Mood Disorders

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Signs & Symptoms Depression

10% - 20% population are affected

2 – 1 ratio women to men

1. Poor appetite and significant weight loss, increased appetite and significant weight gain
2. Insomnia or more sleep
3. Agitation or retardation of movement and thought. (Impaired memory and concentration)
4. Loss interest/pleasure in usual activities and less sex drive.
5. Fatigue and loss of energy
6. Feelings of worthlessness, self-approach, excessive or inappropriate guilt.

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Major Clinical Depression

1. A disease (stages & progression).
2. Two causes – exogenous – outside (stressful event).
   Endogenous – inside (genetic predisposition).
3. Imbalance of Neuro-receptors – Norepinephrine and Seratonin.
4. Treatable- 80% cured with anti-depressant medicine.
5. Chemical dependency in withdrawal looks like same.
6. Large % chemical dependents suffer from this – they self-medicate. A gene link? (Bi-Polar and alcoholism).
7. Anti-depressants do not break a recovering person's ABSTINENCE.

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Depression Types

How common? --- 1/3rd Americans

Spectrum ----causes -----17% of 78,463 (European study)

Depression as:

1. **Reaction:**
   Adjustment
   Reactive depression
2. **Mood state:**
   PMS (last known as late
   Dysphoric disorder
   Bereavement --- normal grief
3. **Attitude or personality**
   Dysthymic (depressed type)
   Seasonal affective disorder

DYSTHYMIC DISORDER = most of the day more days than not lasting at least two years

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Depression As an Illness: a Syndrome

1. Major (clinical depression)
2. Post-Partum depression (follows birth)
3. Atypical (not in other categories listed)
4. Bi-Polar (depressed)
5. Depression due to medical depression- complete condition (hysterectomy, prednisone & meds, thyroid, hormones imbalance)
6. Psychotic (disorganized thinking, hallucination, delusions)
7. Substance induced (with-in I month withdrawal)
8. Cyclothymic (at least two years, numerous periods of hyperactivity, followed by numerous periods with depressive symptoms)

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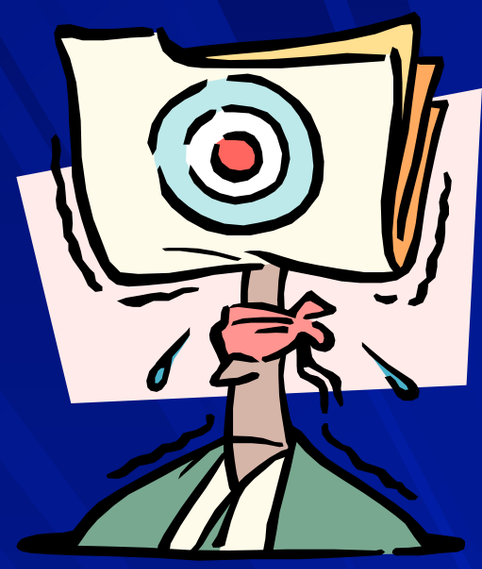
Suicide & Youth



Prevalence: American Academy of Pediatrics:

- ❑ Suicide is the third leading cause of death for adolescents 15 to 19 years old.
- ❑ 300% increase since 1950 to 1990.
- ❖ 3 levels danger progression for some types of Major Clinical Depressions:

1. Suicidal thoughts: “I don’t want to be alive”
2. Suicidal plans: “I want to run my car off the road”… where did that thought come from?
3. Suicidal intent: “I’m saving all my pills up and on Friday I plan on overdosing”.

- ➢ NO SUCH THING AS “JUST TRYING TO GET ATTENTION” WHEN DEALING WITH THIS!!!!

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Youth Suicide Facts

5. Homicide is the third leading cause of death, second to suicide.

6. Education will decrease the rates of suicide by dispelling some of the myths. Such as this myth: "talking about it could "increase" the probability of this happening".

7. A study of 5000 teens found that 40% had contemplated suicide at least once in their lives..Adolescence is a very difficult time.

8. Males are more likely to complete a suicide whereas females more likely to have thought about it.

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Youth Suicide Facts

9. All threats should be taken seriously male or female

10. Most common method for youth suicide is drug overdose, next is the use of firearms and finally pill ingestion as the third most common.

11. Not all adolescents who engage in suicidal behavior are mentally ill. although some are. Some suffering is from a life disorder such as difficult environment, child or sexual abuse, etc.

12. Education about warning signs and risk factors are the best ways to prevent a suicide.

13. Although prior family history of suicide is a risk factor, there is no definitive proof that there is a suicidal gene.(new DNA brain studies)

14. Socioeconomic status is not a valid predictor for suicide.

15. Doctors, peer counselors, school teachers & officials can help a suicidal adolescent by referring to mental health professionals

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Depression Recovery =

1. Change Thinking (Cognitive Therapy)
2. Change or Modify your environment
3. Modify your Surroundings (altering a few things in life)
4. Acting your way into “Right Thinking” (Behavior Changes)
5. Biological or Bio-Psycho-Pharmacological (Meds)
    1. Consider biological – genetic predisposition
    2. Nature/nurture interplays

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