psychiatry
435

Depressive Disorders

- Please make sure to check the **Editing File** .
- **Color index:** RED important, PURPLE notes and GREY:extra.
- Resources: Girl's and boy's 435 slides and first aid usmle step 1.
- For any suggestions, questions or corrections please contact us (psychiatry435@gmail.com).

Objectives:

- To understand varieties of depressive disorders.
- To recognize Depressive features.
- To know psychotic features associated with severe depression.
- To know etiology and differential diagnosis of depressive disorders.
- Treatment of depressive disorders.
- Different neurotransmitters involved in depression.

❖ Definitions:

- **Mood:**[1] Is the sustained and pervasive feeling tone that influences a person's behavior and perception of the world.[2] It is internally experienced. **Mood can be normal, depressed, or elevated.**
- **Affect**[3]**:** Is the person's **present** transient emotional state. It represents the external expression of mood.
- **Subjective affect**[4]**:** One's verbal expression of.
- **Objective affect**[5]**:** Observer's evaluation of expression of affect, through nonverbal signs; facial expression, eye contact, tone of voice, posture and movements.

❖ Introduction:

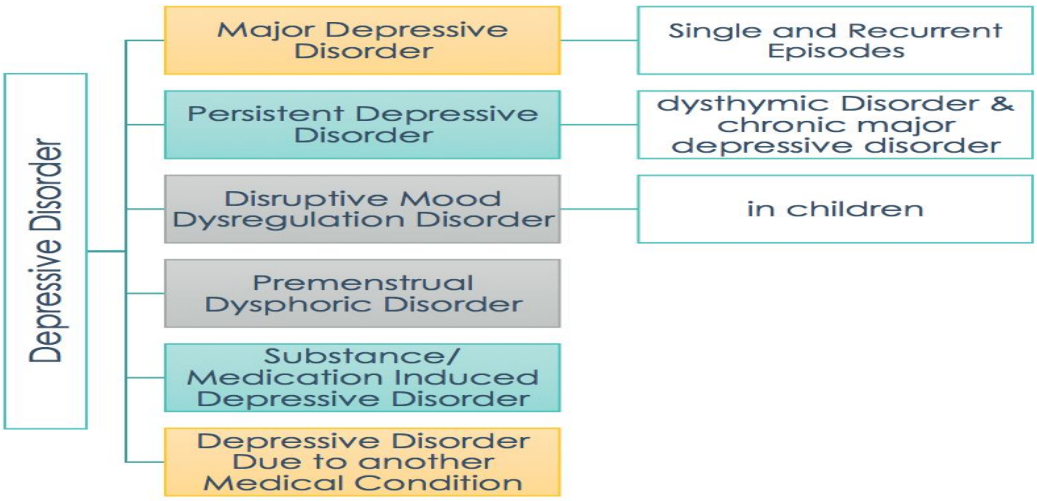
- **Healthy people:**

  Have a sense of control over their moods, and experience a wide continuum range of feelings with normal variations. **[usual sadness < - - > usual happiness].**
- **Patients with mood (affective) disorders:**

  Have a **loss of that sense of control over feelings** , a subjective experience of great distress and abnormality in the range of mood (e.g. depression, euphoria) and result in impaired interpersonal, social, and occupational functioning.

- **Anxiety disorders <u>are not</u>** considered as part of mood disorders in the modern classification, they are classified in a separate category although anxiety is a variant of normal mood.
- **Neurotransmitter involved in depressive disorders**[6]**.**

❖ Depressive Disorders in (DSM-5)[7]:



[1] المزاج الي هو فيه.

[2] Longer than the Affect, since it lasts for days onwards.

[3] حالته الآن الي اشوفه قدامي.

[4] شعور داخلي

[5] تقييم خارجي

[6] NT involved are : **serotonin, norepinephrine and dopamine** , usually dopamine in depression is **low,** but there is a condition where the dopamine will be high -> (بالتالي يوجد اكتئاب للمريض وتصورات خاطئة تسمى المانخوليا).

[7] DSM-5: diagnostic and Statistical Manual of Mental Disorders, 5th Edition.

• Etiology of Mood disorders in general :

The causative factors are **multifactorial** (interacting together):

★ **[8]Genetic factors[9]:** As supported by family and twin studies.[10]

★ **Neurobiological factors[11]:** Reduced levels of (NE, 5HT and DA) catecholamine hypothesis, decrease of norepinephrine.

★ **Abnormalities in Neuroendocrine Function:** Abnormal diurnal variation in cortisol production , hypothalamic-pituitary-adrenal axis or GH.[12]

★ **Psychological factors and Social and Environmental Factors[13]:** Stressful events, Premorbid personality factors and Cognitive distortions.

★ **Neuroimaging Studies:** Subgenual prefrontal cortex (SGPFC) ↓ blood flow.[14]

• Epidemiology of (MDD)[15]:

- The **most common psychiatric illness** (more in women[16]).
- Lifetime prevalence is in the range of **15 - 25** % and about 2% for bipolar I and II disorders "more prevalent than bipolar[17]".
- Lifetime risk is in the range of **10 - 15 %**.
- The mean age of onset is about **40 years (25 - 50 years)**[18].
- It may occur in childhood or in the elderly, In adolescents, it may be precipitated by substance abuse.
- The risk increase with **age**
- More common in those who lack confiding relationship (e.g. divorced, separated, single).

• Definitions:

1. Episodes: discrete periods of abnormal mood; low, high, or mixed mood :

- **Major depressive episode (MDE)[19]:** ≥ 2 weeks of low mood/loss of interest + other features.
- **Manic episode:** More than 1 week of elevated, expansive, or irritable mood + other features.
- **Mixed episode[20] :** ≥ 1 week of both depressed and manic mood + other features
- **Hypomanic episode:** More than 4 days less severe elevated mood + other features

2. Disorders: longitudinal / diagnostic term :

- **Major depressive disorder(MDD):** Patient has major depressive episodes

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[8] Problem in monoamine oxidase enzyme , so we use for treatment MAO inhibitors.

[9] تزيد احتمالية الإصابة إذا كان أحد الأبوين مصاب به.

[10] Medication that works on a patient will most likely work on a relative with the same disorder (good response).

[11] Not always applicable, some ppl have reduced levels of them but do not have depression.

[12] **You have to know the names of the substance.**

[13] تختلف عوامل التوتر من شخص لآخر حسب قدرة تحمله + not any stress can cause depression.

[14] No blood, which could lead to decreased food cravings, depressed mood, and decreased sex drive.

[15] Major Depressive Disorder.

[16] Due to the stress and hormonal changes.

[17] Depression is very hard to detect, to the point it may go undetected for months and years. Unlike someone who is bipolar, their symptoms are very obvious.

[18] غالبا يجي بدري في العشرينات و أقل. ٤٠٪ من الحالات تبدأ قبل ١٤ سنة.

[19] **If MDE recur this will turn to Major Depressive Disorder (MDD) , but if Manic episodes occur after MDE this will lead to Bipolar I disorder.**

[20] هنا ما نحتاج اسبوعين عشان نشخص اسبوع يكفي.

(MDEs) but No manic or hypomanic episodes.

- **Bipolar I disorder:** Patient has met the criteria for a full manic or mixed episode, usually sufficiently severe to require hospitalization. Depressive episodes may/may not be present.
- **Bipolar II disorder:** Patient has at least one major depressive episode and at least one hypomanic episode, but NO manic episode.
- **Dysthymic disorder :** ≥ 2 years-history of chronic less severe low mood .
- **Cyclothymic disorder:** Less severe bipolar mood disorder with continuous mood swings; alternating periods of hypomania and moderate depression.

• Diagnostic criteria of Major Depressive Episode (MDE):[21]

A. 5 or more of the following symptoms have been present during the same 2-week period[22] and represent a change from previous functioning[23]:
at least one of the symptoms is either Depressed mood or loss of interest[24] [25]:

1. **Depressed mood most of the day. (in children and adolescents can be irritable mood[26]).**
2. **Loss of interest in pleasurable activities[27] (anhedonia).**
3. **Appetite[28] or body weight change (increased or decreased).**
4. **Insomnia or hypersomnia.**
5. **Psychomotor agitation or retardation[29].**
6. **Fatigue or loss of energy.**
7. **Feelings of worthlessness or excessive guilt[30](which may be delusional).**
8. **Diminished ability to think or concentrate.**
9. **Recurrent thoughts of death or suicide.**

B. The symptoms cause clinically significant distress or impairment in functioning.

C. The symptoms do not meet criteria for a mixed episode.

D. Not due to substance abuse[31] , a medication or a medical condition: e.g.hypothyroidism.

• Diagnostic Criteria for (MDD):

1. **Presence of major depressive episodes**.
2. **Not** better accounted for by schizoaffective[32] disorder and is not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or psychotic disorder not otherwise specified.
3. There **has never been a manic episode, a mixed episode, or a hypomanic episode.**

- **If the full criteria are currently met for a major depressive episode, specify its**

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[21] متى نقدر **نشخص** بالاكتئاب إذا كانت في المريض خمسة وأكثر من هذه الأعراض و مستمرة لمدة أسبوعين و أكثر .
[22] لازم تكون الأعراض واضحة يومياً.
[23] You can see the full criteria in page:10
[24] LOw mood , LOss of interest = **LOLO**
[25] **مو شرط يكون يحس بحزن ، ممكن يكون فقد المتعة بالأشياء الي يحبها عادةً.**
[26] يصير ماله خلق يلعب ويبكي بسرعة.
[27] ما يؤدي الوظيفة الي هو يسويها كل يوم.
[28] Usually low mood come with low appetite .
[29] تراجع في الوظائف الحركية النفسية ، مثلا الأم ماتقوم مع اولادها الصباح مثل ماهي متعودة كل يوم وهذا الشي يحسسها بالذنب
[30] قد تكون مؤشر في الرغبة بالانتحار.
[31] مثلا لما شخص مدمن على الحشيش و يبدأ ينتهي المفعول(withdrawal) يبدأ يحس بخمول واكتئاب ي.يون بس ينامون ويأكلون كثير.
[32] مشابهة لها في الأعراض لا أقل ولا أكثر.

current clinical status and/or features:

- Mild, moderate, severe without psychotic features\severe with psychotic features.
- Chronic With catatonic features, Chronic With melancholic features
- Chronic With atypical features Chronic With postpartum onset.

• Depressive features and Clinical Findings[33]:

Appearance & Behavior	Biological Features (Neurovegetative Signs)	Mood (Affective)Changes	Cognitive Functions & Thinking
- Neglected dress and grooming. - Facial appearance of sadness: **Turning downwards of corners of the mouth**. **Downcast gaze**/tearful eyes/reduced rate of blinking. Head is inclined forwards. - Psychomotor retardation (in some patients agitation occurs): Lack of motivation and initiation. Slow movements/slow interactions. Social isolation and withdrawal. Delay of tasks and decisions.	- Change in appetite (usually reduced but in some patients increased). - Change in sleep (usually reduced but in some patients increased). - Early morning (terminal) insomnia; waking 2 - 3 hours before the usual time, this is usually associated with severe depression. - Change in weight (usually reduce but may be increased). - Fatigability, low energy level (simple task is an effort). - Low libido and /or impotence. Change in bowel habit (usually constipation). - Change in menstrual cycle (amenorrhea). - Diurnal variation of mood (usually worse in the morning[34]). - Several immunological abnormalities (e.g. low lymphocytes) increasing the risk to infection. - Depressed patients may think a great deal about death or dying. - Feelings of worthlessness and guilt \ hopeless.	- Feeling low (more severe than ordinary sadness). - Lack of enjoyment - inability to experience pleasure (anhedonia) - Irritability, Frustration and Tension - Alteration of mood.	- Subjective poor attention, concentration and memory. - In elderly this may be mistaken as dementia (pseudodementia). - Depressive cognitive triad (pessimistic thoughts) as suggested by Beck: Present: patient sees the unhappy side of every event (discounts any success in life, no longer feels confident, sees himself as failure). Past: unjustifiable guilt feeling and self-blame. Future: gloomy preoccupations; hopelessness, helplessness, death wishes (may progress to suicidal ideation and attempt).

• Psychotic Features Associated with Severe Depression[35]:

➔ Hallucinations [36] (mood-congruent[37]):	➔ Delusions[39] (mood-congruent):
	1.**Delusion of guilt** (patient believes that he deserves severe

[33] The symptoms that you as a doctor will notice about the patient. هذي ماتكفي وحدها للتشخيص

[34] يكون عنده اختلاف في الصباح والليل ممكن يصحى من ضيقة الصدر

[35] تكون موجودة فيه كل الاعراض الي فوق + هذي (الهلاوس والضلالات)

[36] فرق الهلوسة الي تجي مع الاكتئاب عن الي مع الفصام : الهلوسة مع الاكتئاب تبدأ بالتدريج وفي المراحل الشديدة فقط.

[37] متوافقة مع المزاج.

1.Usually second person[38] **auditory hallucinations** (addressing derogatory repetitive phrases). 2. **Visual hallucinations** (e.g. scenes of death and destruction) may be experienced by a few patients.	punishment). 2. **Nihilistic delusion** (patient believes that some part of his body ceased to exist or function, e.g. bowel, brain). 3. **Delusion of poverty and impoverishment**[40]. 4. **Persecutory delusion** [41](patient accepts the supposed persecution as something he deserves, in contrast to schizophrenic patient).

Course and Outcome:

- A depressive episode may begin either suddenly or gradually
- Duration of an untreated episode may range from a few weeks to months or even years (6-9 months)
- 20% will develop a chronic form of depression.
- suicidal risk ↑ with : being divorced or living alone, having a history of alcohol or drug abuse, being older than 40, **having a history of a prior suicide attempt**, expressing suicidal ideation (particularly when detailed plans have been formulated).

Differential Diagnosis of (MDD):

1. Depression secondary to medical diseases:

- Hypothyroidism - Diabetes mellitus - Cushing's disease - Parkinson's disease.
- **Stroke**.
- Carcinoma (especially of the pancreas and lungs).
- Autoimmune diseases; SLE, multiple sclerosis.

2. Depression secondary to medications:

- *Antihypertensives* (e.g. beta-blockers, methyldopa, reserpine & Ca-channel blockers).
- Steroids.
- Bromocriptine and L- dopa.
- Indomethacin.
- Isotretinoin (Roaccutane); treatment of acne.
- Progestin-containing contraceptives (compared to estrogen-containing contraceptives, which can reduce depression risk).
- Tamoxifen (estrogen-receptor antagonist used in breast cancer): it may induce depression that can be difficult to treat with antidepressants.
- Chemotherapy agents e.g. vincristine, interferon (may induce severe depression with suicidal ideas).
- Antipsychotics.

3. Depression secondary to substance abuse

(upon discontinuation of stimulants / cannabis).

4. Psychiatric disorders:

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[39] التوهمات

[38] يعني يسمع شخص يكلمه ، لو قال 3rd يعني شخصين يتكلمون عنه.

[40] يحس انه قليل الحيلة

[41] (ضلالات الاضطهاد) اكثر وحده تحصل مع الاكتئاب الشديد. مثلا يكون متأكد أن الناس يترصدون له.

- Dysthymic disorder (chronic & less severe depression - see later-).However, both may occur together; dysthymic disorder complicated by major depressive episodes (double depression).
- Adjustment disorder with depressed mood (see later).
- Schizophrenia, schizoaffective disorder.
- Somatization disorder.
- *Anxiety* disorder.

• Treatment:[42]

★ Antidepressants:

Have proven to be very useful in the treatment of severe depression. They shorten the duration in most cases .Desirable therapeutic antidepressant effect requires a period of time, usually 3-5 weeks. Side effects may appear within the first few days.

★ **Tricyclics/ Tetracyclics:** Avoid in suicidal patient because of cardiotoxicity in overdose.

★ **Selective Serotonin Reuptake Inhibitors (SSRIs):**e.g. fluoxetine, paroxetine.

★ **Selective serotonin – Norepinephrine Reuptake Inhibitors (SNRIs):** e.g. venlafaxine, duloxetine. Other new agents e.g. mirtazapine.

- After a first episode of a unipolar major depression, **treatment should be continued for six months after clinical recovery, to reduce the rate of relapse**.
- If the patient has had **two or more episodes**, **treatment should be prolonged for at least a year after clinical recovery to reduce the risk of relapse**.

- Lithium [43] Carbonate can be used as **prophylaxis** in recurrent unipolar depression.
-

• Management of Major Depression: (Biopsychosocial Approach)

★ Hospitalization: is indicated for:

- **Suicidal or homicidal patient.**
- Patient with **severe psychomotor retardation**[44] who is not eating or drinking (for ECT).
- Diagnostic purpose (observation, investigation).
- Drug resistant cases (possible ECT).
- Severe depression with psychotic features (possible ECT).

★ Electroconvulsive therapy (ECT)[45]:

<u>The effect of ECT is best seen in severe depression</u> especially with marked biological (neurovegetative), suicidal and psychotic features. It is mainly the speed of action that distinguishes ECT from antidepressant drug treatment. **In pregnant depressed patient ECT is safer than antidepressants**.

★ Psychosocial:

Supportive therapy. Family therapy. **Cognitive-behavior therapy (CBT) for less severe cases or after improvement with medication**.

★ Prognosis of Unipolar Depressive Disorders:

About 25 % of patients have a recurrence within a **year**. **10%** will eventually **develop a**

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[42] المطلوب فقط معرفة نوع الدواء المستخدم بدون الأمثلة المذكورة لأننا بناخذ محاضرة كاملة في الفارما عنها.
[43] مثبت مزاج
[44] المريض مايقدر يتحرك نتيجة لأنه قاضية بطاريته
[45] علاج عن طريق لذعات كهربائية

manic episode. A group of patients have chronic course with residual symptoms and significant social handicap.

❖ Persistent Depressive Disorder (Dysthymia[46])[47]:

- Dysthymia (ill-humored) was introduced in 1980 and changed to dysthymic disorder in DSM-IV.
- It was also called "depressive neurosis" and "neurotic depression" compared to major depression (psychotic or endogenous depression)
- Dysthymic disorder is a **chronic depressed mood** that lasts most of the day and presents on most days.
- Age from **20-30** years (young adult) .

• Diagnostic Criteria[48] of Dysthymia	• Differential Diagnosis
A. ≥ 2 years history of chronic low mood. **B. No remission periods more than two months.** **C. During low mood there should be ≥ 2 out of the following:** 1. Low energy or fatigue. 2. Low self-esteem. 3. Feeling of hopelessness. 4. Insomnia (or hypersomnia). 5. Poor appetite (or overeating). 6. Poor concentration or difficulty in making decisions. **D. Not better accounted for by any other psychiatric or medical diseases (e.g. major depression, hypothyroidism).** E. **It leads to impairment in functioning or significant distress.**	This is essentially identical to that of major depression. However, two disorders require consideration: **1. Chronic Fatigue Syndrome[49] / Neurasthenia** Disabling chronic fatigue of uncertain etiology associated with variable extent of somatic and / or psychological symptoms. **2. Recurrent Brief Depressive Disorder:** Brief (less than two weeks) periods during which depressive features are present with greater severity than that of dysthymic disorder. The course is episodic and recurrent.

• Treatment of dysthymic disorder[50]:[51]

The most effective treatment is the combination of pharmacotherapy and cognitive or behavior therapy (CBT).

A. Pharmacological:

- **Selective serotonin reuptake inhibitors (SSRI).**
- **Selective serotonin – Norepinephrine Reuptake Inhibitors(SNRIs):** Venlafaxine,duloxetine.
- **Monoamine oxidase inhibitors (MAOI):** Avoid combining with SSRI or tricyclic antidepressants.
- These groups may be more beneficial than tricyclic drugs in the treatment of dysthymic disorders.

B. Psychological:

- **Supportive therapy.**
- **Cognitive therapy:** to replace faulty negative self-image, negative attitudes about self, others, the world, and the future.

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[46] عسر المزاج

[47] **More than 2 year-history of chronic less severe low mood.**

[48] The full criteria in page:10

[49] خمول جسدي

[50] No need for admission like MDD .

[51] Medication + cognitive behavior therapy , bcause they see the negative aspect of themself .

- **Behavior therapy:** to enable the patient to meet life challenges with a positive sense by altering personal behavior through implementing positive reinforcement.

● Course and Prognosis:

The onset is **usually** insidious **before age 25**; the course is chronic. Some patients may consider early onset dysthymic disorder as part of life. Patients often suffer for years before seeking psychiatric help. About 25% never attain a complete recovery.

❖ Peripartum[52] depression :

- About 10-15% recently delivered women **develop disabling depression within 6 weeks of childbirth** (10-14 days after delivery).
- The peripartum onset specifier identifies those patients who experience a depressive, manic, or hypomanic episode during pregnancy or **within the first 4 weeks postpartum**[53]
- 50% of "postpartum" depressive episodes actually begin prior to delivery.
- It is associated with increasing age, mixed feelings about the baby, physical problems in the pregnancy and prenatal period, family distress and past psychiatric history.
- **accompanied by severe anxiety and even panic attacks and irritable mood.**
- Counseling, additional help with child-care may be needed. Antidepressants or ECT are indicated if there are biological features of depression. **May continue for six months** .

● The full Diagnostic Criteria of Dysthymia and MDE:

Box 6–4. DSM-5 Diagnostic Criteria for Persistent Depressive Disorder (Dysthymia)

This disorder represents a consolidation of DSM-IV-defined chronic major depressive disorder and dysthymic disorder.

A. Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years.

Note: In children and adolescents, mood can be irritable and duration must be at least 1 year.

B. Presence, while depressed, of two (or more) of the following:
   1. Poor appetite or overeating.
   2. Insomnia or hypersomnia.
   3. Low energy or fatigue.
   4. Low self-esteem.
   5. Poor concentration or difficulty making decisions.
   6. Feelings of hopelessness.

C. During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.

D. Criteria for a major depressive disorder may be continuously present for 2 years.

E. There has never been a manic episode or a hypomanic episode, and criteria have never been met for cyclothymic disorder.

F. The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

G. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g. hypothyroidism).

H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Box 6–3. DSM-5 Criteria for Major Depressive Episode

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.)
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or another medical condition.

Note: Criteria A–C constitute a major depressive episode. Major depressive episodes are common in bipolar I disorder but are not required for the diagnosis of bipolar I disorder.

[52] It's also called postpartum.

[53] يبدأ غالباً في الأسبوع الرابع لو استمر لين الاسبوع السادس هنا يعتبر اكتئاب. المفروض ترجع طبيعية بعد ٤ اسابيع.

- **Summary : Extra**

Manic episode

Distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently ↑ activity or energy **lasting at least 1 week**. Often disturbing to patient.

Diagnosis requires hospitalization or at least 3 of the following (manics DIG FAST):

- Distractibility
- Irresponsibility—seeks pleasure without regard to consequences (hedonistic)
- Grandiosity—inflated self-esteem
- Flight of ideas—racing thoughts
- ↑ in goal-directed Activity/psychomotor Agitation
- ↓ need for Sleep
- Talkativeness or pressured speech

Hypomanic episode

Like manic episode except mood disturbance is not severe enough to cause marked impairment in social and/or occupational functioning or to necessitate hospitalization. No psychotic features. **Lasts at least 4 consecutive days.**

Major depressive disorder

May be self-limited disorder, with major depressive episodes usually **lasting 6–12 months**. Episodes characterized by at least 5 of the following 9 symptoms for 2 or more weeks (symptoms must include patient-reported depressed mood or anhedonia). Treatment: CBT and SSRIs are first line. SNRIs, mirtazapine, bupropion can also be considered. Electroconvulsive therapy (ECT) in select patients.

Persistent depressive disorder (dysthymia)—depression, often milder, **lasting at least 2 years.**

SIG E CAPS:

- Depressed mood
- Sleep disturbance
- Loss of Interest (anhedonia)
- Guilt or feelings of worthlessness
- Energy loss and fatigue
- Concentration problems
- Appetite/weight changes
- Psychomotor retardation or agitation
- Suicidal ideations

Patients with depression typically have the following changes in their sleep stages:

- ↓ slow-wave sleep
- ↓ REM latency
- ↑ REM early in sleep cycle
- ↑ total REM sleep
- Repeated nighttime awakenings
- Early-morning wakening (terminal insomnia)

Bipolar disorder (manic depression)

Bipolar I defined by presence of at least 1 manic episode +/– a hypomanic or depressive episode.
Bipolar II defined by presence of a hypomanic and a depressive episode.
Patient's mood and functioning usually return to normal between episodes. Use of antidepressants can precipitate mania. High suicide risk. Treatment: mood stabilizers (eg, lithium, valproic acid, carbamazepine), atypical antipsychotics.

Cyclothymic disorder—milder form of bipolar disorder **lasting at least 2 years**, fluctuating between mild depressive and hypomanic symptoms.

Postpartum mood disturbances	Onset within 4 weeks of delivery.
Maternal (postpartum) "blues"	50–85% incidence rate. Characterized by depressed affect, tearfulness, and fatigue starting 2–3 days after delivery. Usually resolves within 10 days. Treatment: supportive. Follow up to assess for possible postpartum depression.
Postpartum depression	10–15% incidence rate. Characterized by depressed affect, anxiety, and poor concentration. Treatment: CBT and SSRIs are first line.
Postpartum psychosis	0.1–0.2% incidence rate. Characterized by mood-congruent delusions, hallucinations, and thoughts of harming the baby or self. Risk factors include history of bipolar or psychotic disorder, first pregnancy, family history, recent discontinuation of psychotropic medication. Treatment: hospitalization and initiation of atypical antipsychotic; if insufficient, ECT may be used.

Thank you for checking our team
Good luck.

Team leaders:
Razan AlSabti
Ammar AlMansour

Team members:
Asrar batarfi
Kowthar Almousa
Farrah Mendoza
Asmaa Alammar
Nojood Alhaidri
Afnan Almalki
Yasmen AlFaresi