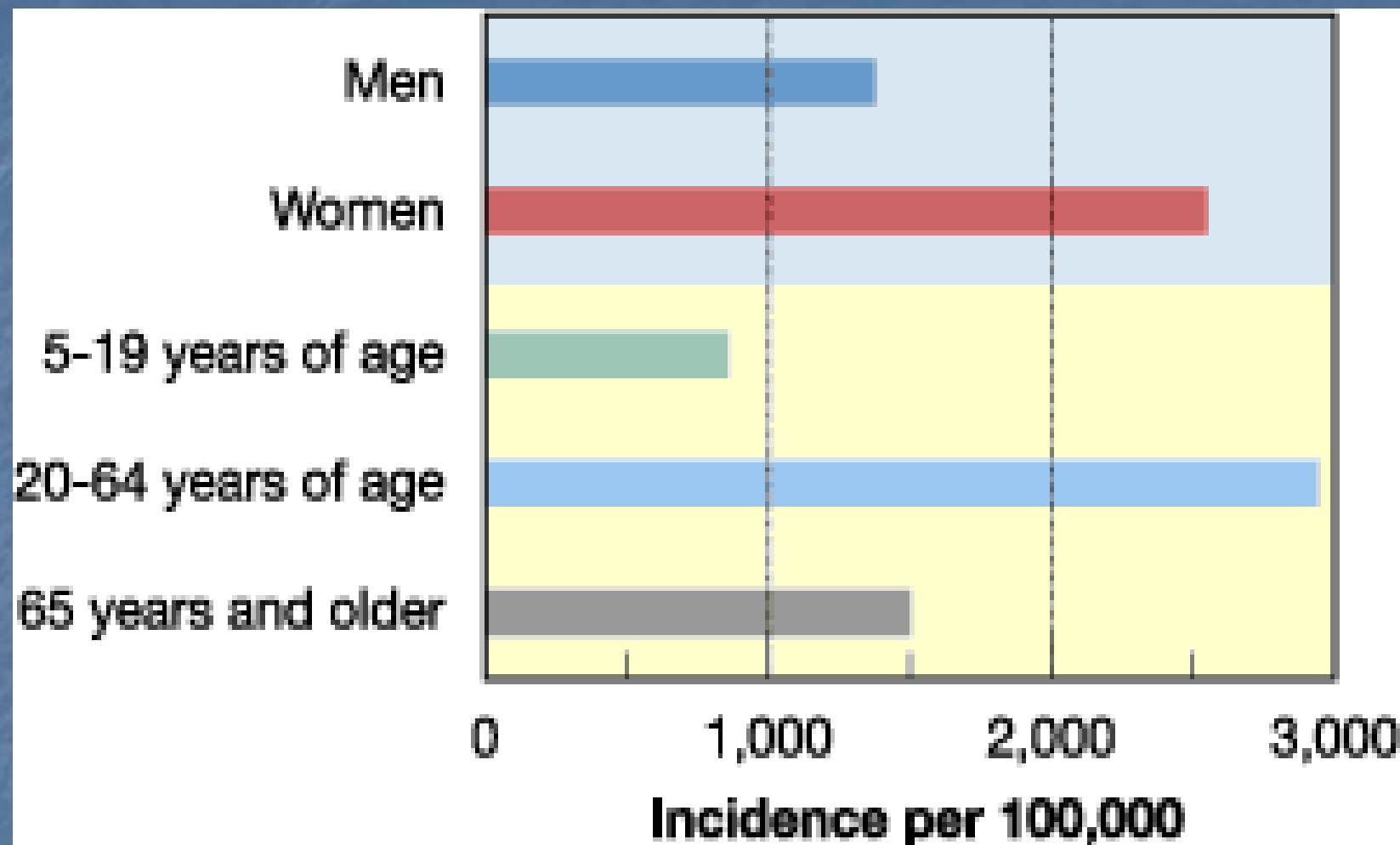


Mood or Affective Disorders

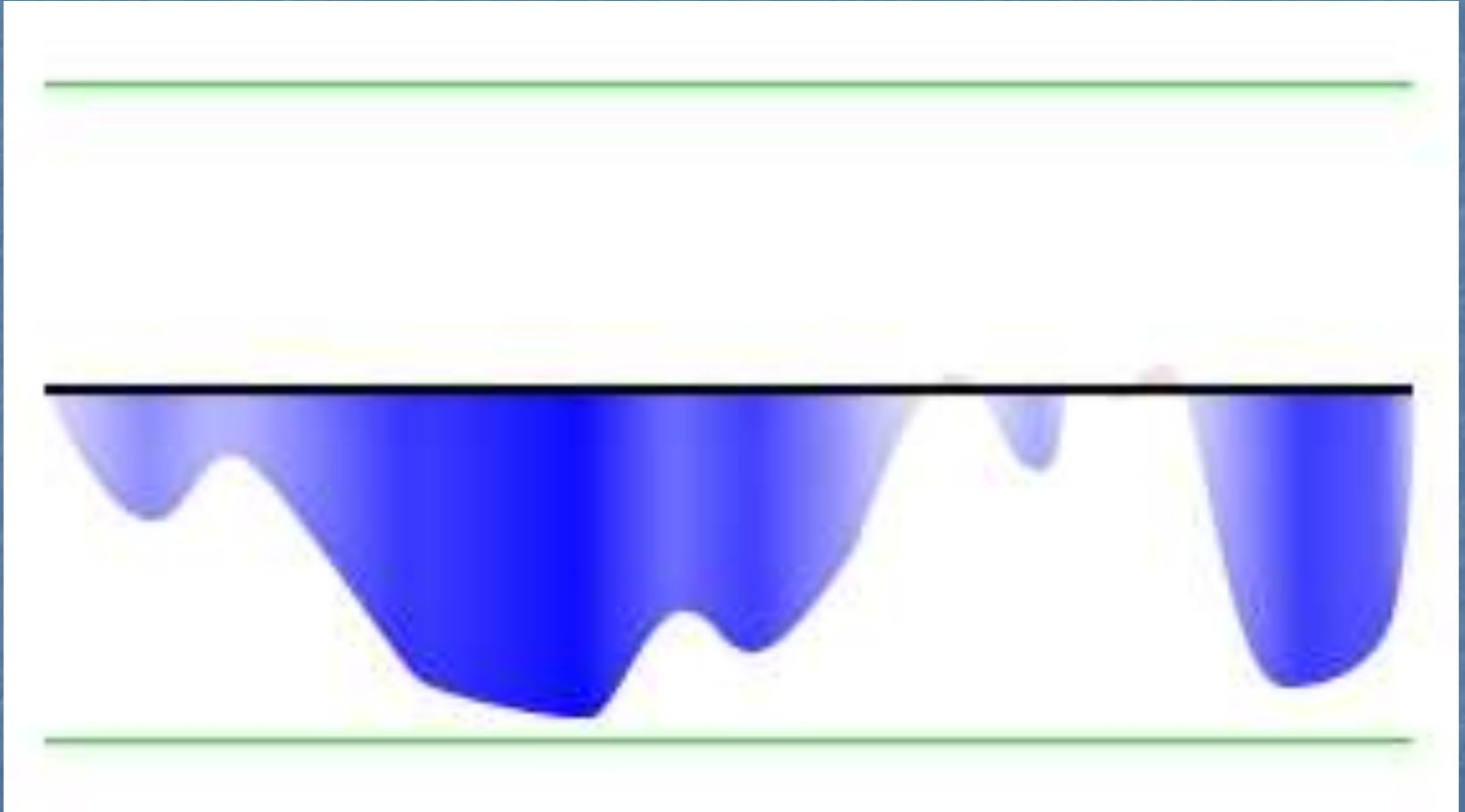
- **Major Depressive Disorder**
 - **Major Depressive Disorder, Single Episode**
 - **Major Depressive Disorder, Recurrent**
 - **Most common disorder**
 - **Late 20s**
 - **Even in infancy**
 - **Females 2X**
 - **Statistical Artifact?**

- **4 of following nearly everyday for at least 2 weeks**
 - **Poor appetite or eating much more (5% change in weight)**
 - **Insomnia or hypersomnia**
 - **Psychomotor agitation or retardation**
 - **Loss of interest or pleasure in usual activity**
 - **Loss of energy/fatigue**

- **Feeling of worthlessness**
- **Diminished ability to think or concentrate**
- **Recurrent thoughts of death and/or suicide**



■ Major Depressive Disorder, Recurrent



■ Treatment

■ Antidepressants

■ SSRI's

■ Tricyclics

■ Take about 6 weeks to show effect.

■ Many of these—Why?

■ 30% - 50% do not respond to initial antidepressant

■ Up to 50% of initial non-responders will respond favorably to another medication

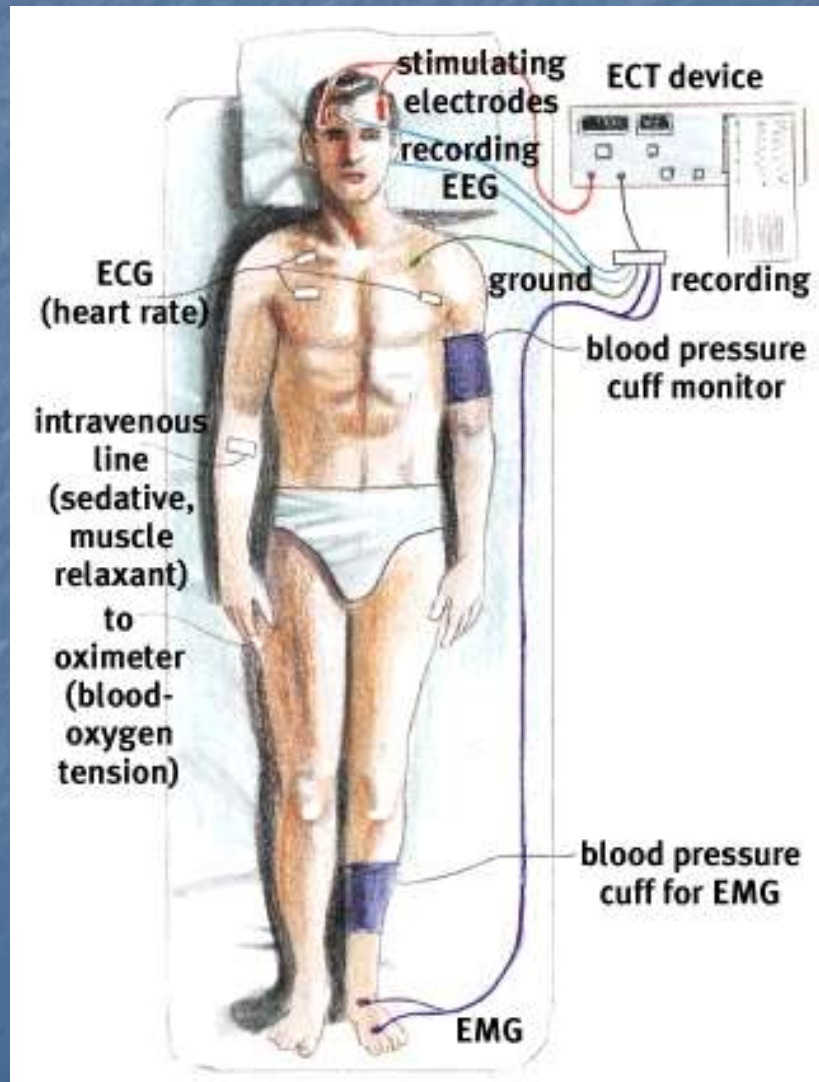
■ About 80% respond

■ Cost — Minimum \$80.00 per month

- **Selective Serotonin Reuptake Inhibitors (SSRIs)**
- **Prozac, Paxil, Zoloft, Luvox (off-label), Celexa, Lexapro**
 - Specifically elevate levels of serotonin by preventing its reuptake
- **SSRIs are “first-line” medications of U.S. psychiatrists**
- **Second-generation antidepressants**
 - Fewer side-effects (transient)
 - Safety (lower lethality)
- **MAOs (lethal food interactions) and tricyclics (many side-effects, higher lethality)**

- **Common SSRI Side-Effects**
 - **Daytime sedation**
 - **Insomnia**
 - **Sexual (interferes with orgasm and/or desire)**
 - **Nervousness Nausea**
 - **Diarrhea**
 - **Headache**
 - **Tremor**
 - **Weight gain**

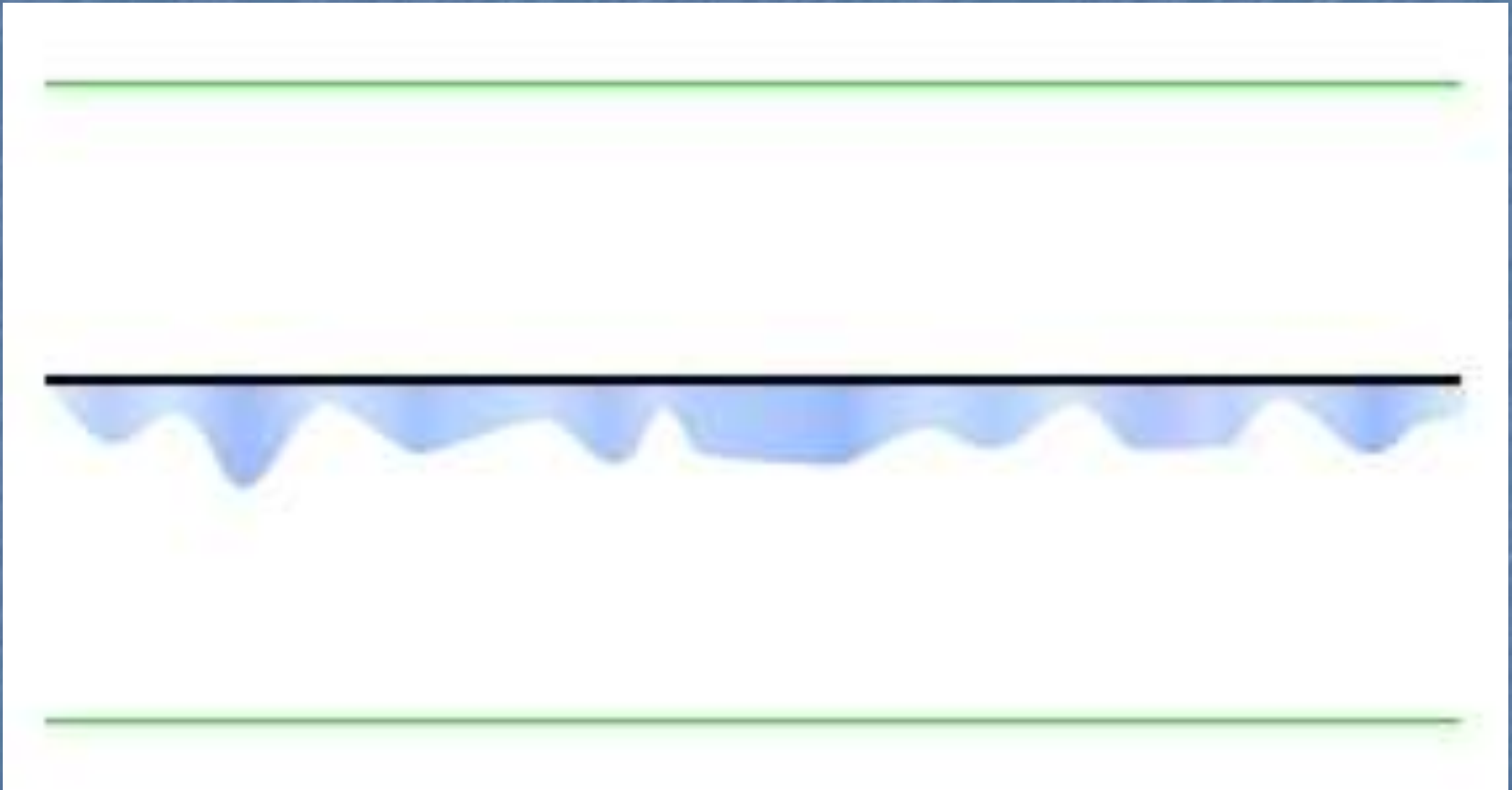
- **Electroconvulsive Therapy (ECT)**
 - **About 50% of the 20% respond**



Effects of ECT

- **Does it cause permanent brain damage?**
 - **No real evidence that supports this.**
 - **There can be temporary disruptions in patient's shorter term memories.**
- **Bilateral ECT**
 - **Might, at times, result in loss of memory for events a day or two previous to the ECT. Memories will usually return in 30 days or so.**
- **Unilateral ECT produces little apparent memory loss.**

■ Dysthymic Disorder



■ Suicide

- Increase percentage with age
 - To about the age of 60 (males continue females decrease)
- Males-more likely to commit suicide
 - More lethal means-guns
 - Attempts increase with lethality
 - Failed interpersonal relationships (20's)
 - Prestigious university/end of semester

- **Females-more likely to attempt suicide**
 - **Pills**
- **Why the difference between males and females?**
- **If a particular society condemns suicide as both a sin and a crime fewer suicides**
- **Can infer goal by lethality of method used**
- **Most have directly communicated their intent to others**

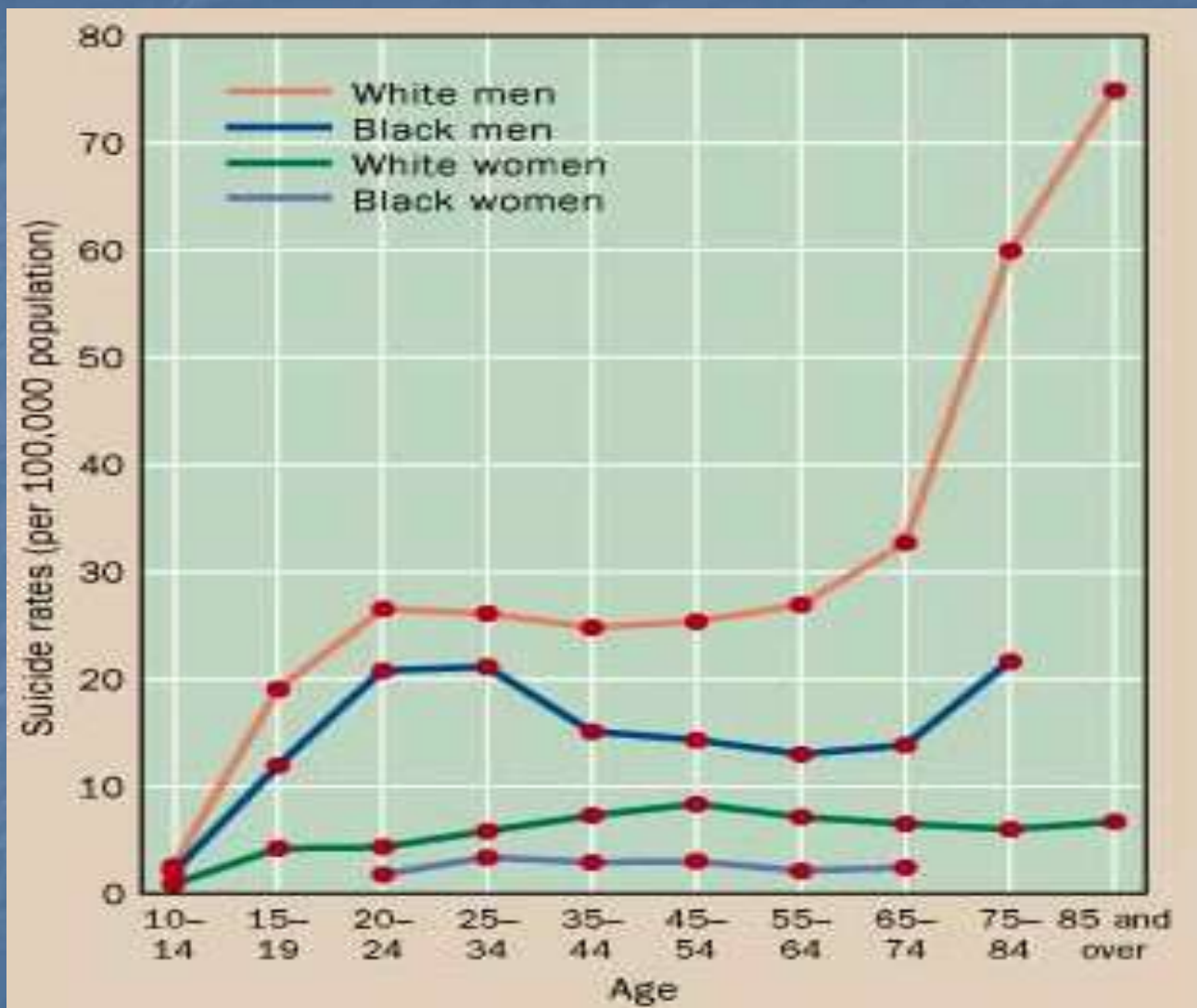
■ **Major Risk Factors in Suicide**

- **Previous suicide attempt(s)**
- **History of mental disorders, particularly depression**
- **History of alcohol and substance abuse**
- **Family history of suicide**
- **Family history of child maltreatment**
- **Feelings of hopelessness**
- **Impulsive or aggressive tendencies**
- **Barriers to accessing mental health treatment**

- **Loss (relational especially in male college students, social, work, or financial)**
- **Physical illness**
- **Easy access to lethal methods**
- **Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts**
- **Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma**

- **Local epidemics of suicide**
- **Isolation, a feeling of being cut off from other people**

- **Additional Risk Factors**
 - **Single (divorced, widowed, never married)**
 - **Non-religious**
 - **Male**
 - **White collar professions**
 - **Once symptoms of severe depression begin to lift - medication**
- **Notes left**
 - **Most have positive affect**
 - **Few have negative**



■ **Unipolar Mania**

- **Early 20s**
- **Equal M/F**
- **Psychoactive substance abuse**
- **Psychomotor stressor**
- **Antidepressant/ECT may precipitate**
- **Research has found little evidence for the existence of "unipolar mania."**

- **At least 3 for 1 week**
 - **Increase activity physically or socially**
 - **More talkative than usual or pressure to keep talk**
 - **Flight of ideas**
 - **Inflated self-esteem**
 - **Decreased need for sleep--3 hrs**
 - **Distractibility to external stimulation**
 - **Excessive involvement in activities that have a high potential for painful consequences not readily recognized**

■ **How treated?**

■ **Lithium—a mood stabilizer**

- **Cheap – Element**

- **Side Effects**

- **Too little is not effective**

- **Too much is harmful**

- **Therapeutic window**

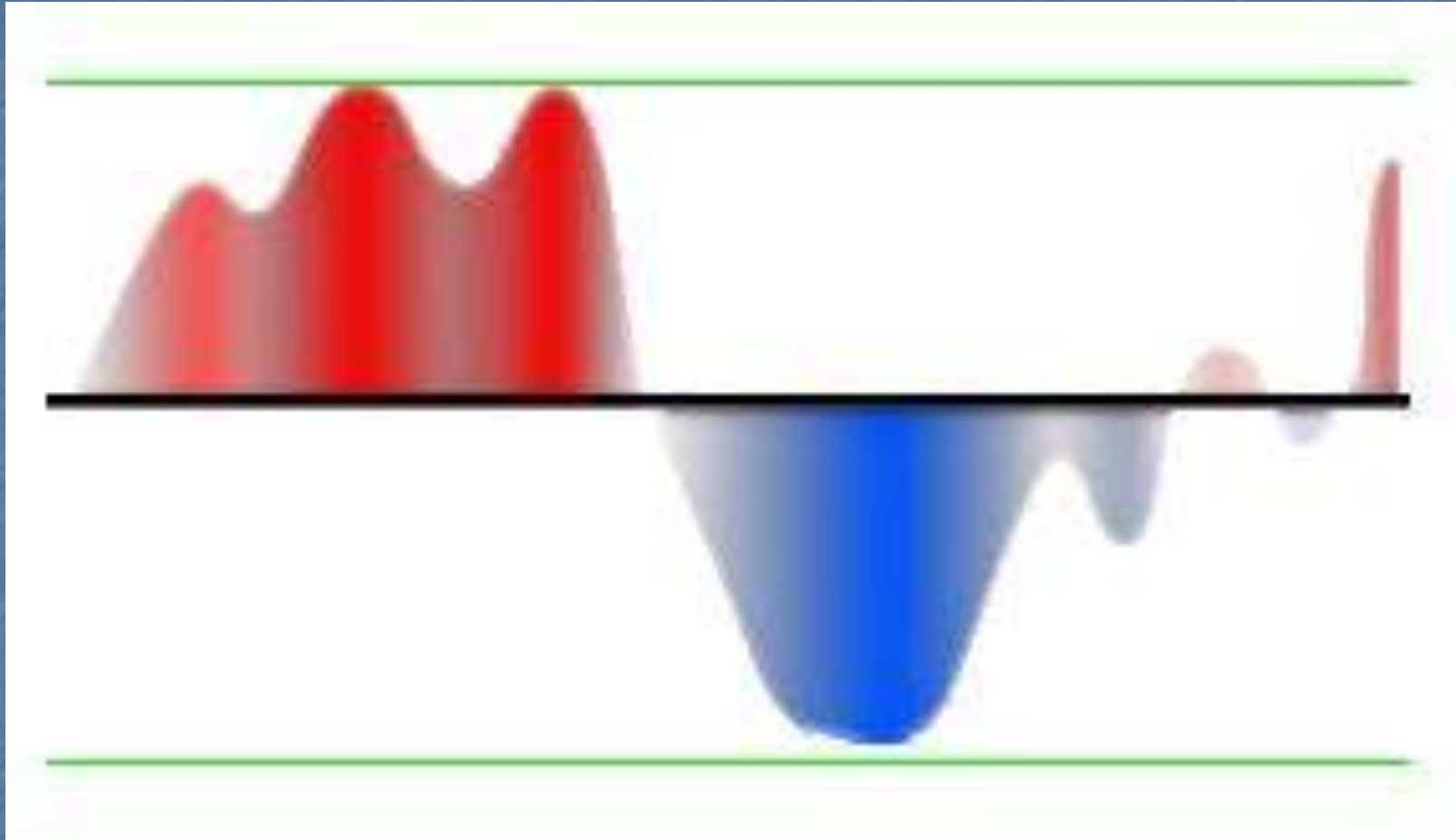
- **The amount that is enough, but not too much**

- **Cost compared to antidepressants.**

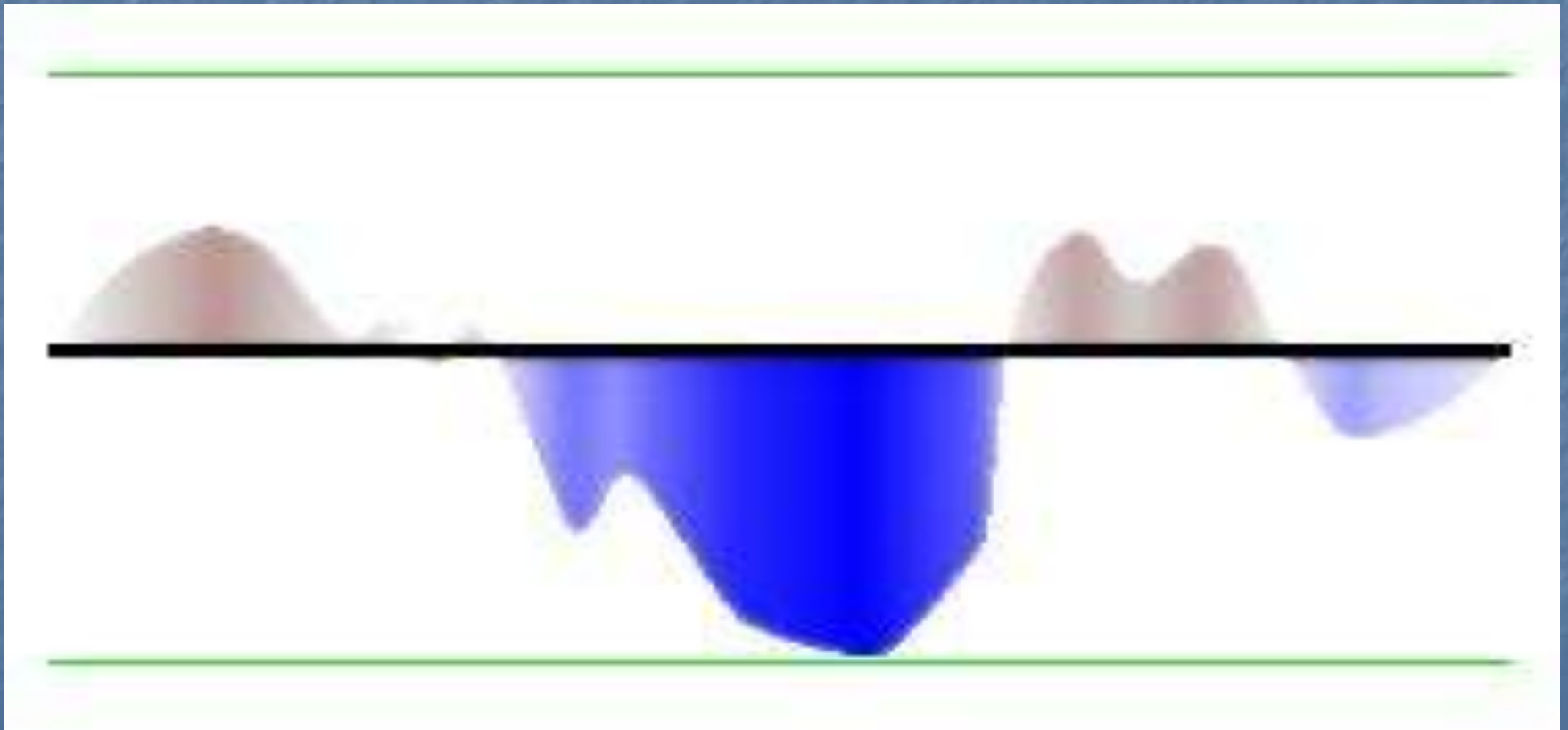
■ **Bipolar I Disorder**

- **Classic form of manic depression with full Manic Episodes and Major Depressive Episodes. (A person does not need to experience depression to qualify as Bipolar I)**
 - **Single Manic Episode**
 - **Most Recent Episode Hypomanic**
 - **Most Recent Episode Manic**
 - **Most Recent Episode Mixed**
 - **Most Recent Episode Depressed**
 - **Most Recent Episode Unspecified**

- Treated using Lithium



- **Bipolar II Disorder**
 - Major Depressive Episodes and **Hypomanic** Episodes



■ **Cyclothymic Disorder**

- **For at least 2 years, the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms that do not meet criteria for a Major Depressive Episode**

■ **Schizoaffective Disorder**

- **An uninterrupted period of illness during which, at some time, there is either (1) a Major Depressive Episode, (2) a Manic Episode, or (3) a Mixed Episode concurrent with symptoms that meet (4) Criterion A for Schizophrenia.**

Psychosis

- **Lost Contact With Reality**
- **Many require hospitalization**
- **Adults have a better prognosis (Schizophrenia)**
- **66% are schizophrenic**
- **Can be a danger to selves and others**
- **Usually not able to carry out routine activities**
 - **Work, social activities, relationships, feed selves**

Positive symptoms

- Hallucinations
- Delusions
- Disorganized thoughts and behaviors
- Loose or illogical thoughts
- Agitation

Negative symptoms

- Flat or blunted affect
- Concrete thoughts
- Anhedonia (inability to experience pleasure)
- Poor motivation, spontaneity, and initiative

- **Symptoms**

- **Withdrawal**

- **Unable to cope--own world**

- **Perceptual Symptoms**

- **Hallucinations-False perceptions**

- **Auditory-Most common**

- **Visual-Not common (drugs)**

- **Tactile**

- **Cognitive Symptoms**

- **Delusions-False beliefs**

- **Grandeur**

- **Believe something that not**

- **Believe have some great power**

- **Persecution**

- **Control**

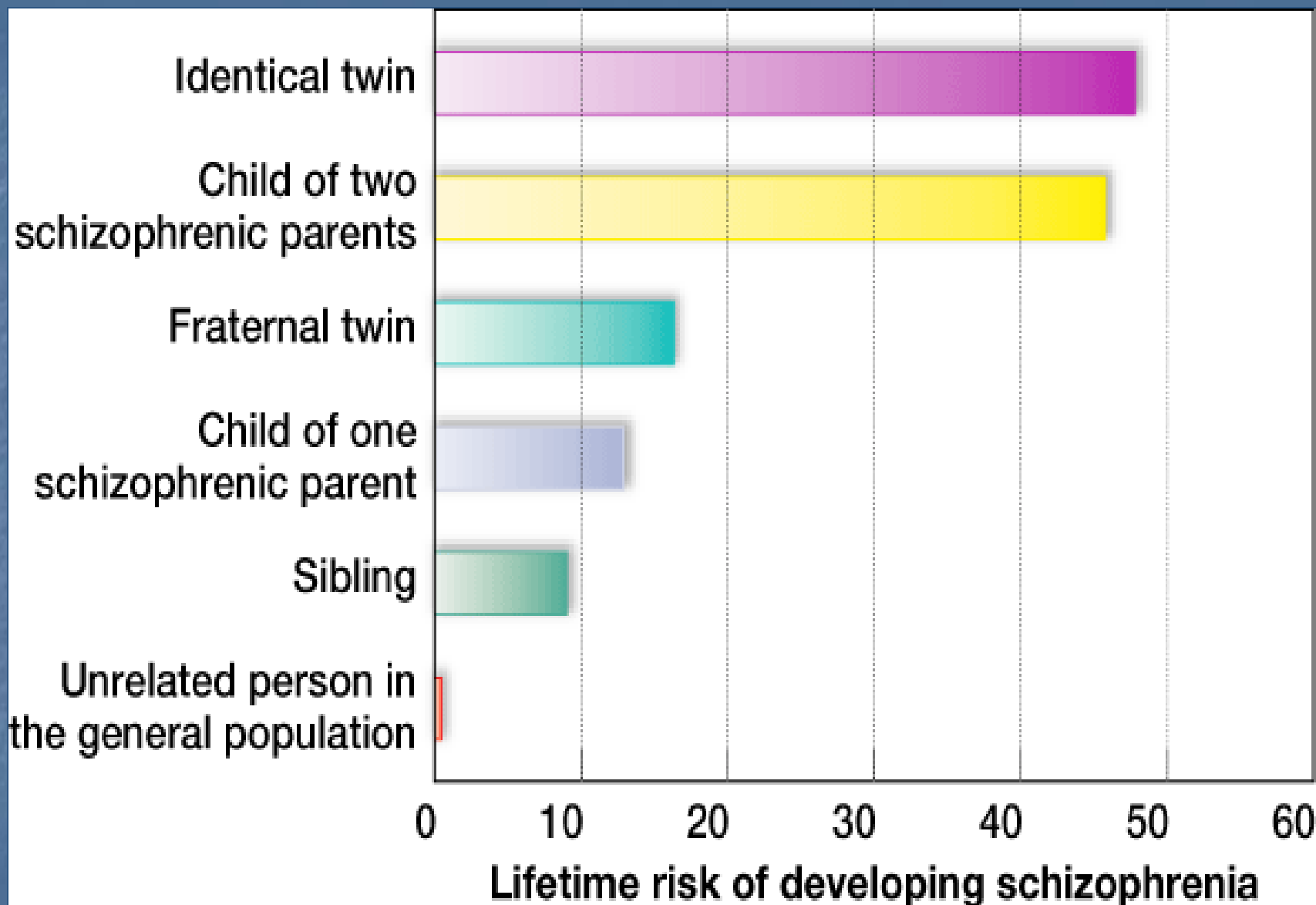
- **Verbal Symptoms**
 - **Neologisms**
 - **Word Salad--confusion and incoherence**
 - **Echolalia**
 - **Clang Association**
 - **Mutism**
 - **Symbolism**

- **Motor Symptoms**

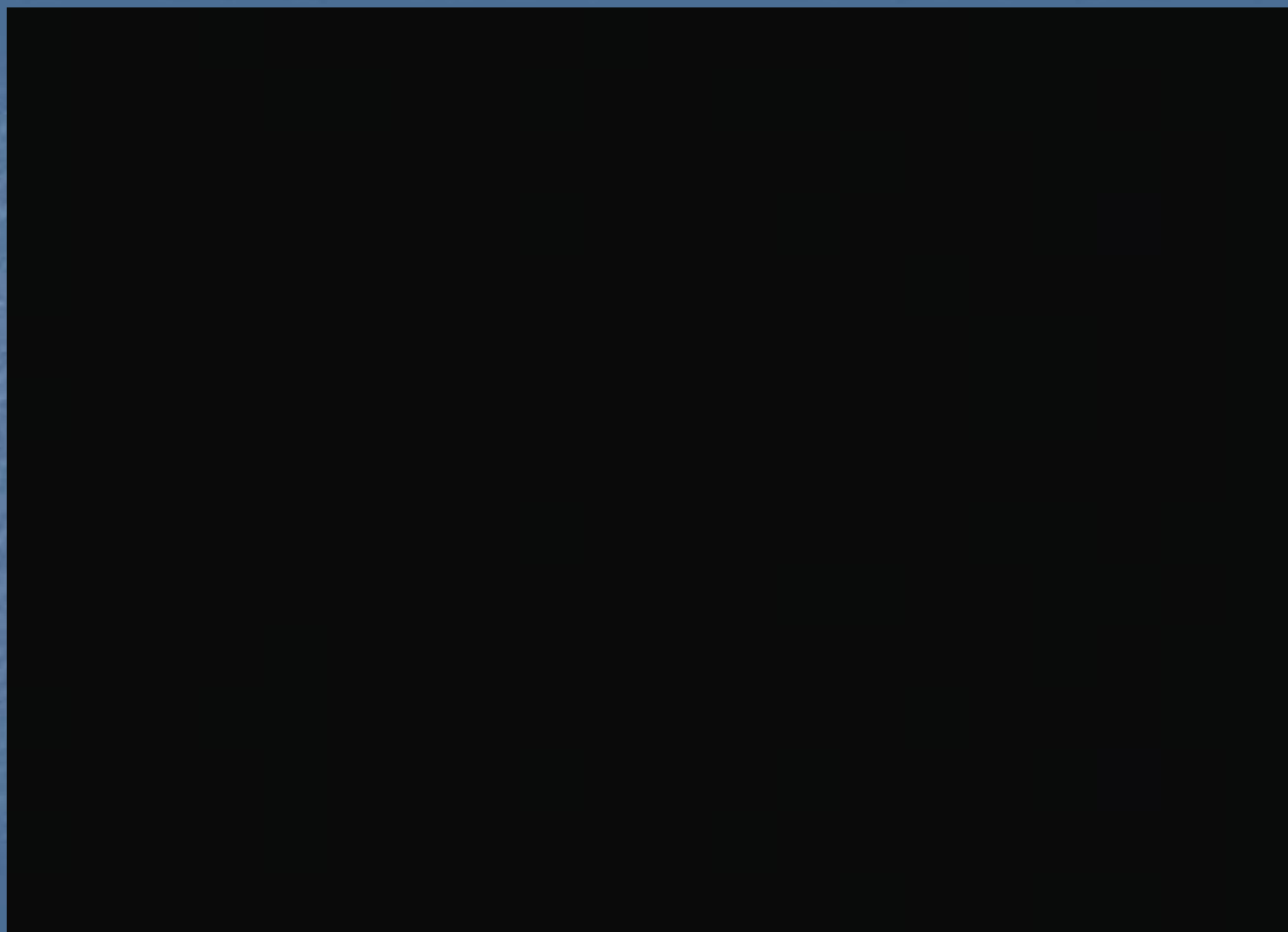
- **Peculiar Positions**
- **Unpredictable—frenzy**
- **Negativism**

- **Emotional Symptoms**

- **Flattened**
- **Bazaar--inappropriate**
- **Rapid fluctuations**



Relationship	Genetic relatedness	Risk
Identical twins	100%	48%
Offspring of two schizophrenic parents	100%	46%
Fraternal twins	50%	17%
Offspring of one schizophrenic parent	50%	17%
Sibling	50%	9%
Nephew or niece	25%	4%
Spouse	0%	2%
Unrelated person	0%	1%



Schizophrenia

- **1%-2% of the population historically**
 - What does this mean?
 - Lower socioeconomic groups
 - NOT retarded
- **Late teens and mid 30's (Mean)**
- **Males--early to mid 20's (Medians)**
- **Females--late 20's**
- **Equal in males and females**
- **Mental Hospitals 50% to 75% are schizo.**

- **Disorganized (Hebephrenic) Type**
 - **Disorganized speech-Incoherent and illogical**
 - **Disorganized/inappropriate behavior**
 - **Flat or inappropriate affect**
 - **Most disturbed of all schizophrenias**
 - **Withdraw and total collapse of reality testing**
 - **Laughing inappropriately, silliness,**
 - **Childlike/Childish disregard for social conventions**

- **Bizarre associations**
- **Severe disruption in ability to perform daily activities**
- **Delusions/hallucinations if present are fragmented**
- **Grimacing**
- **Hospitalized for years-ever cured?**
 - **Sterile environment**

■ **Catatonic Type**

- **At least two of the following**
- **Motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor**
- **Excessive motor activity (that is apparently purposeless and not influenced by external stimuli)-
Excitement**
- **Extreme negativism (an apparently motiveless resistance to all instructions or maintenance of a rigid posture against attempts to be moved) or mutism**

- **Peculiarities of voluntary movement as evidenced by posturing (voluntary assumption of inappropriate or bizarre postures), stereotyped movements, prominent mannerisms, or prominent grimacing**
- **Echolalia or echopraxia**
- **Prognosis is usually good**
 - **Why?**

■ **Paranoid Type**

- **Preoccupation with one or more delusions or frequent auditory hallucinations relating to delusions.**
 - **Grandeur, persecution**
- **None of the following is prominent: disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect.**
- **Fairly intelligible speech and logical if basic premise is accepted**
- **Most common.**
- **Prognosis?**

- **Undifferentiated Type**
 - **Symptoms are present, but the criteria are not met for the Paranoid, Disorganized, or Catatonic Type.**

■ **Residual Type**

- **Absence of prominent delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior.**
- **Continuing evidence of the disturbance, as indicated by the presence of negative symptoms or two or more symptoms for Schizophrenia, present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).**

- **Infancy and Adolescence**
 - **Own category, not put in Schizophrenia**
 - **Infantile Autism (prior to 3 years of age)**
 - **Symptoms are quantitatively and qualitatively different**
 - **Own World - “Little Pink Balloon”**
 - **Repetitive behavior**
 - **Language**
 - **Treatment**
 - **Medication-opposite effect on children compared to adults**
 - **Amphetamines – these quite kids**

- **Hyperactive Kids (ADHD)**
 - **Excessive muscular activity**
 - **Difficulty in sustaining attention**
 - **Incessant talking**
 - **Normal IQ**

- **“Joey, The Mechanical Boy.”**
 - **Symptoms**
 - **Staff bringing items**
 - **Mother at least partially responsible**
 - **Environment or Hereditary**
 - **Both?**
 - **Correct Diagnosis**
 - **Prognosis—sounded good in paper
actually it was quite poor—in hospital
for most of the rest of life**
 - **About the author**

- **Male/Females equal**
- **“Law of Thirds”**
 - **1/3 Cured**
 - **1/3 Pretty good shape**
 - **1/3 Chronic**
- **Adult/first time/no treatment =
recover in about 4-6 weeks 80%**
 - **But 70% recidivism**

■ Dimensions for Prognosis

Process-----Reactive
Chronic-----Acute
Nonparanoid-----Paranoid
Withdrawal-----Activity

Disorganized, Catatonic, Paranoid

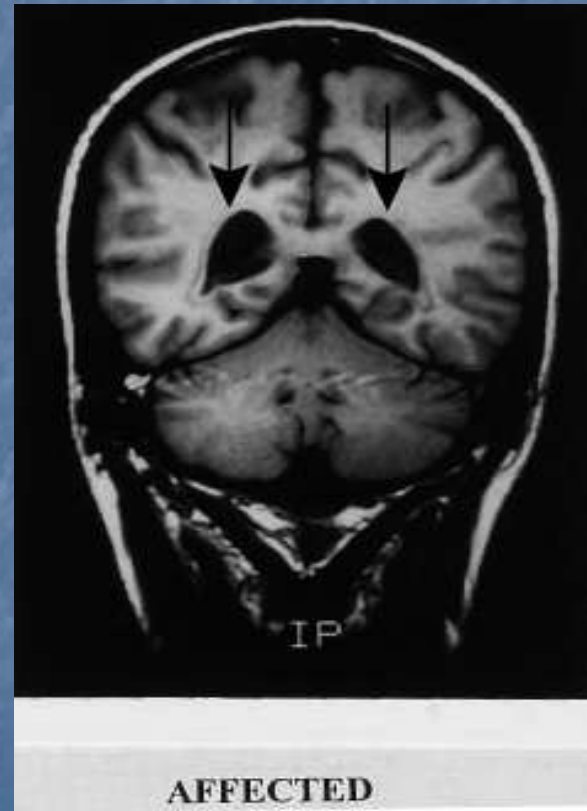
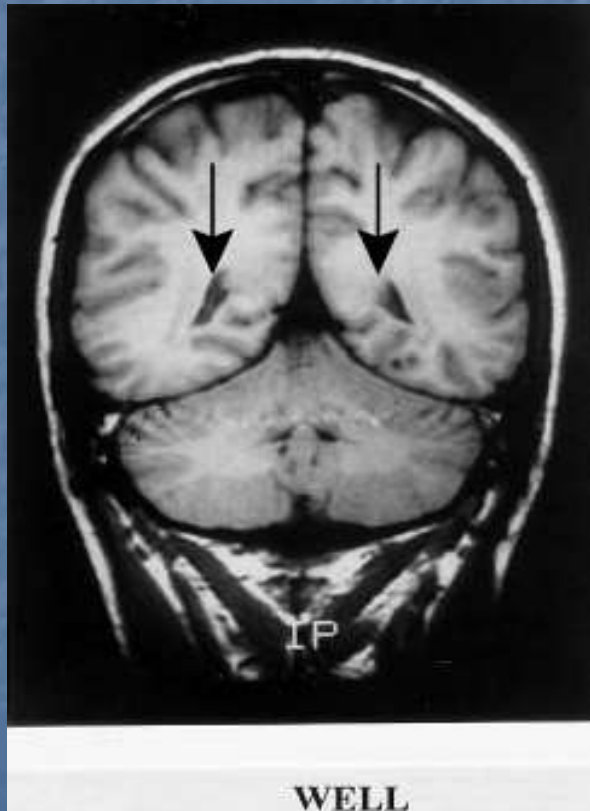
■ Causes

- Dopamine Hypothesis
- Inhibitory Neurotransmitter
- L-Dopa for Parkinson's
- This is why the drugs work (Treatment)
 - Neuroleptics, antipsychotic
 - Clozapine, Risperidone, Thorazine
 - Relieve positive but not negative symptoms
 - Makes the person seem more normal, but they do not increase his/her life satisfaction

- **Tolerance**
- **Tardive Dyskinesia**

- **Diathesis-Stress**
 - **BOTH heredity and environment important**

- **Physiological Factors Enlarged ventricles, Hyperactive thalamus, Inhibited frontal lobe.**



Handwritten text, mostly illegible due to blurring. The text appears to be organized into several paragraphs, possibly separated by lines or small gaps. The handwriting is cursive and somewhat dense.

THE UNIVERSITY OF CHICAGO

Organic Brain Syndrome (OBS)

- **Impairments of**
 - **Memory--Immediate, recent, remote**
 - **Intellectual functioning**
 - **Judgment**
 - **Orientation**
 - **Affect**

■ Causes

- Vitamin & Nutritional Deficiencies
- Brain/head injuries
 - Open/closed
 - Memory just prior to injury can be lost
- Circulation disturbances
 - Arteriosclerosis/strokes
 - Blockages or Ruptures

- **Infections**
- **Drugs & poisons**
- **Tumors**
 - **Beguine/Malignant**
 - **Kill normal cells as it grows/Circulation disturbance**
 - **First signs are memory disturbances**
- **Other causes as well**

- **Factors related to recovery and Impairment**
 - **Location**
 - **Age – Younger do best**
 - **Personality**

■ Epilepsy

- **Most common form of OBS.**
- **Abnormal discharge of neurons in the brain.**
- **Lesions, scar tissue, damage.**
- **Psychological or Physical can trigger.**

- **Grand Mal (Great Illness)**
 - **Generalized**
 - **Tonic-Clonic**
 - **Aura-Strange sensory experience**
 - **Expulsion of air**
 - **Loss of consciousness**
 - **Most common**
 - **Usually found in adults.**
 - **What to do with someone having a seizure.**

- **Petit Mal**
 - **Absence**
 - **Few seconds--30 or so**
 - **May go unnoticed-Why?**
 - **Children - uncommon in adults**

- **Jacksonian**

- **Myoclonic**

- **Twitching in thumb or corner of mouth**

- **Partial or no loss of consciousness**

- **Psychomotor**

- **Complex partial**

- **Adults**

- **Partial or total loss**

- **Continues to carry out activities**

- **Treatment**
 - **Antiseizure medication**
 - **Dilantin**
 - **Phenobarbital**

- **Mental Retardation**
 - **Amniocentesis**
- **Down Syndrome-Symptoms**
 - **Age-Younger and Older**
 - **30 1/1,500 Age 45 1/65**
- **Cretinism**
 - **Iodine deficiency in pregnancy**
 - **Thyroid disturbance**
- **Phenylketonuria (PKU)**
 - **Lack of enzyme that converts phenylalanine**

■ **Mild--50-70**

- **Educable**
- **Fine motor coordination impairment**
- **6th grade level**
- **Do best if mainstreamed/Remain at home**
- **80%**

■ **Moderate--35-49**

- **Trainable**
- **Gross motor impairment**
- **2nd grade level**
- **Do best if mainstreamed/Remain at home**
- **12 %**

- **Severe--20-34**
 - **Totally dependent**
 - **May learn personal hygiene**
 - **Minimal capacity for speech**
 - **Most institutionalized**
 - **7%**
- **Profound--Under 20**
 - **Deaf/convulsive**
 - **Not learn to speak**
 - **1%**

- **Age Related Disorders**

- **Presenile--45-60**

- **Alzheimer's (56)**

- **Stage 1: Increasing impairment in reasoning, deficit in perception and comprehension, loss of recent memory**

- **Stage 2: Increasing memory disturbance, vague delusions, perceptual loss, confabulation**

- **Stage 3: Vegetative functioning**

- **Pick's is similar**
 - **Usually no confabulation, vague delusions.**
 - **Frontal lobes.**

- **Senile Disorders (Over 60)**
 - **Senile dementia**
 - **More common in women-Why?**
 - **We will all get this if we live long enough**
 - **Cerebral Arteriosclerosis**
 - **Hardening of the arteries**
 - **Circulation disturbance**
 - **More common in men-Why?**

- **Onset and progression is slow**
- **Degeneration of brain tissue**
- **Prognosis is poor**

