

A Psychological study of Mood Disorders and Principles of Care

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Abstract

Bipolar Disorder is a brain disorder that causes unusual shifts in mood, energy, activity levels and the ability to carry out day to day tasks. Symptoms of bipolar disorder are severe. They are different from the normal ups and downs that everyone goes through from time to time. Bipolar Disorder symptoms can result in damaged relationships, poor job or school performance, and even suicide. But Bipolar Disorder can be treated.

Introduction

Mood Disorders are traditionally recognized and classified into two distinct groups, Depression and Bipolar Disorders. Each of these has specific features and long term course; however the predominant feature is a period of abnormal and persistently altered mood.

Bipolar disorder used to be called ‘manic depressive’. As the name suggests, it is characterized by mood swings- or episodes – that are far beyond what most people experience in their lives. These are;

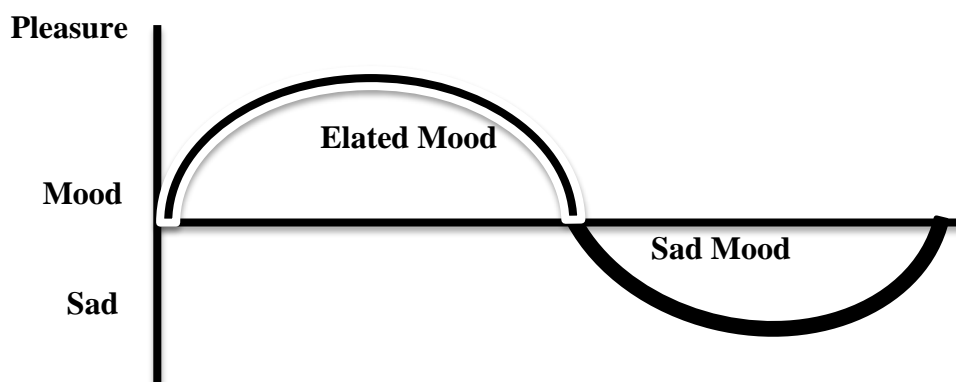
Low – Feelings of intense depression and despair - ‘Depressive’

High – Feelings of elation – ‘Manic’

Mixed – For example, depressed mood with the restlessness and over activity of a manic episode.

People usually experience both depressive and manic episodes, but some will have only manic episodes. It affects about 1 in every 100 adults at some point in their life. It can start at any time during or after the teenage years, although it is unusual for it to start after the age of 40. Men and Women are affected equally. ¹(A practical hand book in PSYCHIATRY for Doctors at primary health care level. (2003). *Community Mental Health Care Issues and Challenges*. Borella: National Council for Mental Health)

People with Bipolar Disorder experience unusually intense emotional states that occur in distinct periods called “mood episodes”. Each mood episode represents a drastic change from a person’s usual mood and behavior. Following the chart show how to active Bipolar Disorder in patients.



Depression

Depression has been recognized as the commonest mental disorder all over the world. Though there are no recent proper surveys, depression appears to be the commonest mental disorder in Sri Lanka too. Number of people affected globally with all mental disorders is 450 million and (out of that 150 million suffers from depression. ²(Mondimore, F. M. (2014). *Bipolar Disorder (A guide for patients and Families)*. Maryland: Johns Hopkins University Press.)

The feeling of depression is something we all experience from time to time. It can even help us to recognize and deal with problems in our lives. But for someone with clinical depression or bipolar disorder, their depressive feelings will be worse, they will go on for longer and they will make it harder to tackle the daily tasks and problems of living.

In Asian countries like Sri Lanka the mild to moderate depression is not recognized due to factors like,

- Some Doctors with no experience in Psychiatry are not aware of depression
- Clinical presentation with complete or major physical symptoms
- Psychiatric illnesses are not recognized due to stigma

Depression common in middle age, can occur in other groups, childhood, elderly, and post-partum. Commoner in females, 2 fold greater prevalence in females. Reasons for depression are Hormonal differences, Effects of child birth, Differing psychosocial stressors for women, and Behavior models of learned helplessness.

Depression is a significant public health problem because it is relatively common and its recurrent nature profoundly disrupts patient's lives. Many parts of the world have revealed a high rate of depression with a lifetime risk of 7-12% for males and 20-22% for females. ³(A practical hand book in PSYCHIATRY for Doctors at primary health care level. (2003). *Community Mental Health Care Issues and Challenges*. Borella: National Council for Mental Health)

Someone with this sort of depression is more likely to have the physical symptoms listed below.

Emotions

- Feelings of unhappiness that don't go away
- Losing interest in things
- Being unable to enjoy things
- Feeling restless and agitated
- Losing self - confidence
- Feeling useless, inadequate and hopeless

- Feeling more irritable than usual
- Thinking of suicide

Thinking

- Finding it hard to make even simple decisions
- Difficulty in concentrating

Physical

- Losing appetite and weight
- Difficulty in getting to sleep
- Waking earlier than usual
- Feeling utterly tired
- Constipation
- Going off sex

Behavior

- Difficulty in starting or completing tasks
- Crying a lot - or feeling like you want to cry, but not being able to
- Avoiding contact with other people

If someone becomes depressed they will find that you aren't able to do their job or their normal daily tasks properly. They may feel like bursting into tears for no reason.

The patient may present initially with one or more physical symptoms (Fatigue, pain). Further enquiry will reveal depression or loss of interest. Irritability is sometimes the presenting problem.

Typical symptoms

- Low or sad mood
- Loss of interest or pleasure

The following associated symptoms are frequently present

Disturbed sleep, Poor appetite, Guilt or Loss of self-confidence, Suicidal thoughts, or acts
Fatigue or loss of energy or decreased libido, Poor concentration, Agitation or slowing of
movement or speech. Symptoms of anxiety or nervousness are also frequently present
Core Symptoms present for most of the day for at least 2 weeks. Some groups are at higher
risk (example ; Those who have recently given birth or had a stroke, those with Parkinson's
disease or Multiple sclerosis)

They may present with multiple somatic complaints (example : Headache, Backache,
Gastritis). And they complain of lack of energy and easily get tired of routine work
(example : housewife may let her household chores pile up, working person may absent
from work often)

Classification

Mild – Symptoms result in only minor impairment in occupational functioning or in usual
social activities or relationship with others

Moderate – Between mild and severe

Severe – Symptoms markedly interfere with occupational functioning or in usual social
activities or relationship with others.

Demographic and Psycho Social Variables

1 Major Psychosocial stressors –

Life events may precipitate

2 Family distress –

May hamper the response to treatment. Ambivalent, abusive, rejecting or highly dependent
relationships have a high predisposition.

3 Cultural factors –

Tendency to manifest somatic and psychomotor symptom

4 Children and Adolescents –

Clinical presentation may be different from adults and vary with age Young children
exhibit behavior problems like social withdrawal, aggressive behavior, apathy, sleep
disruption and loss of weight.

Adolescents

Somatic complaints, self-esteem problems, rebelliousness, poor performance in school,
risky or aggressive behavior.

5 Old age –

Display more vegetative signs, cognitive disturbances and complain less of subjective sad mood. May be misattributed to physical illness, Dementia or aging Depression and general medical illness coexists.

Suicide rate in Sri Lanka is very high and there is a relationship between suicide and Depression. According to WHO studies major cause of suicide is Depression.

Principles of care

Essential information for patient and family

- Depression is a common illness and effective treatments are available
- Depression is not weakness or laziness: patients are trying hard to cope

Education and Counseling

- Plan short term activities which give patient enjoyment or build confidence
- Encourage patient to resist pessimism and not act on pessimistic ideas. (example: ending marriage, leaving job)
- Identify current life problems or social stresses. Focus on small specific steps patients might take towards reducing or better managing these problems.
- If physical symptoms are present discuss the link between physical symptoms and mood

Medication

- Should be treated with an effective dose of antidepressant for at least 6 months
- Educate patient on side effects
- Inform patient that a response is usually shown 3 weeks after commencement of medication

Specialist referral

- Poor response to medication
- Doubt about diagnosis
- Psychotic features
- High suicidal risk

Mania

Mania is an exaggeration of feelings that we all experience from time to time. It is the opposite of depression – a feeling of well-being, energy and optimism. These feelings can be so intense that patient can lose contact with reality. When this happens people may find you believing strange things about yourself, making bad judgments and behaving in embarrassing, harmful and sometimes even dangerous ways. Like Depression, it can make it difficult or impossible to deal with life in an effective way. A period of mania can, if

untreated, destroy patient's relationships and work. When it isn't so extreme, the word 'hypomania' is used to describe it. In an episode of mania, patient may notice the following changes.

Emotional

- Very happy and excited
- Irritated with other people who don't share your optimistic outlook
- You feel more important than usual

Thinking

- Full of new and exciting ideas
- Moving quickly from one idea to another
- That you are hearing voices that other people can't hear

Physical

- Full of energy
- Unable or unwilling to sleep
- Increased interest in sex
- Decreased sleep
- Decreased sleep

Behavior

- Making plans that are grandiose and unrealistic
- Very active and moving very quickly
- Behaving in a bizarre way
- Over activity

Bipolar Disorder

This is also known as manic depressive psychosis. It is distinguished from depression by the occurrence of manic or hypomanic episodes alternating with depressive episodes. Although some patients may have just one episode of mania in their lifetime, the longitudinal course in most patients is characterized by multiple episodes with intervening symptom free intervals.

Causes of Bipolar Disorder

Research suggests that it runs in families – it seems to have more to do with genes than with upbringing.

There seems to be a physical problem with the brain systems which control our moods this is why the symptoms of bipolar disorder can often be controlled with medication. Some

imaging studies show how the brains of people with bipolar disorder may differ from the brains of healthy people or people with other mental disorders. Example – One studying using Magnetic resonance imaging (MRI) found that the pattern of brain development in children with bipolar disorder was similar to that in children with ‘multi-dimensional impairment’, a disorder that causes symptoms that overlap somewhat with bipolar disorder and schizophrenia.

Episodes of illness can sometimes be brought on by stressful experiences or physical illness. The family usually reports these symptoms. Over activity and disorganized behavior, Loss of inhibition and Sexual Promiscuity, over spending and financial problems, Increase in consumption of alcohol.

Principles of Care

1. Education and Counseling

- Effective treatments are available and long term treatment can prevent further episode
- If left untreated manic episodes can become dangerous and disruptive and could also lead to loss of job, financial problems, legal issues and high risk sexual behavior
- During episodes avoid confrontation unless needed to prevent harmful or dangerous acts
- Close observation by family will be needed

2. Medication

- If patient displays agitation, excitement or disruptive behavior antipsychotic medication may be needed initially
- Mood stabilizer

3. Specialist Referral

- First episode
- For commencement of mood stabilizers
- Doubt about diagnosis
- Severe episode

Conclusion

Bipolar Disorder also known as manic-depressive illness. It is a brain disorder that causes unusual shifts in a person’s mood, energy and ability to function. Bipolar symptoms are severe. It involves dramatic shifts in mood from the highs of mania to the lows of major depression. Unlike ordinary mood swings, bipolar disorder is much more intense and

disruptive to everyday functioning, affecting energy, activity levels, judgment and behavior. It can effect an individual like the individual can't get along with others or have good relationship with people. It makes harder for an individual to keep responsibilities, achieve their goals and make decisions. There's no sure way to prevent bipolar disorder. However, getting treatment at the earliest sign of a mental health disorder can help prevent bipolar disorder or other mental health conditions from worsening.

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