance abuse. Depressive disorders are differentiated from bipolar disorders by the absence of a manic or hypomanic episode. The relationship between pure depressive syndromes and bipolar disorders is not well understood; depression is more frequent in families of bipolar individuals, but the reverse is not true. In the Global Burden of Disease Study conducted by the World Health Organization, unipolar major depression ranked fourth among all diseases in terms of disability-adjusted life years and was projected to rank second by year 2020. In the United States, lost productivity directly related to depression has been estimated at \$44 billion per year.

A mood disorder, also known as an affective disorder, describes a disruption or disturbance in affect or disposition (mood). Mood disorders include the diagnoses of depression, bipolar disorder, grief reactions, seasonal affective disorder, cyclothymic disorder, and dysthymic disorder. It should be noted that Mood disorder is a general term and not a specific diagnosis. Mood disorders are characterized by fluctuations in mood from a baseline level. For example, depression involves a pronounced sad mood or dysphoria, with feelings of hopelessness or helplessness. Episodes of mania, in contrast, manifest with increased energy, euphoria, and elation. Persons with depression suffer from low mood states only, while persons with Bipolar disorder exhibit both low and high mood states. In Bipolar Disorder, periods of depression or mania may be short-lived or prolonged, with some persons being described as "rapid-cycling."

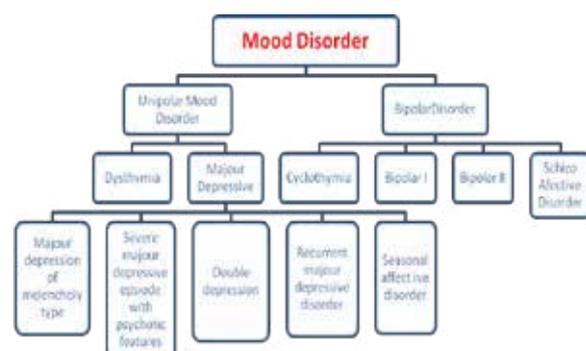
There are other mood disorders where symptoms are less profound than depression or Bipolar Disorder. Cyclothymic disorder is a milder form of Bipolar disorder where mood swings are not severe and the person stays connected to reality. Dysthymic disorder is a milder form of Depression where depressive symptoms are not considered to be as severe.

#### ➤ Definition of Mood Disorder

Mood disorders, also called affective disorders, are one type of psychological disorder as classified by the *Diagnostic and*

*Statistical Manual of Mental Disorders* (DSM-IV-TR). Mood disorders are disturbances of a person's emotional state that affect a person's normal activities. In psychology, the diagnosis of a mood disorder is used to explain and then prescribe treatment for certain abnormal behaviour. Psychologists distinguish between two kinds of mood disorders: depression, characterized by persistent sadness and loss of interest in once-pleasurable activities, and bipolar disorder, characterized by alternating periods of depression and mania (episodes of conditions such as irritability, extreme happiness, and poor judgment). Both biological and environmental factors contribute to mood disorders; many psychologists believe chemical imbalances are one cause. Treatment includes medication and psychotherapy.

#### ➤ Types of Mood disorder



#### √ Major Depressive Disorder

Major depressive disorder is diagnosed after a single episode of major depression. It is characterized by emotional changes, primarily depressed mood, and by so-called vegetative changes, consisting of alterations in sleep, appetite, and energy levels.

The lifetime prevalence (will occur at some point in a person's life) rate for major depressive disorder is 5% to 20%. The female-male ratio is 2: 1. Race distributions appear equal, and socioeconomic variables do not seem to be a factor. The incidence (rate of new cases) is greatest between the ages of 20 and 40 and decreases after the age of 65.

Psychological theories of depression generally view interpersonal losses (actual or perceived) as risk factors for developing depression. In fact, available evidence suggests that childhood loss of a parent or losses of a spouse are associated with depression.

#### √ **Bipolar disorders**

Bipolar I disorder is the most serious of the bipolar disorders and is diagnosed after at least one episode of mania. Patients with bipolar I disorder typically also have major depressive episodes in the course of their lives.

The lifetime prevalence is 0.4% to 1.6% and the male-female ratio is equal. There are no racial variations in incidence.

Genetic and familial studies reveal that bipolar I disorder is associated with increased bipolar I, bipolar II, and major depressive disorders in first-degree relatives. X linkage has been demonstrated in some studies but remains controversial. Mania can be precipitated by psychosocial stressors, and there is evidence that sleep/wake cycle perturbations may predispose a person to mania.

#### ➤ **What are the causes of a Mood Disorder?**

Mood disorders have a strong genetic basis, with genes now identified which are associated with different forms of depression and bipolar disorder. Improper mood regulation may originate in the brain resulting from abnormal amounts of neurotransmitter substances such as serotonin, glutamate or GABA. Losses and emotional trauma early in life may also make individuals more vulnerable to mood disorders throughout life. Furthermore, a person's temperament may predispose them to a mood disorder. Temperament affects how a person reacts to life events and frames things that happen in a positive or negative way. Persons with Seasonal Affective Disorder have problems with melatonin secretion, and problems with an out-of-sync Circadian Rhythm (body clock).

#### ➤ **What are the Symptoms of a Mood Disorder?**

Symptoms of a mood disorder include feelings of hopelessness, worthlessness, restlessness, and sadness during depressive episodes. There is often loss of interest in daily activities, an inability to enjoy social interactions, hobbies, activities and even sex. Fatigue and insomnia may follow these feelings, leading to increased irritability. Eating problems may arise, manifesting as significant weight loss or gain. Difficulty concentrating, making decisions or remembering things, as well as somatic symptoms such as pain, headaches, and gastrointestinal problems may also occur.

Mood disorders can also involve dramatic rises in mood, with feelings of elation, increased energy, and a decreased need for sleep. A person experiencing a manic episode will often have racing thoughts, rapid and pressured speech, and poor judgment and planning. This, combined with impulsivity, often creates major problems for the person in the manic state. For example, they may leave school or ruin their business, go on expensive buying sprees, or make wild investments. They may engage in dangerous substance-related behaviours, or promiscuous sexuality. Most concerning is increased and dangerous suicidal activity, due to the combined agitation and impulsivity. Finally, in many cases of mania, the person may become grandiose, with a heightened sense of self-esteem.

#### **Mood Disorders:**

Psychological disorders involving intense and prolonged shifts in mood. A person with a mood disorder might feel very happy or very sad for long periods of time and for no apparent reason. Because of this, their moods affect the way they perceive everything in their daily lives, making it very difficult to function well. There are two main categories of mood disorders; Depressive Disorders (major depression, dysthymia) and Bipolar Disorders (also known as manic depression; mood swings from euphoria to depression).

Mood disorders are among the most common types of mental disorders in the United States, impacting nearly 44 million

American adults each year. Mood disorders affect a person's mood to the point where it disrupts his life. If your significant other or co-worker tells you that you are moody, don't assume this means you have a mood disorder. Everyone shifts moods from time to time, often due to some kind of stimulus in their environment, such as the bad mood of another. Mood disorders range from extreme depression to extreme mania and last for an extended period of time. A little mood shift here and there, even though it may seem to disrupt your life for the moment (or the lives of others!), is harmless.

Mood disorders are among the most common mental health problems experienced by children and adolescents. They include all types of depression as well as Bipolar Disorders (formerly called Manic-Depression) and are sometimes referred to as "affective disorders." Children with mood disorders often are either depressed, manic (unrealistically "up" or hyper), or alternating between the two. Mood disorders are generally caused by chemical imbalances in the brain but also can be triggered by environmental causes, as with Seasonal Affective Disorder; a prolonged or severe medical illness; or biological influences, such as Postpartum Depression.

Often mood disorders go undiagnosed because the symptoms can mimic the normal emotional swings and behaviour issues associated with growing up, or resemble the symptoms of another disorder. This is particularly true in adolescence when hormonal changes, peer pressures, and rapid physical and cognitive development occur. Additionally, many youth are reluctant to seek help when they are struggling emotionally because of the lingering and very counterproductive stigma associated with mental health problems. Left untreated, though, mood disorders can lead to serious academic and behaviour problems, possible school failure, extreme irritability, substance abuse, very risky or self-injurious behaviours, or even suicide.

Luckily, mood disorders are treatable. Parents and school personnel can help children and youth with mood disorders by knowing the signs and symptoms and where to get appropriate mental health care. Schools that provide prevention and early intervention-focused mental health services are better equipped to meet the needs of students with mood disorders. This should include educating students, parents and staff; collaborating with community services for referral and follow up purposes; strengthening relationships with families; working to end the stigma surrounding mental health problems; and reassuring students who are struggling that they can get help.

#### ➤ **Signs of Mood Disorders in Children and Adolescents**

Feeling sad or depressed as the result of an upsetting life event, such as the death of a loved one, loss of a pet, or the breakup of a romantic relationship, is normal and not the same as having a mood disorder. With love and support from family, teachers, and friends, these feelings generally resolve themselves and do not impair functioning for any length of time. Symptoms of a mood disorder occur or reoccur over an extended period of time and do interfere with normal activities and relationships. Symptoms also may differ from those in adults and vary depending on age.

#### ➤ **In Preschool Children:**

- Somber, almost ill appearance.
- Frequent complaints of physical problems for which no medical difficulties can be found.
- Lack of bounce and enthusiasm characteristic of non-depressed peers.
- Tearfulness for no little or no identifiable reason.
- Spontaneous irritability, not just when they do not get their way.
- Frequent negative self-statements.
- Self-injurious or self-destructive behaviours at times.
- Anhedonia (i.e., experiencing little pleasure from things which most peers enjoy).

➤ **In Elementary School-Aged Children and Adolescents:**

- Disruptive behaviour.
- Academic difficulties or declining school performance.
- Frequent problems with peers.
- Increased irritability and aggression compared to peers and to their own non-depressed state.
- Suicidal threats.
- Anhedonia (i.e., experiencing little pleasure from things which most peers enjoy).
- Statements that they hate themselves and everything around them.
- Sleeping too much.
- Rapid, unpredictable emotional changes.
- Racing thoughts and flight of ideas.
- Increased strength and energy along with decreased sleep.
- Increased interest in problematic activities such as over-spending and drug use.
- Grandiosity and inflated self-esteem.
- Greatly increased or decreased sexual drive.
- Uncharacteristically poor judgment.

➤ **Help for Youth with Mood Disorders**

Mood disorders usually can be treated effectively. Specific treatments should be recommended as a result of a thorough evaluation conducted by a specialist in child mental health and based on:

- Age, overall health, and medical history of the child or adolescent.

- Extent and severity of the condition.
- Type of mood disorder.
- Child and parents' tolerance for specific medications, procedures, and/or therapies.
- Prognosis or expectations for the course of the condition.
- Opinions and preferences of the parents and the child (if appropriate) in collaboration with mental health professionals.

**Treatment may include one or more of the following:**

- Medications such as anti-depressants and mood stabilizers, especially when combined with psychotherapy, have been shown to be very effective in the treatment of depression.
- Psychotherapy, such as cognitive-behavioural and interpersonal therapy focused on helping the person change distorted views of themselves and the environment around them; helping them to improve their interpersonal relationship skills; and identifying stressors in the environment, how to avoid them, and how to cope effectively with those which cannot be avoided.
- Family therapy — families play a vital, supportive role in any treatment process.  
Communication between home and school is very important. School mental health professionals, such as school psychologists, are a valuable resource in coordinating this communication. They also can provide counselling, community referral information, and collaborative support in the school setting, working with a student's medical doctor, psychiatrist, and/or psychologist. Working together, adults can help ensure the well-being of all children and youth.