



Depression & Mood Disorders

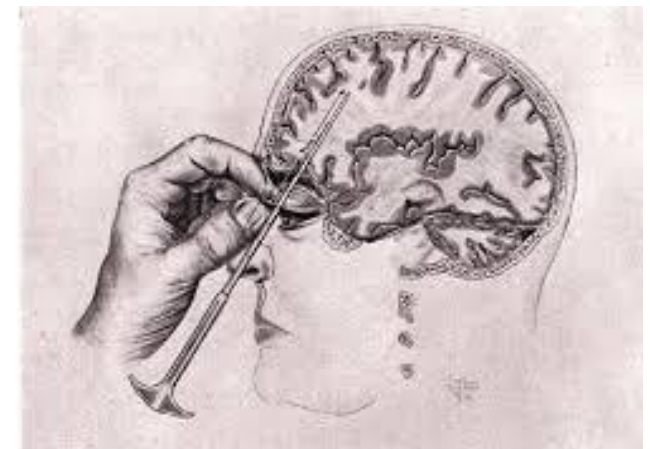
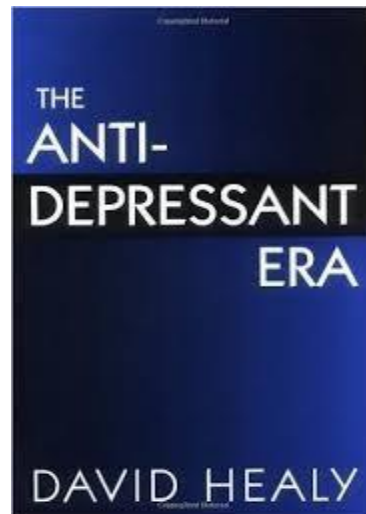
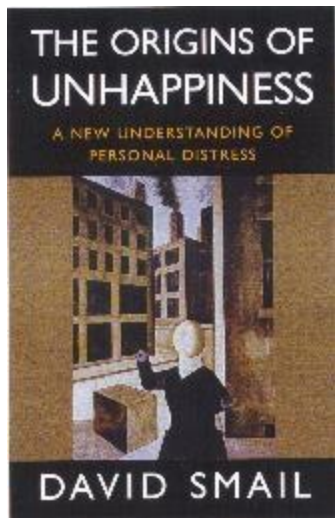


Figure 20 b. Transorbital leucotome parallel with bony ridge of nose, with 7 cm. mark at margin of upper eyelid.

Major depression - diagnosis

- Criteria for major depressive episode
five or more symptoms in 2-week
period
- Two main types of depressive
disorder:

Single episode

Major depressive disorder - recurrent

Major depression - diagnosis

Problematic diagnosis:

- Degrees of distress and meeting criteria
- Overdiagnosis
- Risk of medicalisation

'Pure' diagnosis versus:

- Premenstrual dysphoric disorder
- Seasonal affective disorder
- Chronic fatigue syndrome

Comorbidity:

- Mixed anxiety/depressive disorder

Major depression - prevalence

Most widely prevalent of psychopathologies
(second cause of illness in 2020).

Contributes 12% to non-fatal global disease
burden.

Mixed anxiety and depression is the
most common mental disorder in Britain,
with 7.8% of people meeting criteria for
diagnosis.

4-10% of people in England will
experience depression in their lifetime.

Major depression - prevalence

Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society.

Mixed anxiety and depression has been estimated to cause one fifth of days lost from work in Britain.

Steady increase in incidence since 1915.

Age of onset has decreased to around 27 years.

Gender differences

Major depression - biological theories

Genetic factors

- Some evidence of inherited component
- Specific pathways still unknown

Neurochemical factors:

- Reliable association with neurotransmitter abnormality (serotonin, norepinephrine and dopamine)
- Drugs developed have significantly alleviated symptoms: tricyclics; monoamine oxidase inhibitors; selective serotonin reuptake inhibitors

Major depression - biological theories

Brain abnormalities

- Growth of cognitive neuroscience
- Prefrontal cortex - goal representation
- Anterior cingulate cortex - emotional regulation
- Hippocampus - contextualisation
- Amygdala - prioritisation of affective stimuli

Neuroendocrine factors

- Lack of inhibitory control over cortisol secretion

Major depression – psychological theories

- Psychodynamic explanations
 - Freud (1917)
 - Depression as response to loss (of loved one or parent)
 - Introjection (regression to oral stage)
 - Concept refined to *symbolic loss*
 - Contribution of parenting style (*affectionless control*)
 - Some empirical support
 - Many controversies of application and conceptualizations

Major depression – psychological theories

Behavioural theories

- Diminished behavioural repertoire
- ‘Behavioural vacuum’
- Lack of reward and reciprocal interaction
- *Interpersonal theories of depression*
 - Excessive reassurance seeking

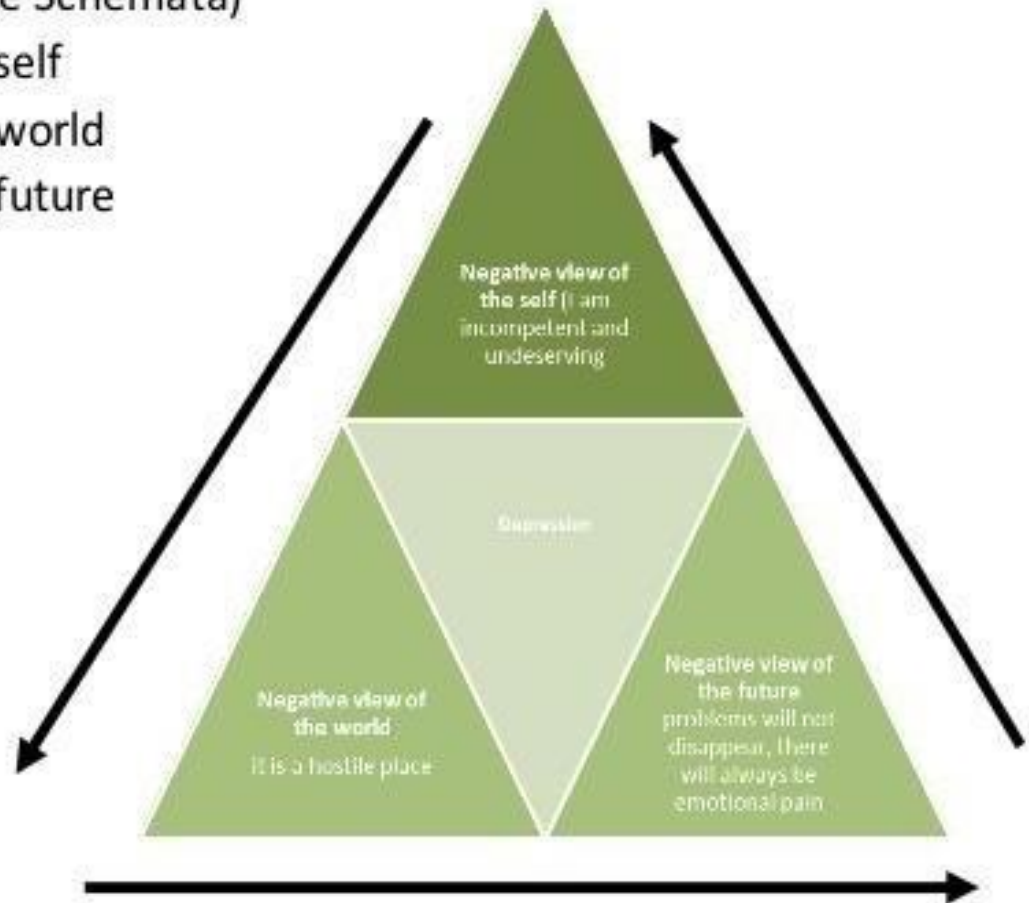
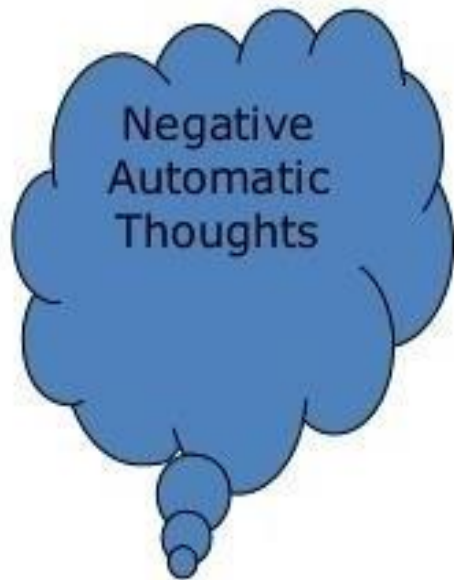
Negative cognitions and self-schema

- Beck’s Cognitive Theory (1967, 1987)
- Negative schema
- Negative triad
- Pessimistic thinking

Beck's Model of Depression (1979)

'The Cognitive Triad'

- Negative Triad (3 negative Schemata)
 - Negative view of the self
 - Negative view of the world
 - Negative view of the future



Major depression – psychological theories

Learned helplessness

Seligman (1975)

Experience of unavoidable negative life events

Learned Helplessness Theory

Battered Woman Syndrome (BWS)

Learned Helplessness Theory revised

Attributional theory

Attributional theory refined

Hopelessness theory

Rumination theory

Driven by meta-cognitive beliefs

Evidence of gender differences

Bipolar disorder – diagnosis and prevalence

DSM-5 defines two main types:

- Bipolar I Disorder
 - Full manic and depressive episodes in alternating sequences
- Bipolar II Disorder
 - Major depressive episodes alternate with periods of hypomania

Cyclothymic disorder

- Milder form of bipolar disorder

Bipolar disorder less common than major depression

Lifetime prevalence rate of around 1%

Bipolar disorder – aetiology

Biological theories

- 10%-25% first degree relatives with Bipolar Disorder report significant symptoms
- 7% of first-degree relatives also have the disorder, compared with 0.4%-1.6% lifetime prevalence in general population

Neurochemical factors

- Association with dopamine and norepinephrine irregularities

Bipolar disorder – triggers

Depressive episode triggers similar to those for general depression

Manic episode triggers similarly varied

- Increased responsiveness to reward
- Disrupted sleep
- Seasonality
- Stress

Biological treatments

Drug therapy for depression

- Tricyclic drugs
- MAO inhibitors
- SSRIs

Beneficial but not without side effects

Delayed reaction

Some controversy around risk of suicide

Biological treatments

Drug therapy for bipolar disorder

- Lithium carbonate is the traditional treatment
- Alleviates both depression and mania
- Difficulty of getting dosage right - toxic
- Risk of relapse if discontinued

Biological treatments

Electroconvulsive therapy (ECT)

- Primarily for treatment-resistant severe depression
- Short term relief
- Side effects
 - Lasting memory loss
 - Frightening
 - Unclear mechanisms of effect
 - Benefits may be short term
 - <http://www.dw.com/en/treating-depression-electroconvulsive-therapy/av-17258594>

Psychological treatments

Psychoanalysis

Social skills training

Behaviour activation therapy

Cognitive therapy

Mindfulness-based cognitive therapy

Psychoanalysis

Depression as internalised anger as a result of loss

Psychodynamic therapy aims to aid insight into repressed inner conflict

Techniques include:

- Free association
- Dream interpretation
- Scarce evidence of efficacy

Social skills training

According to Lewinsohn (1969),
depressed people:

- Have deficits in social skills
- Inspire negative reaction in others

Marked interpersonal skills deficits

Social skills training programme
may involve:

- Role play

Direction of attention to specific
details of social interaction

Behavioural activation therapy

- Significant life events can lead to loss of sources of reward and reinforcement
- Instigates negative cycle
- BAT attempt to increase access to pleasant events and rewards
 - Daily monitoring, scheduling, social skills and time management
- Significant impact of behavioural intervention alone

Cognitive therapy

Beck's Cognitive Theory of Depression (1967)

- Depression maintained by set of negative beliefs that create a negative schema
- Led to one of the most successful therapeutic approaches
 - Cognitive therapy/cognitive retraining/cognitive restructuring

Process is based on:

- Identify - challenge - replace negative beliefs
- Clients monitor negative automatic thoughts

Cognitive therapy

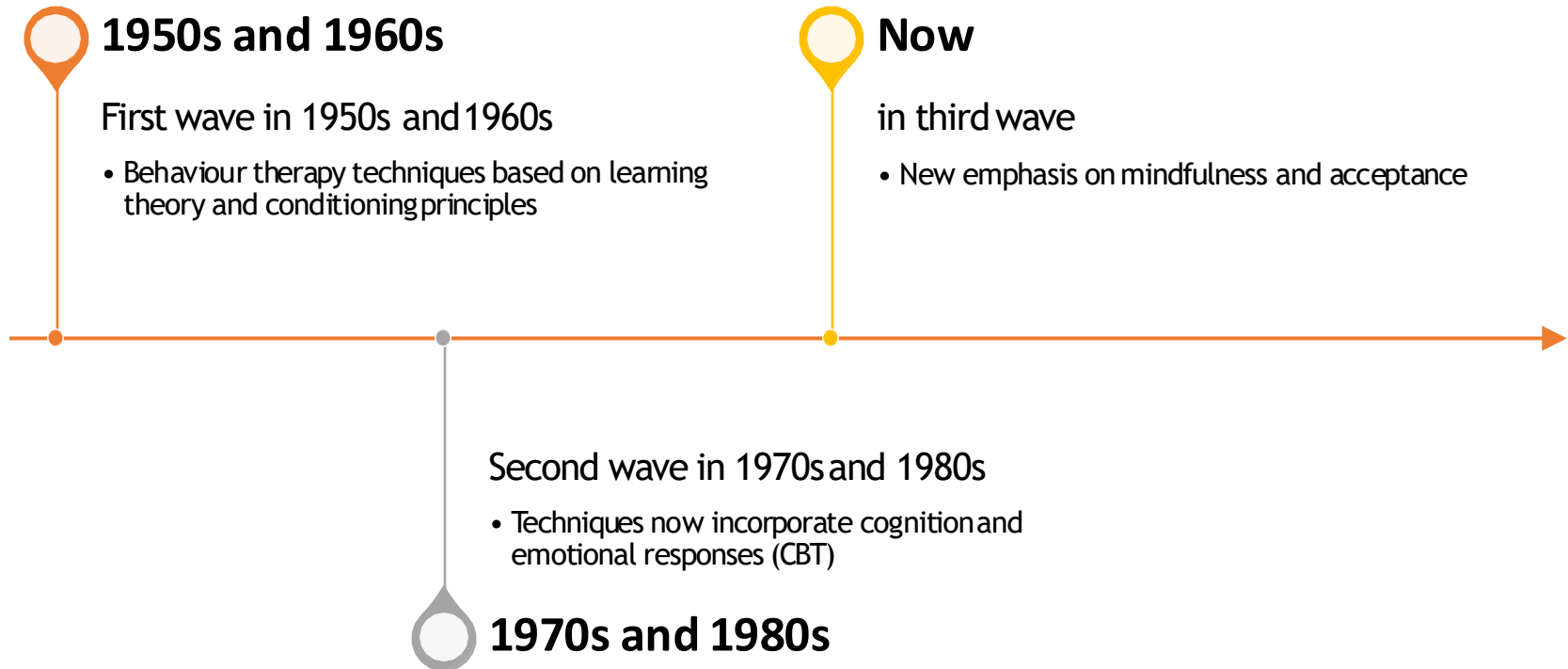
- Philosophical focus is one of correction of negative thinking bias
- Can be supplemented by reattribution training
 - Positive reinterpretation of difficulties
- Cognitive therapy at least as effective as drug therapy
- Appears to have better long-term effects
- Combination of cognitive and drug therapies superior
- Some debate about how it achieves its beneficial effects – cognition or biological influence?

Mindfulness-based cognitive therapy



- Crucial to be able to predict and prevent relapse in depression
- Successive low moods reactivate negative thinking which leads to relapse
- MBCT is based on CBT and mindfulness-based stress reduction: meditation and monitoring of attention
- Skills taught to encourage disengagement from dysfunctional cognitive routines
- Significantly reduces possibility of future relapse
- <https://www.youtube.com/watch?v=-40bq9poSbo>

'Waves' of CBT



Third Wave of Cognitive Therapies

- Mindfulness Based Cognitive Therapy (MBCT)
- Mindfulness Based StressReduction (MBSR)
- Acceptance and Commitment Therapy (ACT)
- Compassion Focused Therapy (CFT)
- Cognitive Behavioral Analysis System of Psychotherapy (CBASP)
- Dialectical Behavior Therapy (DBT)
- Functional Analytic Psychotherapy (FAP)
- Behavioral Activation (BA)