

Mood Disorders for Care Coordinators

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Introduction—1 of 3

- Mood disorders are very common
- Associated with increased:
 - Morbidity
 - Mortality
 - Long-term disability
- Wide range of presentations, from:
 - Melancholic depression
 - Mania with psychosis

Introduction—2 of 3

- Two general categories:
 - Disorders of depressed mood
 - Disorders with elevated, expansive, or irritable mood (i.e., mania)

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Introduction—3 of 3

- Mood disorders are further categorized by:
 - Severity (e.g., major depressive disorder versus dysthymia)
 - Duration (e.g., acute versus chronic adjustment disorder with depressed mood)
 - Causality (e.g., substance induced mood disorder)
 - Presence or absence of cyclicity (e.g., manic depressive illness)

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Depression—1 of 3

- Common and highly recurrent disorder
- 1 in 5 woman and 1 in 8 men will experience a major depressive episode in their lifetime
- Causes of depression include:
 - Physical and neurological (e.g., sleep apnea and stroke)
 - Drugs & substances (e.g., steroids & alcohol)
 - Psychosocial (e.g., prolonged stress & loss)

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Depression—2 of 3

- Associated with tremendous morbidity and mortality
- Is the leading cause of disability in individuals aged 18 to 45
- Comorbid with a variety of medical illnesses including heart disease and diabetes
- Associated with poorer health status and prognosis

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Depression—3 of 3

- Associated with at least one half of the suicides each year in United States

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Depression: Core Symptoms

- The core symptoms of depression include:
 - Depressed mood
 - Loss of interest or the ability to experience pleasure (i.e., anhedonia)
 - Change in sleep (too little or too much)
 - Change in appetite or weight
 - Change in activity level (slowed or sped up)
 - Thoughts of worthlessness or guilt
 - Thoughts about death or suicide

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Depression: Psychiatric Differential

- Major depressive disorder
- Dysthymic disorder
- Adjustment disorder
- Substance-induced mood disorder
- Mood disorder due to a general medical condition
- Bipolar disorder
- Schizoaffective disorder

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Depression: Medical Differential

- Hypothyroidism
- Sleep apnea
- Stroke
- Parkinson's disease
- Prescribed medications:
 - Steroids
 - Opiates
 - Benzos

Depression Screening: The PHQ-9

- Assists with depression diagnosis:
 - Nine core symptoms of depression
 - Track symptoms over time
- Advantages:
 - Can be done over the phone
 - A good teaching tool

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things		2	3		
2. Feeling down, depressed, or hopeless		2	3		
3. Trouble falling or staying asleep, or sleeping too much	1		2	3	
4. Feeling tired or having little energy			2	3	
5. Poor appetite or overeating			2	3	
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down		1	2	3	
7. Trouble concentrating on things, such as reading the newspaper or watching television			2	3	
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual			2	3	
9. Thoughts that you would be better off dead, or of hurting yourself in some way	1	2	3		
add columns:	3	+	4	+	6
TOTAL:	13				

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

PHQ-9 Scoring

- 0-4: No Depression
- 5-9: Mild Depression
- 10-14: Moderate Depression
- ≥ 15 : Severe Depression

PHQ-9 Follow-Up Questions

- Is anything else influencing your answers (e.g., pain, medical conditions)?
- Language, literacy or cultural barriers?

Bipolar Disorder: Introduction

- Bipolar disorder, also known as manic-depressive illness, is a mood disorder characterized by cycling between depressive states and mania or hypomania
- The most severe form of bipolar disorder is called bipolar I disorder and is defined as mania with or without a history of depressive symptoms

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Mania—1 of 2

- A severe disturbance of mood characterized by elevated, expansive, or irritable mood associated with:
 - Increased energy and decreased need for sleep
 - Inflated self-esteem or grandiosity
 - Racing thoughts and pressured speech
 - Distractibility
 - Increased goal-directed behavior
 - Excessive pleasure-seeking and risk-taking

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Mania—2 of 2

- In full-blown mania, up to 80% of patients develop psychotic symptoms
- Because of the severity of symptoms of mania, psychiatric hospitalization is often required and some patients may require involuntary hospitalization

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Hypomania

- A less severe form of mania
- Episodes lasting less than one week with less intense symptoms overall
- Does not typically require hospitalization, but still causes problems in the patient's life

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Characteristics of Mania & Hypomania

- Poor insight is common with accompanying resistance to treatment
- Poor memory of manic/hypomanic episodes is frequently seen
- Episodes can have a tremendously negative psychosocial impact on the patient and their family
- Patients can at times be both depressed and manic. This is called a mixed state

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Bipolar Disorder: Features—1 of 2

- A spectrum disorder that includes:
 - Bipolar I disorder = depression & mania (> 7d)
 - Bipolar II disorder = depression & hypomania (> 4d)
 - Cyclothymia = dysthymia & hypomania
 - Bipolar D/O NOS
- Overall prevalence: 4-6% or ~1 in 20 adults
- More severe impact on the patient and family

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Bipolar Disorder: Features—2 of 2

- Depression more common than mania:
 - Bipolar I: 3 to 1, depression to mania
 - Bipolar II: > 30 to 1, depression to hypomania
- Co-morbidity very common, especially substance use (up to 70%)
- Major cause of suicide attempts with between 25-50% of patients attempting and up to 15% successful

Bipolar Disorder: Screening

THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke much faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family into trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights?		
<i>Please circle one response only:</i>		
No Problem Minor Problem Moderate Problem Serious Problem		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>

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CIDI-based Bipolar Disorder Screening Scale

Stem Questions

Euphoria Stem Question

1. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money.

Have you ever had a period like this lasting several days or longer?

If this question is endorsed, the next question (the irritability stem question) is skipped and the respondent goes directly to the Criterion B screening question.

Irritability Stem Question

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people or hit people?

Criterion B Screening Question

3. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in many ways they would normally think inappropriate. Did you ever have any of these changes during your episodes of being excited and full of energy or very irritable or grouchy?

Criterion B Symptom Questions

Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

1. Were you so irritable that you either started arguments, shouted at people, or hit people?
2. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
3. Did you do anything else that wasn't usual for you—like talking about things you would normally keep private, or acting in ways that you would usually find embarrassing?
4. Did you try to do things that were impossible to do, like taking on large amounts of work?
5. Did you constantly keep changing your plans or activities?
6. Did you find it hard to keep your mind on what you were doing?
7. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?
8. Did you sleep far less than usual and still not get tired or sleepy?
9. Did you spend so much more money than usual that it caused you to have financial trouble?

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Bipolar Disorder: MDQ & CIDI-3 Scoring

MDQ

- Filled out by patient
- Positive screen = $\geq 7/13$ yes responses **AND**
- Symptoms occurring at the same time **AND**
- Moderate to severe problem

CIDI-3

- Administered by CC
- Positive screen: Yes on euphoria *or* irritability stem questions **AND**
- Yes on criterion B question **AND**
- Yes on majority of subset questions

Bipolar Disorder: Follow-up Questions –1

- How long do the hypomanic/manic episodes last (hours/days/weeks/months)?
- How frequently do the hypomanic/manic episodes occur ?
- Have the hypomanic/manic episodes occurred only when drugs were being used?

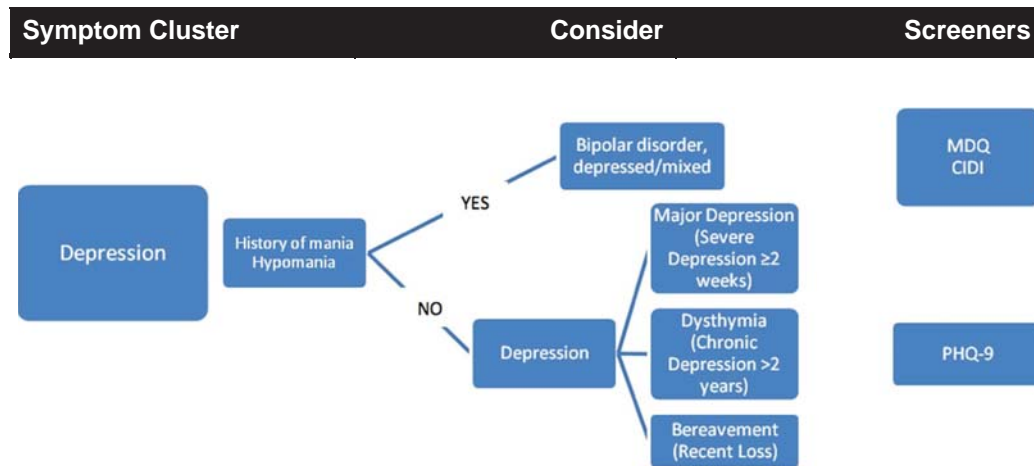
Bipolar Disorder: Follow-up Questions –2

- Do you have a family history of bipolar disorder or schizophrenia?
- Have you been previously diagnosed with bipolar disorder, and if so, by whom?
- Have you previously been treated with antidepressants? How did you respond?

Bipolar Disorder: Follow-up Questions –3

- At what age did the mood episodes begin?
- How many depressive episodes have occurred to date (e.g., just a few or very many)?
- Do the mood episodes come on suddenly or gradually?

Mood Symptom Summary



Mood Disorder Treatments—1 of 3

- In general, mood disorders are highly treatable
- The treatment approach depends on the type and cause of the mood disorder
- If the depressive or manic symptoms are due to a medical condition, substance or medication intoxication or withdrawal, then the first priority will be treating the underlying cause

Mood Disorder Treatments—2 of 3

- Psychotherapy and medications have a role in the treatment of all types of mood disorders
- Psychotherapy is generally preferred over medications with less severe disease
- Treatment with medications becomes more imperative as symptoms worsen and especially if psychotic symptoms emerge

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Mood Disorder Treatments—3 of 3

- Forms of psychotherapy often used to treat depression include:
 - Cognitive behavioral therapy (CBT)
 - Behavioral activation (BA)
 - Problems Solving Therapy (PST)
 - Interpersonal therapy (IPT)
 - Psychodynamic therapy
 - Supportive therapy

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MDD: Meds—1 of 2

1st line treatments:

- Zoloft: Well-tolerated, few drug-drug interactions, more activating, better for depression than anxiety
- Celexa: Well-tolerated, few drug-drug interactions, more activating, better for anxiety than depression
- Common side-effects: headache, dry mouth, nausea, somnolence, insomnia (Zoloft)

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MDD: Meds—2 of 2

Alternative treatments:

- Remeron: Faster acting but not more effective, helpful for sleep, but associated with weight gain. Useful in PTSD
- Effexor XR: Slightly more effective, helpful for pain at higher dosages, but severe withdrawal syndrome
- Wellbutrin: Good for treating depression, fewer sexual side effects, but can make anxiety worse

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Antidepressants: When to change

- If no improvement after 4 weeks then discontinue and start another medication
- If better but not completely improved after 6-8 weeks, increase dosage
- Once you have reached the maximum tolerable dosage, then add a second antidepressant from a different class
- After two antidepressants consider adding lithium, Lamictal, or atypical antipsychotic (e.g., Abilify)

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Bipolar Depression: Meds

1st line treatments:

- Seroquel: most effective, starts working in 1 week, sedating (often limits usefulness), negative long-term metabolic effects
- Lithium: moderately effective, starts working in 2 weeks, many side-effects, toxic in overdose
- Lamictal: least effective, 3-4 weeks to start working, least number of side effects

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Mania: Meds

1st line treatments:

- Lithium—best for euphoric mania
- Depakote—good for mixed states/rapid cycling
- Atypical antipsychotics (faster acting, equally effective):
 - Abilify: fewest side effects
 - Seroquel: sedating
 - Risperdal: potent, but more side effects

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Psychoeducation

- Can provide an explanatory model of illness to help the patient:
 - Accept as opposed to deny their condition
 - Engage in treatment and recovery
- Helps in relapse prevention
- Helps abort or prevent episodes from worsening
- Empowers the patient and family

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Psychoeducation: Identifying Triggers

Examples of negative triggers:

- Relationship difficulties, e.g., breakup
- Financial stress, e.g., job loss
- Homelessness
- Substance use
- Sleep loss
- Traumatic event or anniversary of event
- Medical illness

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Psychoeducation: Relapse Prevention

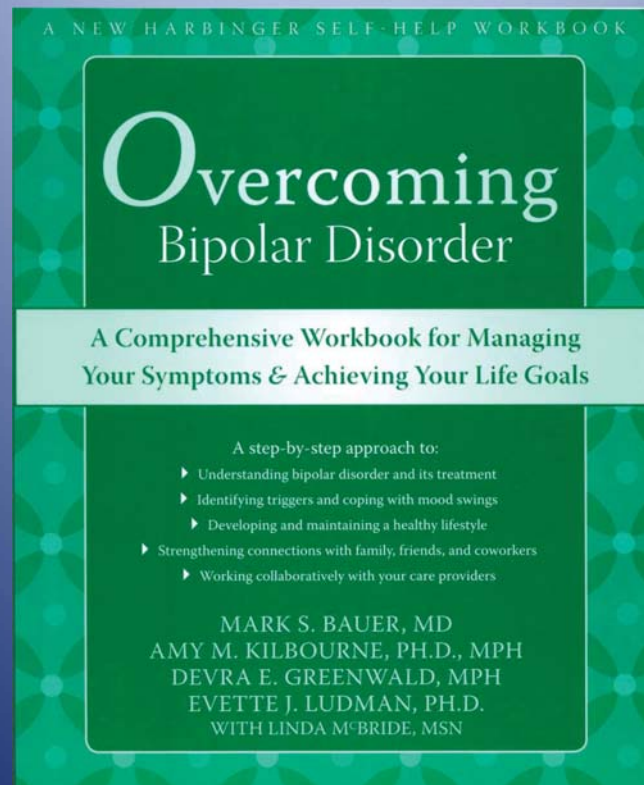
- Eating, sleeping, and exercising regularly
- Identifying personal responses to stress and engaging self-help and support systems early on (e.g., friends, sponsor, therapist)
- Calling PCP or psychiatric prescriber (e.g., psychiatrist) to adjust frequency of treatment or medications

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Psychoeducation: Mania

- Educate the family about triggers and early signs of mania (e.g., decreased need for sleep)
- Develop a safety plan:
 - Have family or friends alert providers early on for more aggressive treatment (e.g., use of sleeping medications)
 - Hide credit cards or car keys to prevent harm to patient and family

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Conclusions—1 of 2

- Mood disorders are quite common and are associated with a tremendous degree of morbidity, long-term disability, and mortality
- Mood disorders encompass a range of conditions from the the deepest melancholic depression to the intense euphoria and grandiosity seen in mania with psychosis

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Conclusions—2 of 2

- Mood disorders can have multiple etiologies including medical, pharmacological, psychological, and spiritual
- As a general rule, mood disorders are highly treatable

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