

MOOD & ANXIETY DISORDERS

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CASE VIGNETTE:

Huda is a 25 yr-old single female teacher. She had an episode –of at least 2 weeks duration- low mood associated with loss of interest, isolation, crying spells, excessive guilt feelings, death wishes, suicidal ideation and reduction in libido. Her mother has history of bipolar disorder and one of her sisters had post-partum psychosis.

ANALYZE THE CASE:

1- IDENTIFICATION DATA:

Name: Huda Age: 25 years old

Marital Status: Single Sex: Female

Occupation: Teacher



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COMPLAINTS:

-Low Mood

-Isolation

-Guilt Feelings

-Suicidal Ideas

-Loss of Interest

-Crying spells

-Death Wishes

-Low Libido



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HISTORY OF PRESENT ILLNESS:

- COURSE: *Episodic* DURATION: *2 Weeks*

FAMILY HISTORY:

- MOTHER: *Bipolar A. Disorder*

- SISTER: *Post-partum Psychotic Disorder*



DESCRIPTIVE PSYCHOPATHOLOGY:

In psychiatric symptoms look for:

- 1.) Intensity, persistence and syndrome grouping.
- 2.) Primary or secondary (temporal) time course.
- 3.) Form and content
- 4.) Different Categories:
 - Emotion (E)
 - Thought (T)
 - Behavior (B)
 - Somatic (S)
 - Cognition (C)
 - Perception (P)
 - Biological (Bio)



DESCRIPTIVE PSYCHOPATHOLOGY (CONT):

- **AFFECT:** *Transient state of emotion (E)*
- **MOOD:** *Prevailing state of affect (E)*
- **INTEREST:** *Enjoyment, pleasure, motive (E)*
- **ISOLATION:** *Lonely, avoids social interaction (B)*
- **CRYING SPELLS:** *In tears (B)*



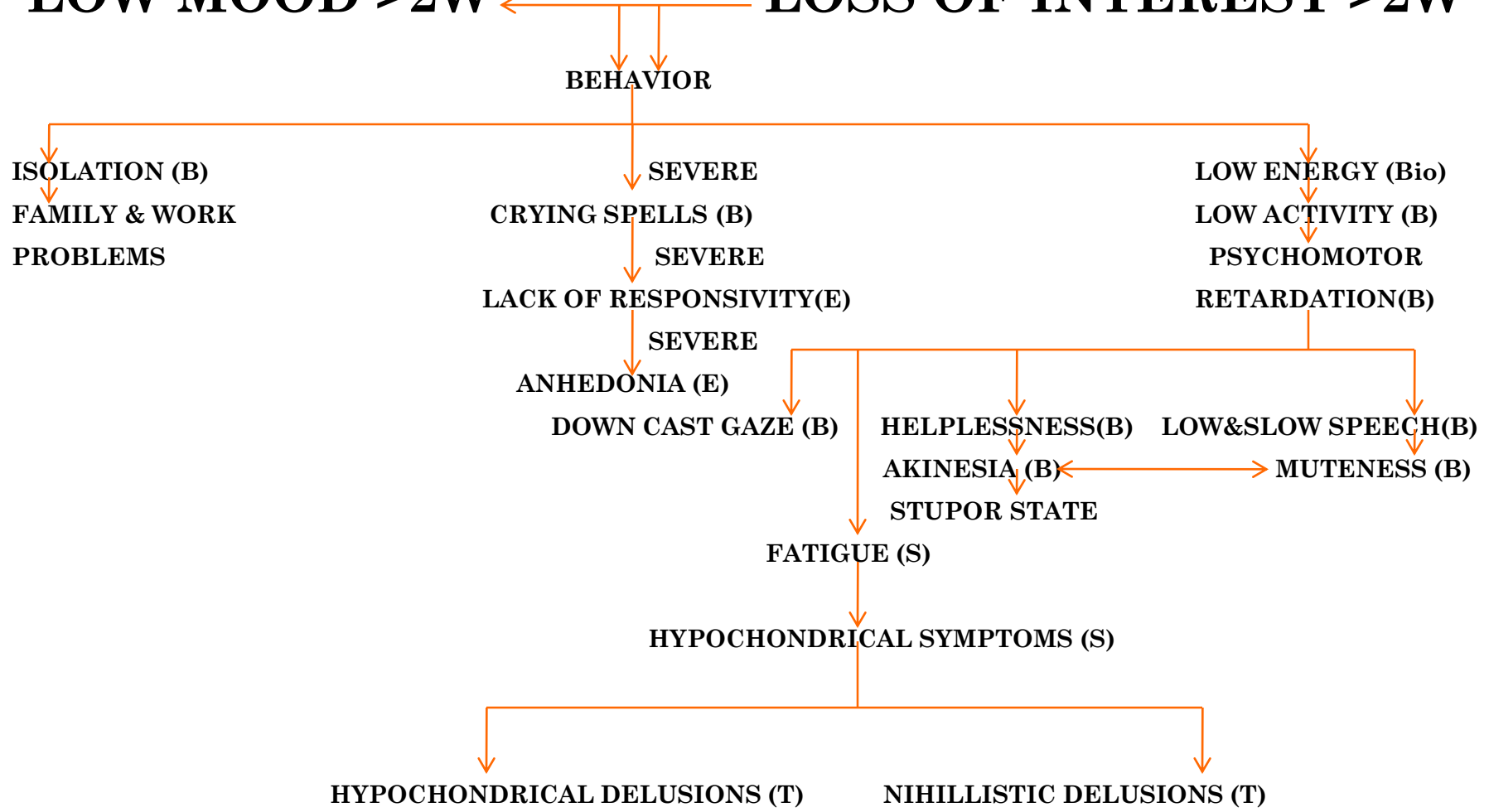
DESCRIPTIVE PSYCHOPATHOLOGY:

(CONT.)

- **GUILT FEELINGS:** *Sense of regret (E), A result of self blame(C)*
- **DEATH WISHES:** *Not worthy feelings in self and life (E)*
- **SUICIDAL IDEAS:** *Ideas to finish one's life → suicidal plans → suicidal attempt (B)*
- **LOW LIBIDO:** *Low sex interest → low sex act (Bio)*

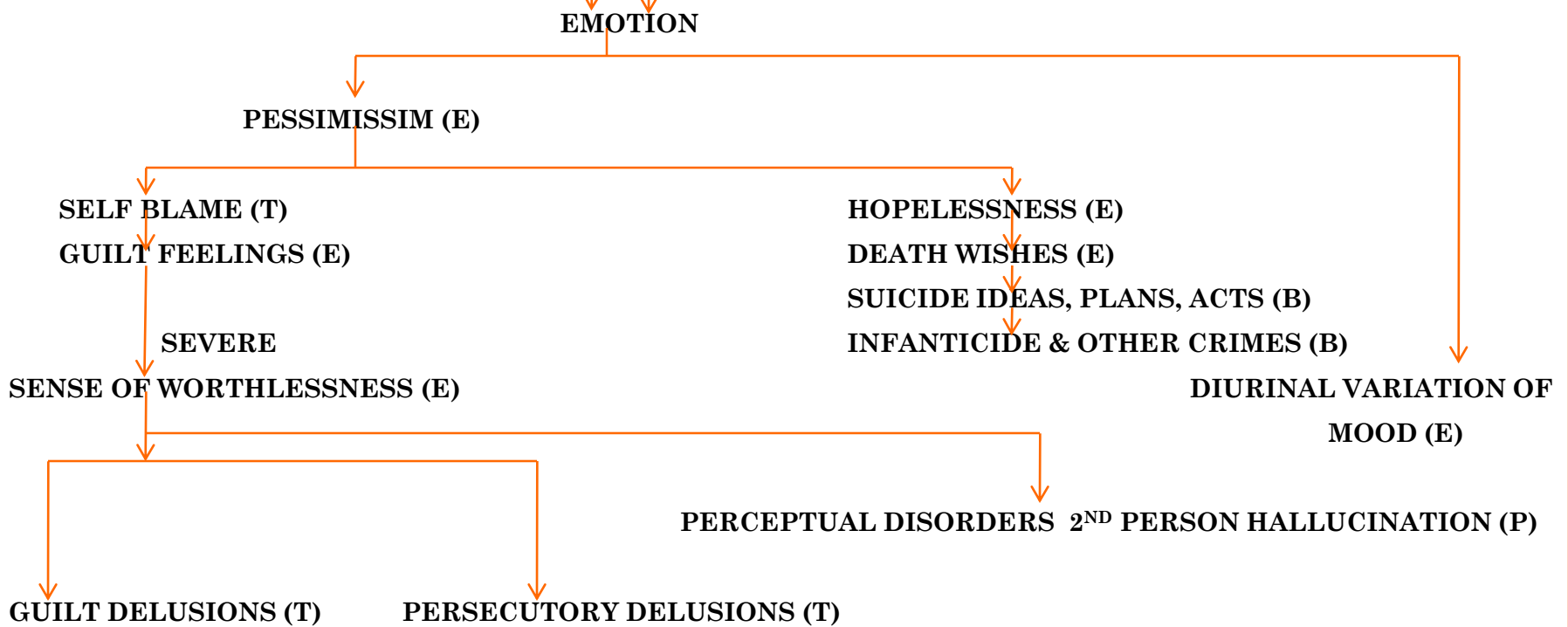
OTHER SYMPTOMS & SIGN ANALYSIS:

LOW MOOD >2W ← → **LOSS OF INTEREST >2W**



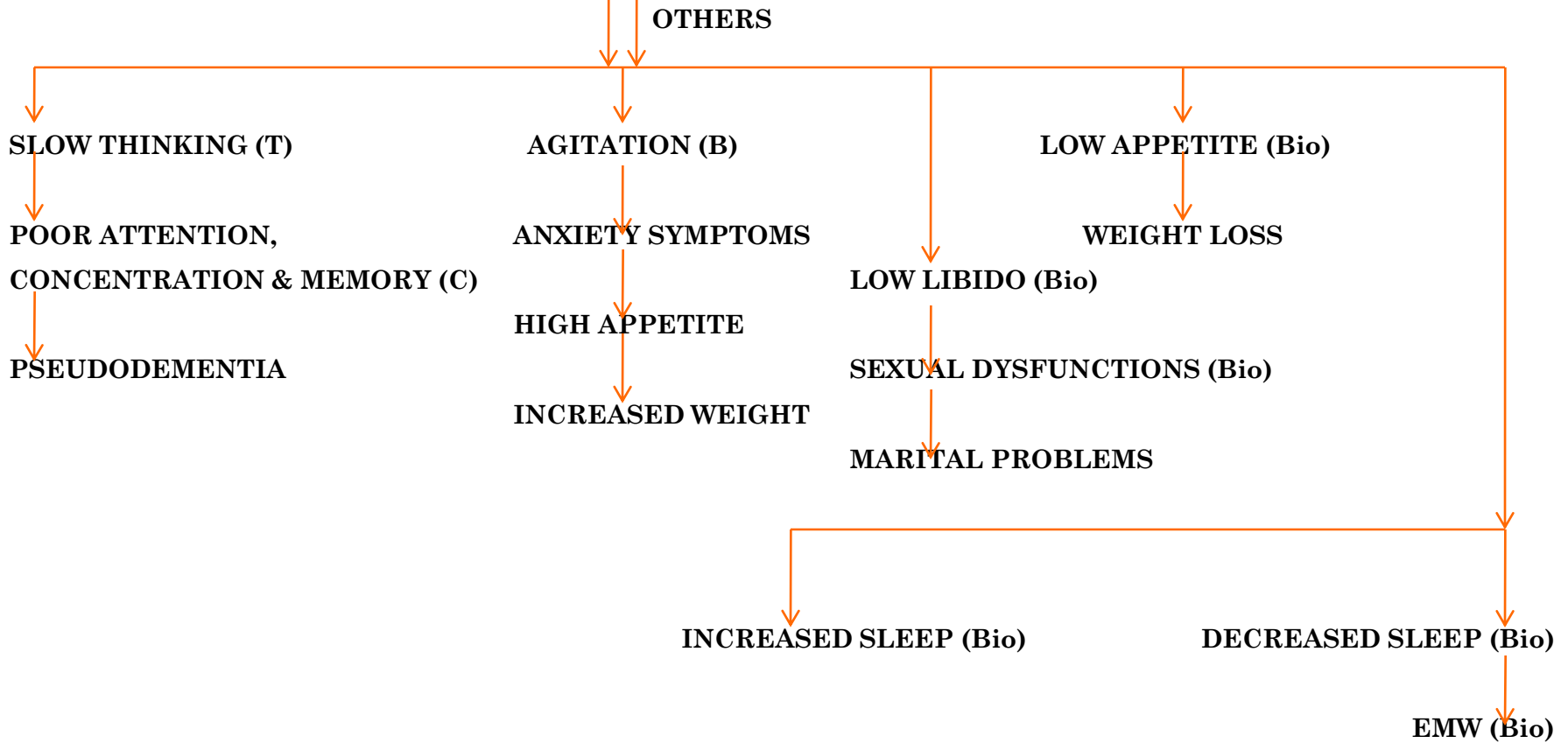
OTHER SYMPTOMS & SIGN ANALYSIS: (CONT.)

LOW MOOD >2W ← → **LOSS OF INTEREST >2W**



OTHER SYMPTOMS & SIGN ANALYSIS: (CONT.)

LOW MOOD >2W ↔ **LOSS OF INTEREST >2W**



MSE:

- APPEARANCE:

State of health: *poor, pale, cachexic*

Self care: *poor hygiene, smelly*

Dress: *dirty, dishevelled*

- BEHAVIOR: *Psychomotor Retardation*

Agitation: *Inside turmoil with outside restlessness*

Adaptive Movements: *Down cast gaze*

Non-adaptive Movements: *Stupor, catatonic*

- SPEECH: *Slow, low tone*

- AFFECT (MOOD): *Sad, depressed and anhedonia*

- THOUGHT: *Delusions; persecutory, nihilistic & hypochondrical*

- OTHER EXPERIENCES: *Obsessional symptoms*

- COGNITIVE FUNCTIONS: ↓ *attention, concentration & memory*

- JUDGEMENT: *Poor if psychotic*

- INSIGHT: *Poor if psychotic*



CLASSIFICATION OF DEPRESSION:

- ❖ **MAJOR DEPRESSIVE DISORDER
(UNIPOLAR AFFECTIVE DISORDER)**
 - Mild, Moderate, Severe
 - With or without psychotic symptoms
- ❖ **DYSTHYMIC DISORDER: over 2 years continuous**
- ❖ **ATYPICAL OR MASKED OR DEPRESSIVE
NEUROSES**
- ❖ **ORGANIC DEPRESSION: due to medical
conditions, medicine abuse substances.**



CASE DEVELOPMENT 1:

When she was 20 years, she had an episode of irritable mood, talkativeness, hyperactivities, decrease need for sleep, taking off her clothes in front of her adult brother. It lasted for 3 weeks.

ANALYZE THE CASE:

1. NEW IDENTIFICATION DATA:

AGE: 20 years, it is past history

2. COMPLAINTS:


- Irritable mood – Talkativeness – Hyperactivity.*
- Decreased sleep need – Taking off clothes inappropriately.*

3. PAST HISTORY:

- COURSE: Episodic*
- DURATION: 3 weeks*

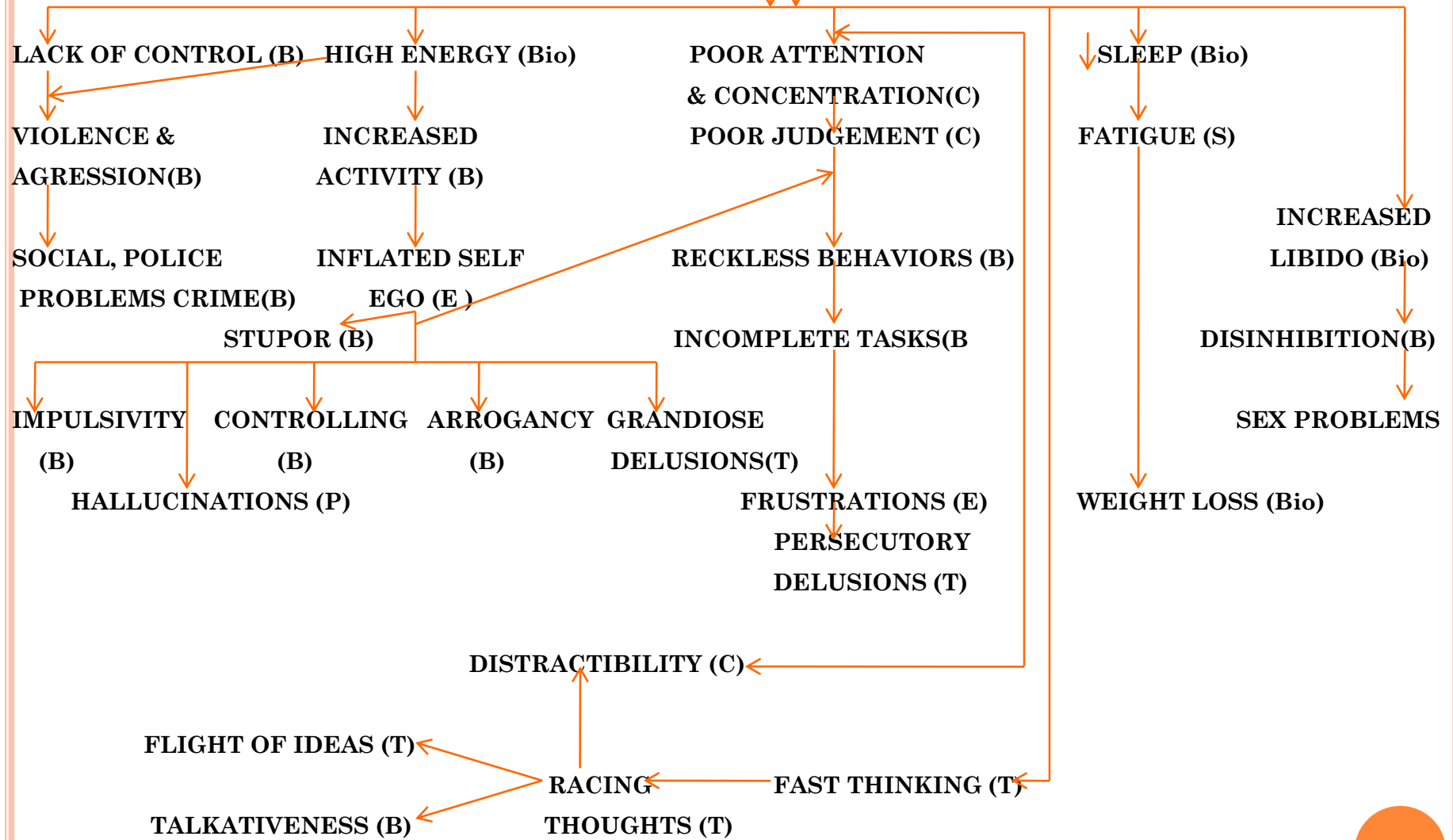


DESCRIPTIVE PSYCHOPATHOLOGY:

- **IRRITABLE MOOD:** *Anger and on edge*
 - **TALKATIVENESS:** *High flow of speech.*
 - **HYPERACTIVITY:** *Over-energy, may lead to excitement.*
 - **DECREASED SLEEP NEED:** *Decreased sleep but full energy, may lead to exhaustion.*
 - **TAKING CLOTHES OFF:** *Disordered behavior may be due to high libido or bizarre behavior as in schizophrenia.*
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OTHER SYMPTOMS & SIGN ANALYSIS:

ELATED (HIGH) MOOD ← → **IRRITABLE MOOD**



MSE:

- **APPEARANCE:**

 - DRESS:** *May be inappropriate to age or setting*

- **BEHAVIOR:** *Excitement, Arrogant, Controlling, Impulsive.*

 - NON-ADAPTIVE:** *Stupor.*

- **SPEECH:** *Fast, high tone, flights of ideas, racing thoughts.*

- **AFFECT (MOOD):** *Elated, Irritable.*

- **THOUGHT:** *DELUSIONS: grandiose, persecutory.*

- **PERCEPTION:** *HALLUCINATIONS: 2nd person.*

- **OTHER EXPERIENCES:**

- **COGNITIVE FUNCTIONS:** ↓ *attention*, ↓ *concentration.*

- **JUDGEMENT:** *Poor.*

- **INSIGHT:** *Impaired or lost.*



CLASSIFICATION OF MOOD DISORDERS:

- ❖ **UNIPOLAR AFFECTIVE DISORDER: *MDD***
- ❖ **BIPOLAR AFFECTIVE DISORDER:**
 - *Depression with Mania or Hypomania.*
 - *With or without psychotic features.*
- ❖ **DYSTHYMIC DISORDER**
- ❖ **SEASONAL AFFECTIVE DISORDERS: *Rapid Cycling Mania.***
- ❖ **ATYPICAL DEPRESSIVE DISORDER**
- ❖ **CYCLOTHYMIC DISORDER**
- ❖ **ORGANIC MOOD DISORDERS: *Due to general medical conditions, medicines & substances of abuse.***
 - *Organic Depressive Disorder*
 - *Organic Manic Disorder*

AETIOLOGY:

Huda has strong family history, mother and one sister.

- **GENETIC:**

- *10-20% first degree relatives.*
- *Twin Studies: UNIPOLAR MZ:DZ = 55-25%*
BIPOLAR MZ:DZ = 80-20%
- *Adoption Studies: 25% - 10% controls*
- *Family Pedigree:BAD: 1 parent 25%,*
both parents 70%



- **BIOCHEMICAL:**

DEPRESSION: low synaptic 5HT & NA.

MANIA: high synaptic 5HT & NA.



AETIOLOGY: (CONT.)

- PSYCHOLOGICAL:

- ***DEPRESSION – loss of love object.***
 - *maternal deprivation.*
 - *repeated losses.*
 - *learned helplessness.*
 - *negative automatic thoughts about self, environment & future.*

- ***MANIA: life events.***

