

Clinical Psychology: Mood Disorders

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What is Abnormality?

- Have an intuitive sense
- Would be nice if there was some objective criteria
- Is a subjective judgment call
- Heavily influenced by
 - Social norms
 - woman wearing a veil in Muslim vs. non-Muslim culture
 - Characteristics of target
 - a man crying vs. a woman beating up on someone
 - Context
 - paranoia in Baghdad vs. a quiet little farm town

Current Consensus

Abnormality characterized by:

Distress

causes person or others significant distress

Dysfunction

prevents person from functioning in daily life

Deviance

behaviors or feelings highly unusual

How do we make a diagnosis?

- Diagnostic and Statistical Manual (DSM)
 - Early editions subjective
 - Since 1980, more objective
 - Lists of symptoms, with required symptoms, criteria for number of symptoms
 - Deviation, dysfunction, distress built into criteria

Types of Mood Disorders

- Unipolar disorders
 - Depression only
- Bipolar disorders
 - Cycles between depression and mania

DSM Criteria for Major Depression

1. Sadness or diminished interest or pleasure in usual activities (anhedonia)
2. At least four of the following symptoms:
 1. Significant weight or appetite change
 2. Insomnia or hypersomnia
 3. Psychomotor retardation or agitation
 4. Fatigue or loss of energy
 5. Feelings of worthlessness or excessive guilt
 6. Diminished ability to concentrate, indecisiveness
 7. Suicidal ideation or behavior
3. Duration of at least 2 weeks

DSM Criteria for Manic Episode

1. Abnormally and persistently elevated, expansive or irritable mood for at least 1 week
2. Three or more of the following
 1. Inflated self-esteem or grandiosity
 2. Decreased need for sleep
 3. More talkative than usual, pressure to talk
 4. Flight of ideas, racing thoughts
 5. Distractibility
 6. Increase in goal-directed activity, agitation
 7. Excessive involvement in pleasurable but dangerous activities

Theories and Treatments

- Biological Theories and Treatments
- Cognitive and Behavioral Theories and Therapy
- Interpersonal Theories and Therapy

Neurotransmitters Implicated in Mood Disorders

- Monamines:
 - Serotonin
 - Norepinephrine
 - Dopamine

Genetics, Neurotransmitters, and Stress

- Several recent studies find that certain polymorphisms on serotonin transporter gene predict who will become depressed in the face of stress
 - Caspi and colleagues (2003) - people with one or two short alleles on serotonin transporter gene more likely to be depressed if experienced childhood maltreatment

Drugs to Treat Mood Disorders

- Monoamine oxidase inhibitors
- Tricyclic antidepressants
- Selective serotonin reuptake inhibitors
- Selective serotonin/norepinephrine reuptake inhibitors
- Lithium
- Sometimes antipsychotic medications

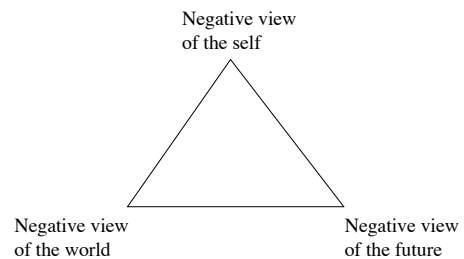
Electroconvulsive Therapy

- Brain seizure induced by passing electrical current through the brain (6-12 sessions)
- Patients first anesthetized and given muscle relaxants
- High response rate but high relapse rate

Newer Biological Treatments

- Repetitive transcranial magnetic stimulation (rTMS)
 - Expose patient to repeated high-intensity magnetic pulses focused on particular brain structures in order to stimulate activity
- Vagus Nerve Stimulation
 - Vagus nerve stimulated by small electronic device like cardiac pacemaker

Beck's Negative Cognitive Triad



Specific Cognitive Deficits or Biases

- Distortions in thinking
 - All-or-nothing thinking
 - Emotional reasoning
 - Personalization
- Causal attributions for negative events
 - Internal - blame on oneself
 - Stable - see it as lasting forever
 - Global - see it affecting many areas of life

Evidence for Cognitive Theories (Alloy et al., 1999)

- Identified first-year college students with negative attributional style
- Tracked for next 2 1/2 years

Cognitive-Behavioral Therapy

1. Identify themes in negative thoughts and triggers for them.
2. Challenge negative thoughts.
 1. What is the evidence for your interpretation?
 2. Are there other ways of looking at the situation?
 3. How could you cope if the worst did happen?
3. Help clients recognize negative beliefs or assumptions.
4. Change aspects of environment related to depressive symptoms.
5. Teach person mood-management skills that can be used in unpleasant situations.

DeRubeis, Hollon et al., 2005

- 240 patients with MDD
- 4 months acute treatment with CBT or Paxil (an SSRI)

Hollon, DeRubeis et al., 2005

- Followed same patients for additional 12 months
- Half of Paxil group left on full dose meds
- Half of Paxil group withdrawn to placebo

Interpersonal Theories

- Negative views of self and expectations for relationships based on upbringing

Interpersonal Therapy

Less structured form of therapy than CBT.

Explore patterns of relationships and roots in childhood.

Look for four types of interpersonal problems:

- Grief or loss

- Interpersonal role disputes

- Role transitions

- Interpersonal skills deficits

Help clients understand connections between interpersonal problems and upbringing, and make choices for changing relationships.

A few studies suggest it is as effective as CBT, but much less research has been done on IPT than on CBT.