

Mood Disorders

Lebanon Daily News, October 18, 2010



The diagnosis of mental health disorders involves an evaluation or assessment of the individual's symptoms and the episodes of the symptoms. Symptoms are usually self-reported, behavior reported by relatives and others, and may include feeling sad, hopeless, useless, angry, and lonely. Screening tools are often used to help identify these symptoms. Episodes usually refer to the duration, intensity and occurrence of the period of symptoms. Terms commonly associated with episodes are single, recurring, mild, moderate and acute.

The statistics on mood disorders can be deceptive and hard to understand. The Mental Health America website, www.nmha.org, under Health Info>Mental Health> Mood Disorders reports that 20% of the U.S. population reports at least one depressive symptom in a given month, and 12% report two or more symptoms in a year. At the same time the National Institute of Mental Health (NIMH) reports that approximately 20.9 million American adults, about 9.5% of the population age 18 years and older, in a given year have a mood disorder. The reason for the apparent difference is the perspective of the organization. Mental Health America statistics are focused on the occurrence of symptoms. Basically, persons can experience mood symptoms but not meet the criteria to be diagnosed with a mood disorder. NIMH statistics are based on the number adults who are diagnosed with a mood disorder, in other words the adults meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for

a mood disorder. These individuals are probably receiving some form of treatment for his/her disorder.

The majority of us experience symptoms of mood disorders throughout our lives. For example, when events occur in our lives which temporarily disrupt our routine we often experience a change in mood. Normally we adapt to the change and are able return to our routine. These events may include a job loss, loss of a loved one, lack of sleep, or the end of a relationship. Mental health disorders occur when the individual's life is so disrupted that he/she experiences difficulty in a return to his/her normal routine.

Mental Health America identifies four basic forms of mood disorders: Major Depression (major depressive disorders), Cyclothymia (a mild form of bipolar disorder), Seasonal affective disorder (SAD), and Mania (euphoric, hyperactive, over inflated ego, unrealistic optimism). Below is a brief description of each these disorders.

1) Major Depression or Major Depressive Disorder

This disorder is characterized by an all-encompassing low mood accompanied by low self-esteem, and by loss of interest or pleasure in normally enjoyable activities. This is a disabling condition which adversely affects a person's family, work or school life, sleeping and eating habits, and general health. In the United States, around 3.4% of people with major depression commit suicide, and up to 60% of people who commit suicide had depression or another mood disorder. Typically, individuals are treated with antidepressant medication and, in many cases, also receive psychotherapy or counseling. (Wikipedia)

2) Cyclothymia

This is a mood disorder that causes hypomanic, a mood state characterized by persistent and pervasive elevated or irritable mood, and mild depressive episodes. Dysthymic (depressive) phase symptoms may include difficulty making decisions, problems concentrating, poor memory recall, guilt, self-criticism, low self-esteem, pessimism, self-destructive thinking, continuously feeling sad, apathy, hopelessness, helplessness, irritability, quick temper, lack of motivation, social withdrawal, appetite change, lack of sexual desire, self-neglect, fatigue or insomnia. Euphoric phase symptoms may include unusually good mood or cheerfulness, extreme optimism, inflated self-esteem, poor judgment, rapid speech, racing thoughts, aggressive or hostile behavior, being inconsiderate of others, agitation, increased physical activity, risky behavior, spending sprees, increase drive to perform or achieve goals, increased sexual drive, decreased need for sleep, tendency to be easily distracted, or inability to concentrate. (Wikipedia)

3) Seasonal affective disorder (SAD)

A mood disorder associated with depression and related to seasonal variations of light. SAD affects half a million people every winter between September and April, peaking in December, January, and February. A diagnosis of SAD can be made after three consecutive winters of symptoms followed by complete remission of symptoms in the spring and summer months. You can find more information about SAD at www.nmha.org under Health Info>Mental Health Info> Depression>Seasonal Affective Disorder

4) Mania

This is a state of abnormally elevated or irritable mood, arousal, and/or energy levels. In some ways it is the opposite of depression. Mania varies in intensity from mild mania, known as hypomania, to full-blown mania with psychotic features including hallucinations and delusions. You can find more information about the signs and symptoms of mania at Wikipedia, <http://en.wikipedia.org/wiki/mania>.

Today's column is my attempt to provide you with a snapshot of mood disorders and references to obtain more information. The next column will focus on Anxiety Disorders, the most common mental health disorders in the United States.

By Shem Heller, Executive Director of the Mental Health Association of Lebanon County