**Module 4: Mood Disorders**

LEARNING OBJECTIVES

**4.1. Clinical Presentation – Depressive Disorders**

* Distinguish the two distinct groups of mood disorders.
* Identify and describe the two types of depressive disorders.
* Classify symptoms of depression.
* Describe premenstrual dysphoric disorder.

**4.2. Clinical Presentation – Bipolar And Related Disorders**

* Distinguish the forms bipolar disorder takes.
* Contrast a manic episode with a hypomanic episode.
* Define cyclothymic disorder.

**4.3. Epidemiology**

* Describe the epidemiology of depressive disorders.
* Describe the epidemiology of bipolar disorders.
* Describe the epidemiology of suicidality.

**4.4. Comorbidity**

* Describe the comorbidity of depressive disorders.
* Describe the comorbidity of bipolar disorders.

**4.5. Etiology**

* Describe the biological causes of mood disorders.
* Describe the cognitive causes of mood disorders.
* Describe the behavioral causes of mood disorders.
* Describe the sociocultural causes of mood disorders.

**4.6. Treatment Of Mood Disorders**

* Describe treatment options for depressive disorders.
* Describe treatment options for bipolar disorders.
* Determine the efficacy of treatment options for depressive disorders.
* Determine the efficacy of treatment options for bipolar disorders.

KEY TERMS

**Amygdala**: A small, almond-shaped structure in the brain responsible for processing emotions, particularly fear and anxiety.

**Antidepressant medications**: Medications prescribed to alleviate symptoms of depression by altering neurotransmitter levels in the brain.

**Artifact Theory**: A perspective suggesting that gender differences in psychological disorders are the result of diagnostic criteria and societal expectations.

**Attributional Style**: An individual's habitual way of explaining the causes of events, which can influence their emotions and behavior.

**Behavioral Activation (BA)**: A therapeutic approach that focuses on increasing engagement in rewarding and meaningful activities to combat depression.

**Cognitive Distortions**: Irrational and biased thought patterns that contribute to negative emotions and dysfunctional behaviors.

**Cognitive Triad**: A concept in cognitive therapy that refers to negative beliefs about oneself, the world, and the future, often seen in individuals with depression.

**Cognitive-Behavioral Therapy (CBT)**: A widely used therapeutic approach that combines cognitive restructuring and behavioral techniques to treat various psychological disorders.

**Cortisol**: A stress hormone released by the adrenal glands that plays a role in the body's stress response.

**Cyclothymic Disorder**: A mood disorder characterized by recurring periods of hypomania and depressive symptoms that do not meet the criteria for a manic or major depressive episode.

**Disruptive Mood Dysregulation Disorder**: A childhood mood disorder characterized by severe temper outbursts and chronic irritability.

**Family-Social Perspective**: An approach to understanding psychological disorders that considers the influence of family and social factors on an individual's mental health.

**Gender Roles Theory**: A perspective proposing that societal expectations and roles assigned to genders contribute to the development of psychological disorders.

**Hippocampus**: A brain structure involved in memory formation and emotional regulation.

**Hormone Theory**: A perspective suggesting that hormonal imbalances can contribute to the development of psychological disorders.

**Hypersomnia**: Excessive daytime sleepiness or prolonged nighttime sleep, often seen in individuals with depression.

**Hypomania**: A less severe form of mania characterized by elevated mood, increased energy, and impulsivity.

**Hypomanic Episode**: A period of hypomania that may be associated with bipolar disorders.

**Insomnia**: Persistent difficulty falling asleep or staying asleep, which can lead to sleep disturbances and other health issues.

**Learned Helplessness**: A psychological phenomenon where individuals feel helpless and unable to control or change their circumstances, often associated with depression.

**Life Stress Theory**: A perspective suggesting that exposure to significant life stressors can contribute to the development of psychological disorders.

**Maladaptive Attitudes**: Negative and unrealistic beliefs and attitudes about oneself and the world, often seen in individuals with depression.

**Mania**: A state of extreme excitement, energy, and euphoria, often a symptom of bipolar disorder.

**Manic Episode**: A distinct period of intense mania, characterized by elevated mood, impulsivity, and impaired judgment, often seen in bipolar disorders.

**Melatonin**: A hormone produced by the pineal gland that regulates sleep-wake cycles.

**Mood Lability**: Rapid and unpredictable shifts in mood, often seen in individuals with bipolar and other mood disorders.

**Monoamine Oxidase Inhibitors (MAOIs)**: A class of antidepressant medications that inhibit the activity of monoamine oxidase enzymes, increasing the levels of neurotransmitters like serotonin and norepinephrine.

**Major Depressive Disorder**: A mood disorder characterized by persistent feelings of sadness, loss of interest or pleasure, and a range of physical and cognitive symptoms.

**Multi-Cultural Perspective**: An approach to understanding psychological disorders that considers the impact of culture and cultural factors on mental health.

**Multimodal Treatment**: An integrated approach to treating psychological disorders that combines multiple therapeutic modalities, such as psychotherapy and medication.

**Persistent Depressive Disorder**: A mood disorder characterized by chronic and long-lasting depressive symptoms.

**Premenstrual Dysphoric Disorder**: A severe form of premenstrual syndrome (PMS) characterized by significant emotional and physical symptoms.

**Psychopharmacology**: The study of how medications affect the brain and behavior, often used in the treatment of psychological disorders.

**Psychological Treatment**: Therapeutic interventions aimed at improving mental health and well-being.

**Rumination Theory**: A perspective suggesting that excessive rumination, or repetitive and negative thinking, contributes to the development and maintenance of depression.

**Selective serotonin reuptake inhibitors (SSRIs)**: A class of antidepressant medications that increase the availability of serotonin in the brain by inhibiting its reuptake.

**Tricyclic Antidepressants**: A class of older antidepressant medications that work by altering neurotransmitter levels in the brain.