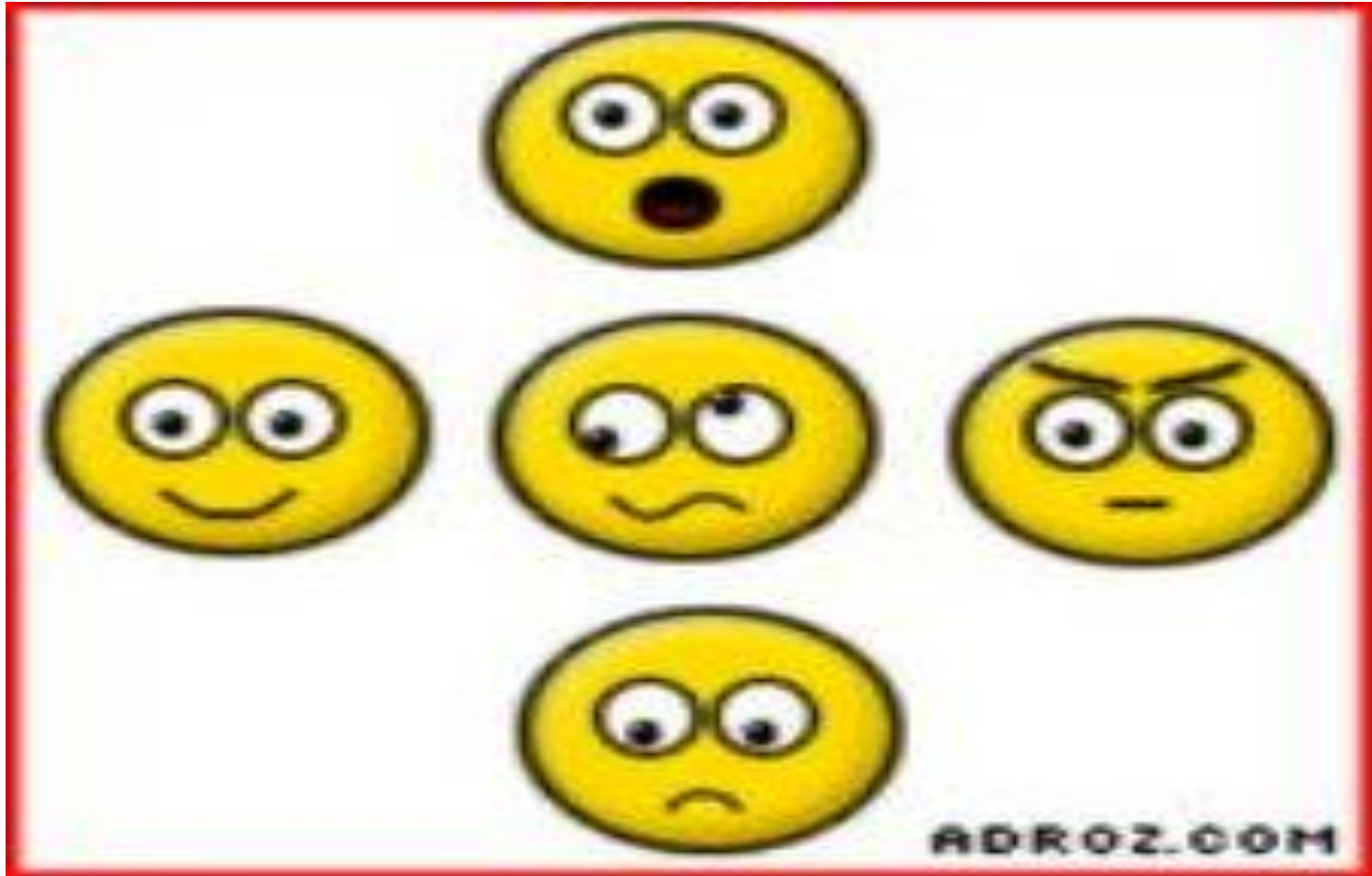


Mood Disorders



Dr. Vidumini De Silva

- Depression - Lowering of mood
- Mania - Heightening of mood

Depressive

Disorder

Overview

- Introduction
- Clinical Features
- Aetiology
- Course and prognosis
- What's your management

Depression

- A **persistent pervasive feeling** of emptiness or **hopelessness**,
- resulting in a **loss of interest** in every thing that once gave a person pleasure.
- It is not the occasional low mood or sadness in response to a loss.

Aetiology

- **Genetic**

- 15% more chance if a blood relation is affected

- **Environmental Factors**

- Childhood stressful events

- Life events - 6x

- Climate, decreased light

AS YOU CAN SEE FROM YOUR GENETIC
PRINTOUT YOU ONLY THINK YOU'RE DEPRESSED
WHEREAS YOU ARE IN FACT A JOLLY, HAPPY
FULL OF THE JOYS OF SPRING TYPE PERSON!



- **Personality**

Eg Anxious, Obsessional

- **Vulnerability factors**

- ✓ No job

- ✓ Having no one to confide with

- ✓ having 3 or more children less than 14 years

- ✓ loss of mother before the age of 11yrs

- **Other Psychological Causes**

- Schizophrenia, OCD, Substance Abuse
- Low self esteem, unresolved grief

- **Illnesses associated with Depression**

1. Thyroid disorder - esp. hypothyroidism
2. Diabetes mellitus
3. Addison's disease, Renal Failure
4. Carcinoma
5. Systemic lupus erythematosus
6. Neurological disorders eg.
7. Cushing's disease
8. Infections

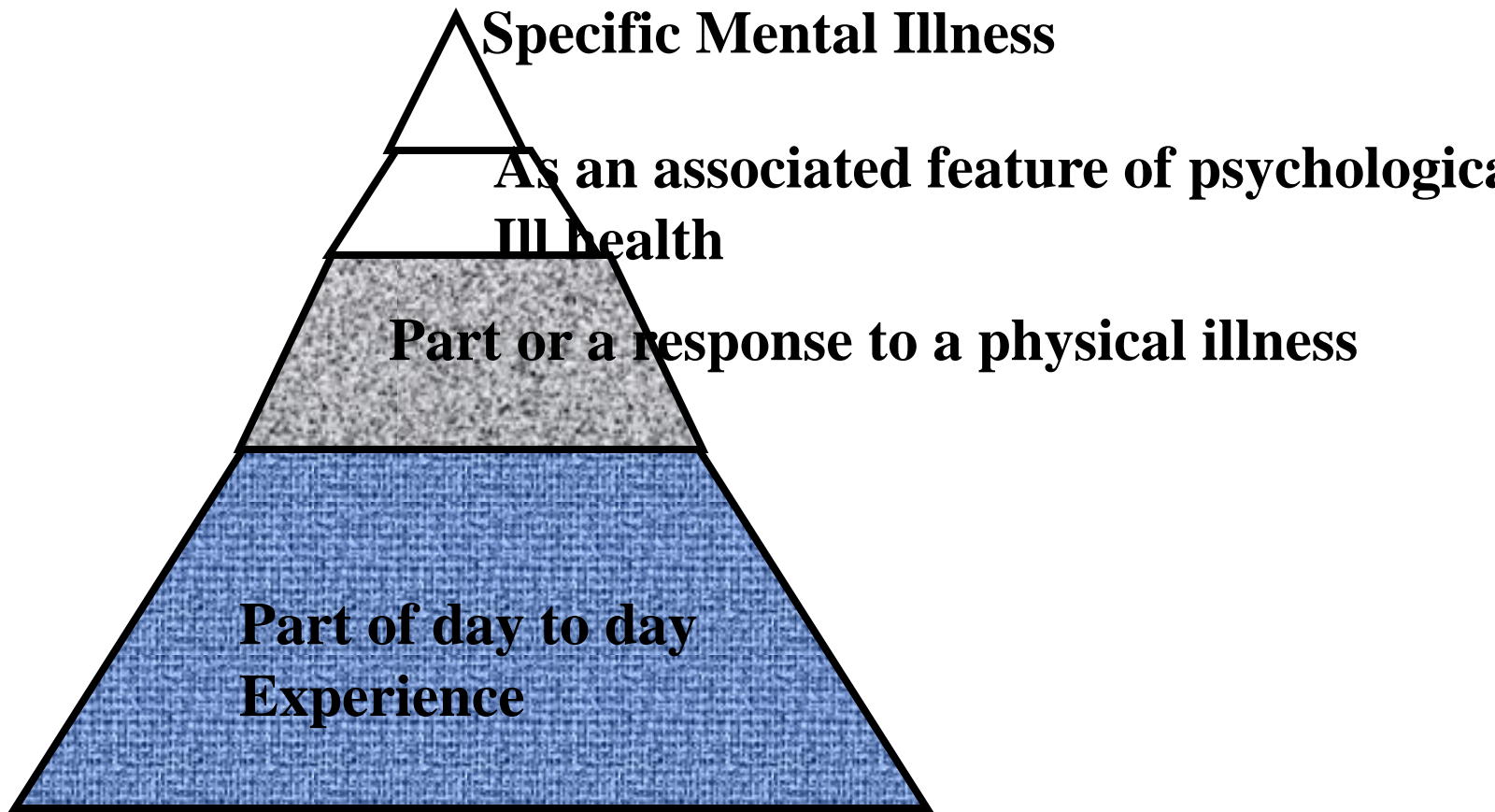
*post partum

- **Drugs**

- beta blockers
- methyldopa
- calcium channel blockers
- cimetidine
- oral contraceptive pills
- corticosteroids
- L-dopa

Other Risk Factors

- Gender – Females more
- Age - <40yrs
- Marital status – Single
- Biochemical factors – deficiency of serotonin, Ach, norepinephrine



Clinical features

1. Low mood:

- misery.
- It does not improve in pleasant company or when hearing good news.
- hopelessness, helplessness
- tearful, crying

2. Lack of enjoyment:

No enthusiasm for activities and hobbies that were normally enjoyed.



I can't Sleep

I Can't Concentrate

Im so Sad

I have no interesr to anything

I feel guilty

I have lost my appetite

I feel like killing myself

he makes
me so angry
- why can't he pull
himself together?

I'm so frustrated
- he doesn't
want help

did I contribute
to her mood?

I feel
SO
helpless

what
if she gets
worse?

I'm so
worried

3. Reduced energy:

The person finds every thing an effort.

4. Pessimistic thinking:

- Sees the unhappy side of every event.
- The past - **Guilt + Self blame**
- The present - a **failure**
- The future - expects the **worst**.
- Foresees the ruin of his finances and **misfortune** for his family.

5. Concentrating difficulties

6. Self destructive behaviour or harm others

Biological symptoms

- Sleep disturbance - early morning awakening
- delay in falling asleep
- Loss of appetite
- Loss of weight
- Constipation
- Loss of libido
- Amenorrhoea
- Decreased personal hygiene

Psychiatric symptoms

- Anxiety
- Depersonalization
- Obsessional symptoms
- Phobias eg. Social
- Dissociative state eg. Paralysis of a limb
- Poor memory (pseudo-dementia)

Assessment

- Hx. MSE, physical Ex – Refer notes on Mental Health Assessment
- Ix – Na⁺, K⁺, Mg⁺, TSH levels
- Nutritional Assessment
- Assess behaviour with regard to suicidal ideation

Exercise 01

- List 25 Nursing diagnoses for depression

Therapeutic Nursing Management

1. Safe environment – specially in severe depression, suicidal ideation

2. Psychological environment

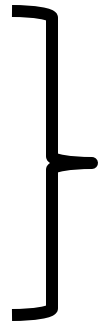
- CBT
- Individual psychotherapy
- Behavioural therapy
- Social skills training
- Self monitoring
- Behavioural contracts



Read
up

3. Social treatment

- Milieu therapy
- Family therapy
- Group therapy



What do you mean by these terms?

Treatment

1. Antidepressants
2. ECT
3. Psychosocial therapy (family, marital therapies and supportive psychotherapy)
4. Cognitive therapy
5. Interpersonnal therapy

Exercise 02

- List the nursing interventions with regard to a patient with depressive disorder.

Include complications, impact on others, outcome assessments, advices etc.

Bipolar Affective
Disorder

About B.A.D.

1. Epidemiology

Lifetime risk 0.3% - 1.5%

2. Can be interpreted in various ways

Cultural beliefs

3. Serious consequences

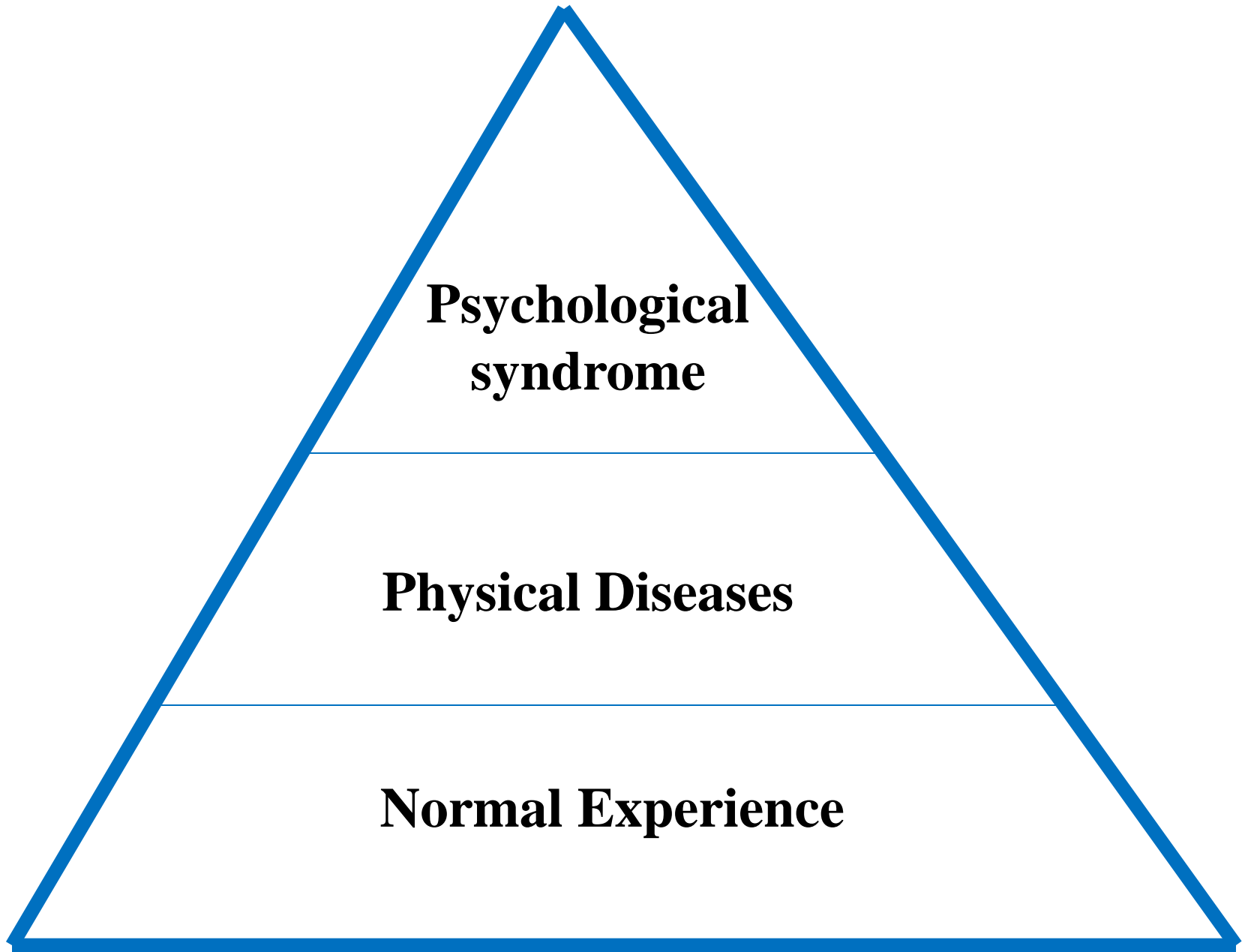
STD

Unwanted pregnancy

Financial ruin

Substance misuse

4. Treatable



**Psychological
syndrome**

Physical Diseases

Normal Experience

Exercise 03

- **Key terms**
 - mania
 - depression
 - neurotransmitters
 - suicidal ideation
 - cycling
 - cyclothymia
 - hypomania

Clinical features

- **Mania**

- ✓ Inattention
- ✓ Risky behaviour
- ✓ Impulsivity
- ✓ Increased energy
- ✓ Decreased sleep
- ✓ Talkativeness
- ✓ Racing thoughts
- ✓ Grandiosity
- ✓ Elated mood

**I know how
to win the lottery!**

**Women are
crazy about
me!**

I Don't Need Sleep!

I Can Do Anything!

**I have the answer
that will bring world
peace!**



www.stevenson.com

- **Depression**

Refer previous slides

BIPOLAR DISORDER

MANIC

Yvonne

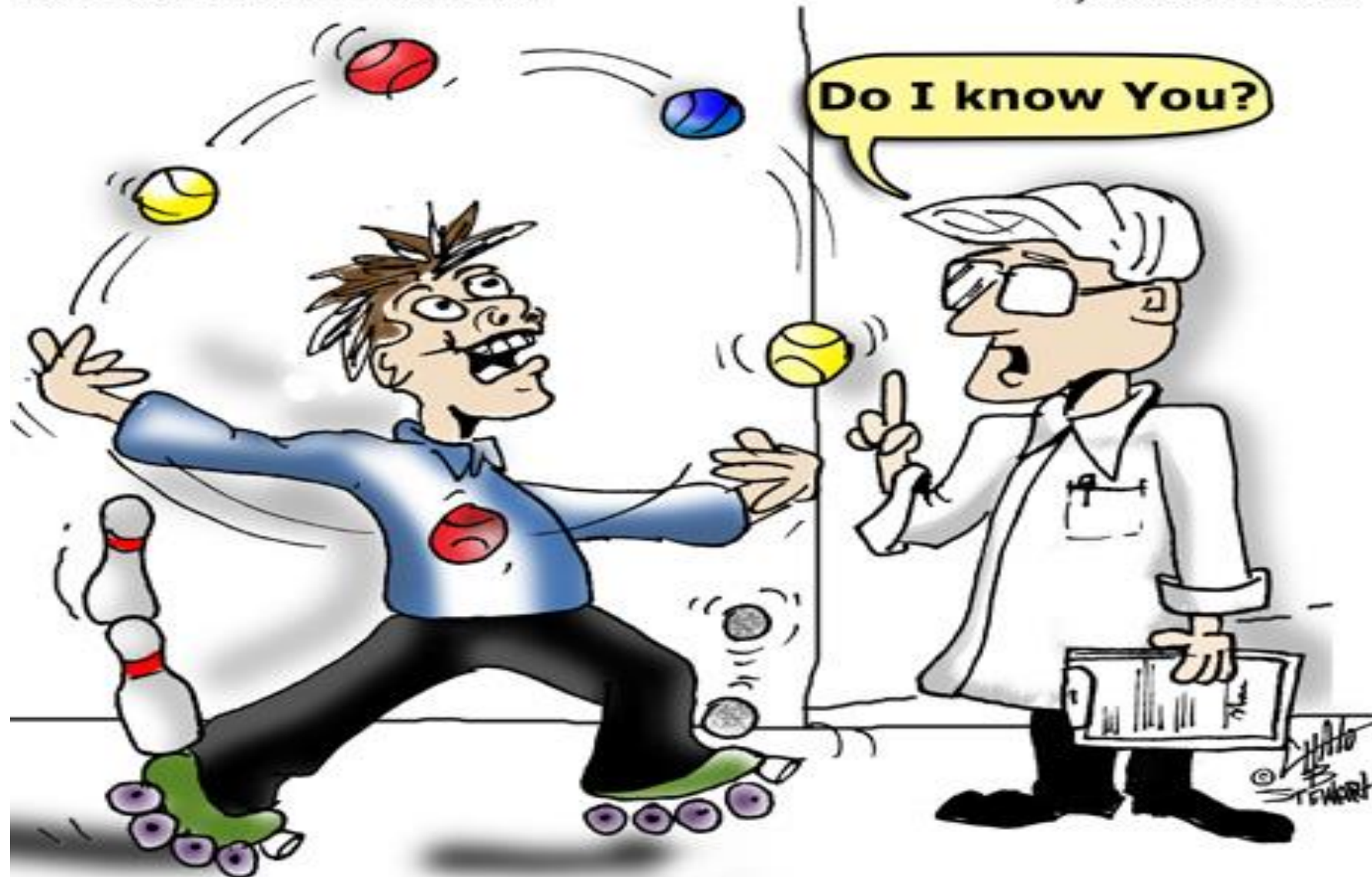
DEPRESSIVE

- * ONSET BEFORE AGE 30
- * MOOD:
 - ELEVATED
 - EXPANSIVE
 - IRRITABLE
- * SPEECH:
 - LOUD-RAPID
 - PUNNING
 - RHYMING
 - CLANGING
 - VULGAR
- * ? WT. LOSS
- * GRANDIOSE
- * DELUSIONS
- * DISTRACTED
- * HYPERACTIVE
- * ↓ NEED FOR SLEEP
- * INAPPROPRIATE
- * FLIGHT OF IDEAS
- * BEGINS SUDDENLY
- ESCALATES OVER SEVERAL DAYS



- * PREVIOUS MANIC EPISODES
- * MOOD:
 - DYSPHORIC
 - DEPRESSIVE
 - DESPAIRING
- * ↓ INTEREST IN PLEASURE
- * NEGATIVE VIEWS
- * FATIGUE
- * ↓ APPETITE
- * CONSTIPATION
- * INSOMNIA
- * ↓ LIBIDO
- * SUICIDAL PREOCCUPATION
- * MAY BE AGITATED OR HAVE MOVEMENT RETARDATION

C. J. MILLER



"Doc, if I were Manic, could I do this for 12 hours and still keep my appointment?"

MSE

Appearance and behaviour

- **B**rightly coloured clothes
- Severe – untidy
 - poor self care
 - dishevelled
- Sexually inappropriate behaviour
- Disinhibited
- Reckless

MOOD

- Elated
- Cheerful
- Optimistic
- Irritable
- Lability of mood

MORE THAN MOOD SWINGS:

BIPOLAR DISORDER

New on Healthy-Hue.com!



HEALTHY *hue*

Speech

- Increased rate and amount
- Flight of ideas

Thought

- Expansive ideas
- Delusions - Grandiose
Persecutory

Hallucinations

Auditory

Visual

Insight

- impaired
- do not realize they have an illness
- therefore difficult to treat

Aetiology of mania

- Genetic – 1st degree relatives risk of B.A.D. is 10%
- Biochemical imbalances – excess serotonin
etc/increased intracellular Na⁺, Ca²⁺ / defective
feedback mechanism in limbic system
- Precipitating factors - recent life events
eg: bereavement

Excercise 04

- List 12 Nursing Diagnoses for BAD

Course and Prognosis

- Onset - commonly between 15 and 30 years but can occur at any age
- Recurring course.

- Average duration – 4 to 5 months
- 90% of patients experience a further affective episode

Therapeutic Nursing Management

1. Safe environment
2. Psychological treatment –
individual/group/family therapy
3. Pharmacological treatment
4. ECT
5. Assess improving of symptoms

Nursing Interventions

- Discuss on below topics,
 1. Assessing
 2. Environmental wise
 3. patient family education
 4. With regard to drugs – administration etc
 5. Monitoring
 6. Risk assessment

MCQs

- The nurse understands that the best explanation for involuntary admission for psychiatric treatment is that:
 1. A psychiatrist has determined the client's behavior is irrational
 2. the client exhibits behaviour that is a threat to either the client or to society.
 3. The client is unable to manage the affairs necessary for daily life
 4. the client has broken a law

Thank You!