

Lesson n°6: Mood Disorders

Overview

Mood disorders are a group of mental health conditions primarily characterized by significant disturbances in a person's mood, emotional state, or affect. These disorders can affect a person's ability to function in daily life, including their relationships, work, and overall well-being. Mood disorders are commonly associated with alterations in the emotional tone, ranging from extreme sadness or hopelessness to excessive elation or irritability.

The two most common categories of mood disorders are **depressive disorders** and **bipolar disorders**. Each of these disorders has specific features, but they share the underlying characteristic of abnormal mood regulation.

I. Types of Mood Disorders

1. Depressive Disorders

Depressive disorders primarily involve feelings of extreme sadness, hopelessness, or a lack of interest in activities once enjoyed. These conditions can be debilitating and can impact various aspects of life.

- **Major Depressive Disorder (MDD):**

- **Symptoms:** Persistent feelings of sadness or loss of interest in daily activities, changes in appetite or weight, trouble sleeping or oversleeping, fatigue, feelings of worthlessness or guilt, difficulty concentrating, and thoughts of death or suicide.
- **Duration:** Symptoms must last for at least two weeks.
- **Subtypes:**
 - **With anxious distress:** Includes symptoms of anxiety.
 - **With melancholic features:** Characterized by deep sadness, lack of pleasure, and physical symptoms like weight loss or sleep problems.

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- **With atypical features:** Includes symptoms like overeating, oversleeping, and heavy limbs.
- **Persistent Depressive Disorder (PDD)** (formerly known as **Dysthymia**):
 - **Symptoms:** Chronic, low-grade depression that lasts for at least two years in adults (or one year in children and adolescents).
 - **Key Features:** The individual may not experience severe symptoms but feels consistently low, down, or irritable over an extended period of time.
- **Seasonal Affective Disorder (SAD):**
 - **Symptoms:** Depression that typically occurs during the fall and winter months when there is less sunlight.
 - **Key Features:** Symptoms may include low energy, changes in sleep and appetite, and social withdrawal. Often improves in the spring and summer.
- **Premenstrual Dysphoric Disorder (PMDD):**
 - **Symptoms:** A severe form of premenstrual syndrome (PMS), including mood swings, irritability, depression, anxiety, and physical symptoms such as fatigue and sleep disturbances.
 - **Key Features:** Occurs in the luteal phase of the menstrual cycle and can significantly affect a woman's ability to function.

2. Bipolar Disorders

Bipolar disorders involve extreme mood swings that include emotional highs (mania or hypomania) and lows (depression). These mood swings can affect a person's behavior, relationships, and judgment.

- **Bipolar I Disorder:**
 - **Symptoms:** Characterized by at least one manic episode (elevated, expansive, or irritable mood) lasting at least one week, along with depressive episodes. Manic episodes can lead to risky behaviors, impulsivity, and impaired judgment.
 - **Key Features:** The depressive episodes in bipolar I can resemble major depressive disorder.

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- **Bipolar II Disorder:**

- **Symptoms:** Involves at least one hypomanic episode (a milder form of mania) and at least one major depressive episode. Unlike bipolar I, individuals with bipolar II do not experience full-blown manic episodes.
- **Key Features:** The depressive episodes are often more debilitating than the hypomanic episodes.

- **Cyclothymic Disorder (Cyclothymia):**

- **Symptoms:** Chronic, fluctuating mood swings that involve periods of hypomanic symptoms and depressive symptoms, but these do not meet the criteria for a full manic or depressive episode.
- **Key Features:** Symptoms persist for at least two years (one year in children and adolescents) and are present for at least half the time, but they do not meet the full criteria for bipolar I or II disorder.

II. Causes and Risk Factors of Mood Disorders

Mood disorders can arise from a combination of genetic, biological, psychological, and environmental factors.

1. *Genetics:*

- Family history plays a significant role in the risk of developing mood disorders. Individuals with a first-degree relative (e.g., parent or sibling) who has experienced a mood disorder are more likely to develop one themselves.

2. *Biological Factors:*

- Neurotransmitter imbalances: Chemical imbalances in the brain, particularly involving neurotransmitters such as serotonin, dopamine, and norepinephrine, are often associated with mood disorders.
- Brain structure and function: Research suggests that structural and functional changes in certain brain areas (e.g., the prefrontal cortex and amygdala) may contribute to mood disorders.

3. *Psychological Factors:*

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- o **Cognitive patterns:** Negative thought patterns, cognitive distortions, and maladaptive thinking styles (e.g., catastrophizing) can contribute to depression and other mood disorders.
- o **Emotional regulation:** Difficulty managing and processing emotions effectively may make individuals more susceptible to mood disorders.

4. Environmental and Social Factors:

- o Stressful life events, trauma, and abuse (particularly early in life) can increase the risk of developing mood disorders.
- o Lack of social support, financial stress, or major life changes (e.g., divorce, loss of a job) can also trigger or worsen mood disorders.

5. Substance Use:

- o Substance abuse, including alcohol or drug use, can both contribute to the development of mood disorders and exacerbate existing ones.

III. Symptoms of Mood Disorders

• **Depressive Symptoms:**

- o Persistent feelings of sadness, hopelessness, or emptiness.
- o Loss of interest in previously enjoyable activities (anhedonia).
- o Changes in appetite or weight (weight loss or gain).
- o Sleep disturbances (insomnia or excessive sleep).
- o Fatigue or lack of energy.

• **Manic Symptoms** (in Bipolar Disorder):

- o Inflated self-esteem or grandiosity.
- o Decreased need for sleep (e.g., feeling rested after only a few hours of sleep).
- o Increased talkativeness or pressure to keep talking.
- o Flight of ideas or racing thoughts.

• **Hypomanic Symptoms** (in Bipolar II Disorder):

- o Similar to manic symptoms but less severe and shorter in duration. The individual is still able to function but may exhibit some noticeable changes in behavior.