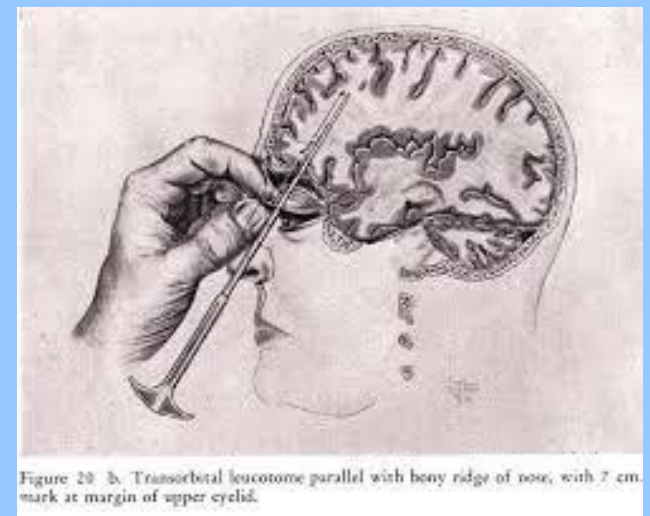
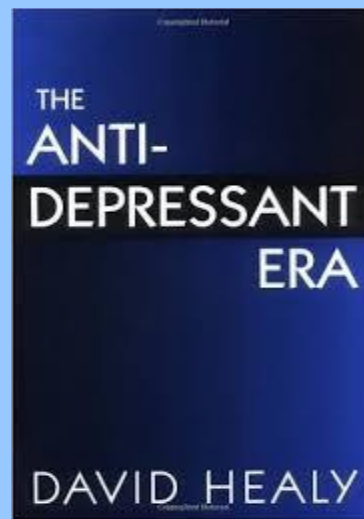
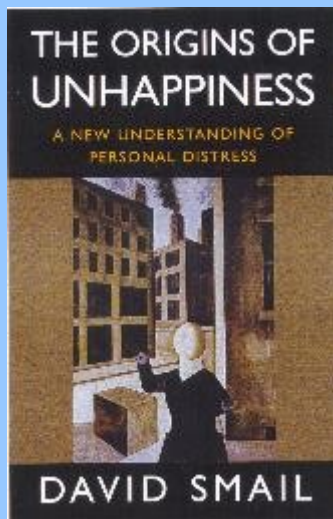
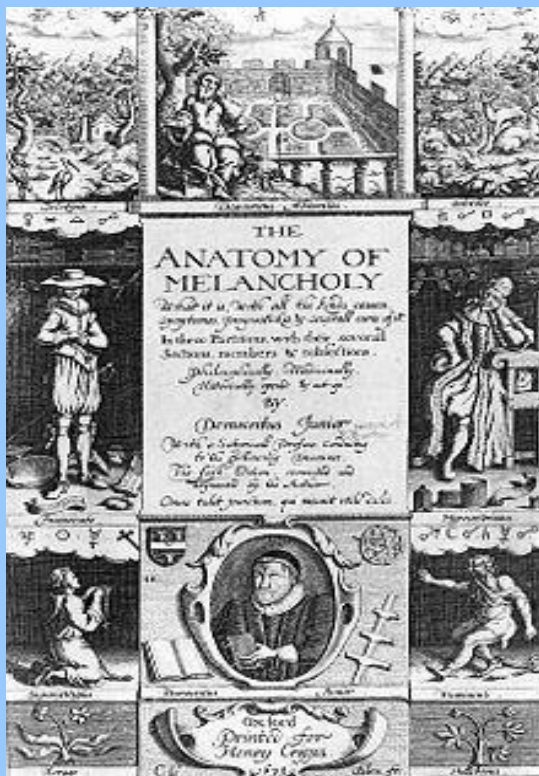


Depression and Mood Disorders

Abnormal & Clinical Psychology



Jessica is a 28 year-old married female. She has a very demanding, high stress job as a second year medical resident in a large hospital. Jessica has always been a high achiever. She graduated with top honors in both college and medical school. She has very high standards for herself and can be very self-critical when she fails to meet them. Lately, she has struggled with significant feelings of worthlessness and shame due to her inability to perform as well as she always has in the past. For the past few weeks Jessica has felt unusually fatigued and found it increasingly difficult to concentrate at work. Her coworkers have noticed that she is often irritable and withdrawn, which is quite different from her typically upbeat and friendly disposition. She has called in sick on several occasions, which is completely unlike her. On those days she stays in bed all day, watching TV or sleeping.

At home, Jessica's husband has noticed changes as well. She's shown little interest in sex and has had difficulties falling asleep at night. Her insomnia has been keeping him awake as she tosses and turns for an hour or two after they go to bed. He's overheard her having frequent tearful phone conversations with her closest friend, which have him worried. When he tries to get her to open up about what's bothering her, she pushes him away with an abrupt "everything's fine".

Although she hasn't ever considered suicide, Jessica has found herself increasingly dissatisfied with her life. She's been having frequent thoughts of wishing she was dead. She gets frustrated with herself because she feels like she has every reason to be happy, yet can't seem to shake the sense of doom and gloom that has been clouding each day as of late.

Major depression - diagnosis

- DSM-5 changes to categorisation and diagnosis of major depression
- New criteria for major depressive episode
 - 5 or more symptoms in 2-week period
- Two main types of depressive disorder defined:
 - Major depressive disorder, single episode
 - Major depressive disorder, recurrent
- Diagnosis is a controversial issue

Major depression - diagnosis

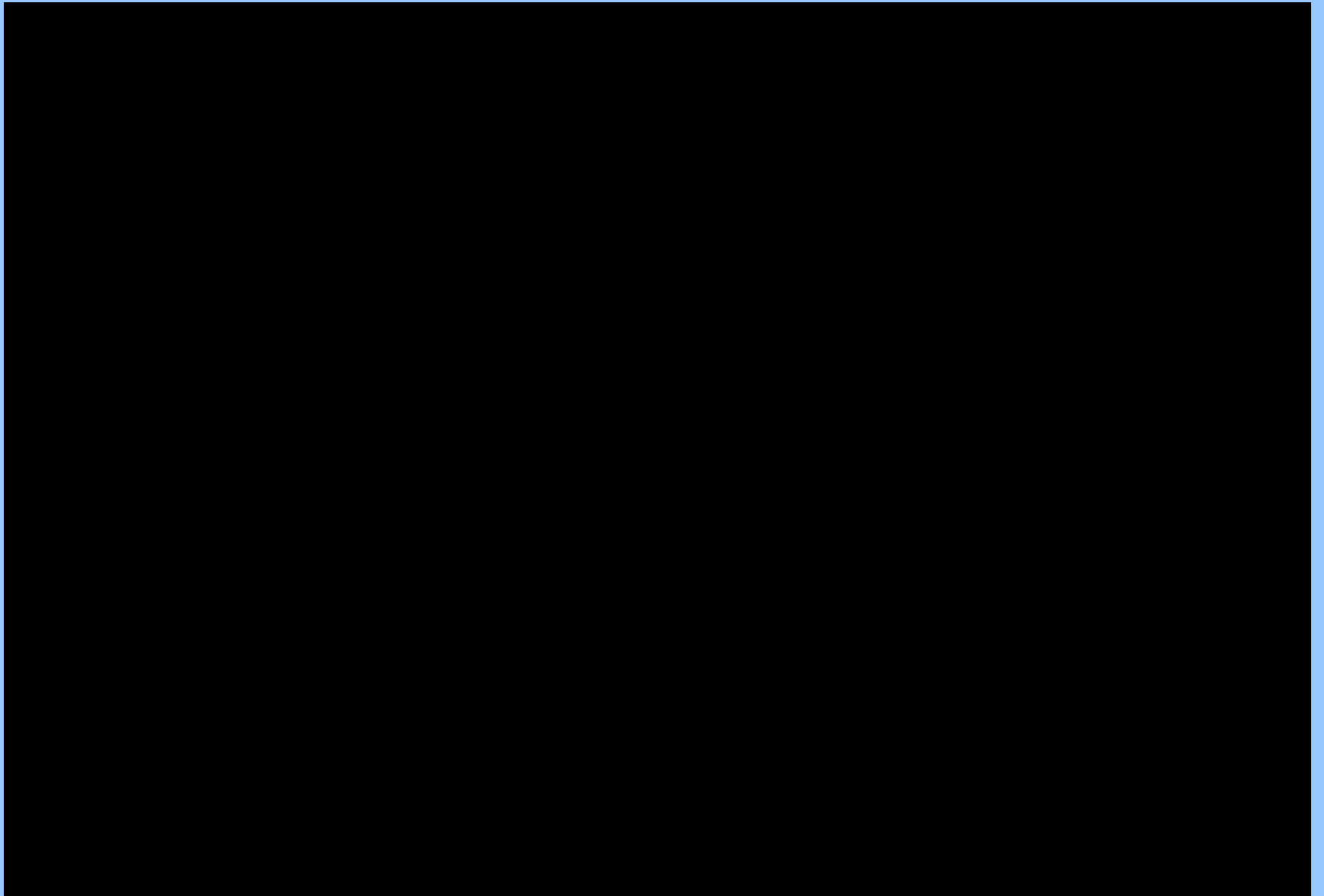
- Problematic diagnosis:
 - Degrees of distress and meeting criteria
 - Overdiagnosis
 - Risk of medicalisation
- 'Pure' diagnosis versus:
 - Premenstrual dysphoric disorder
 - Seasonal affective disorder
 - Chronic fatigue syndrome
- Comorbidity:
 - Mixed anxiety/depressive disorder

Major depression - prevalence

- Most widely prevalent of psychopathologies (second cause of illness in 2020).
- Contributes 12% to nonfatal 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 difference



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 conceptualisation

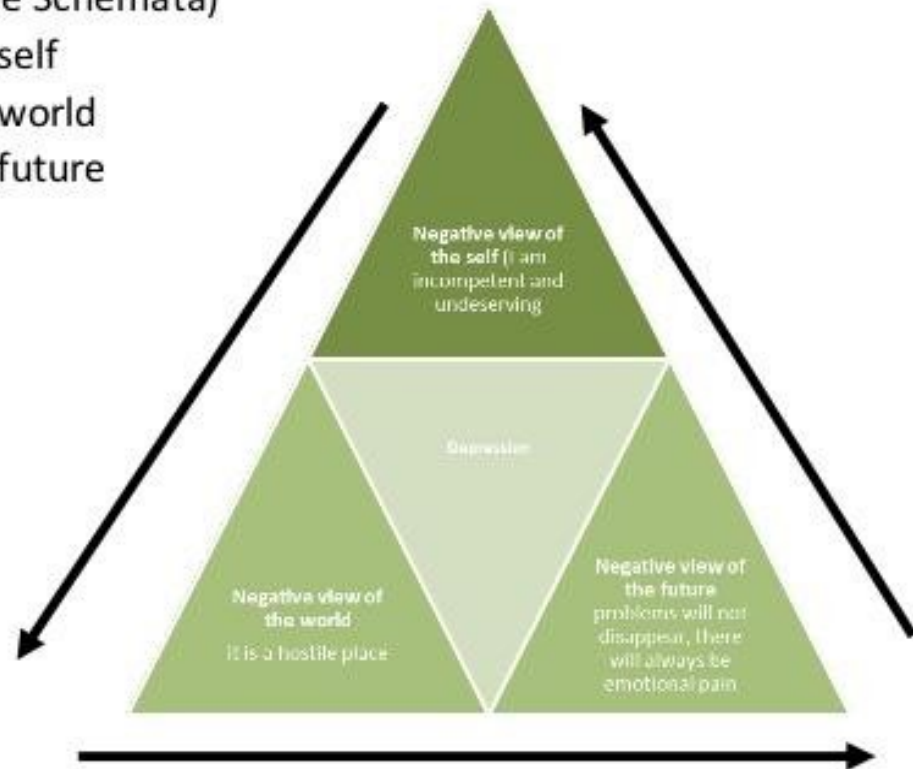
Major depression – psychological theories

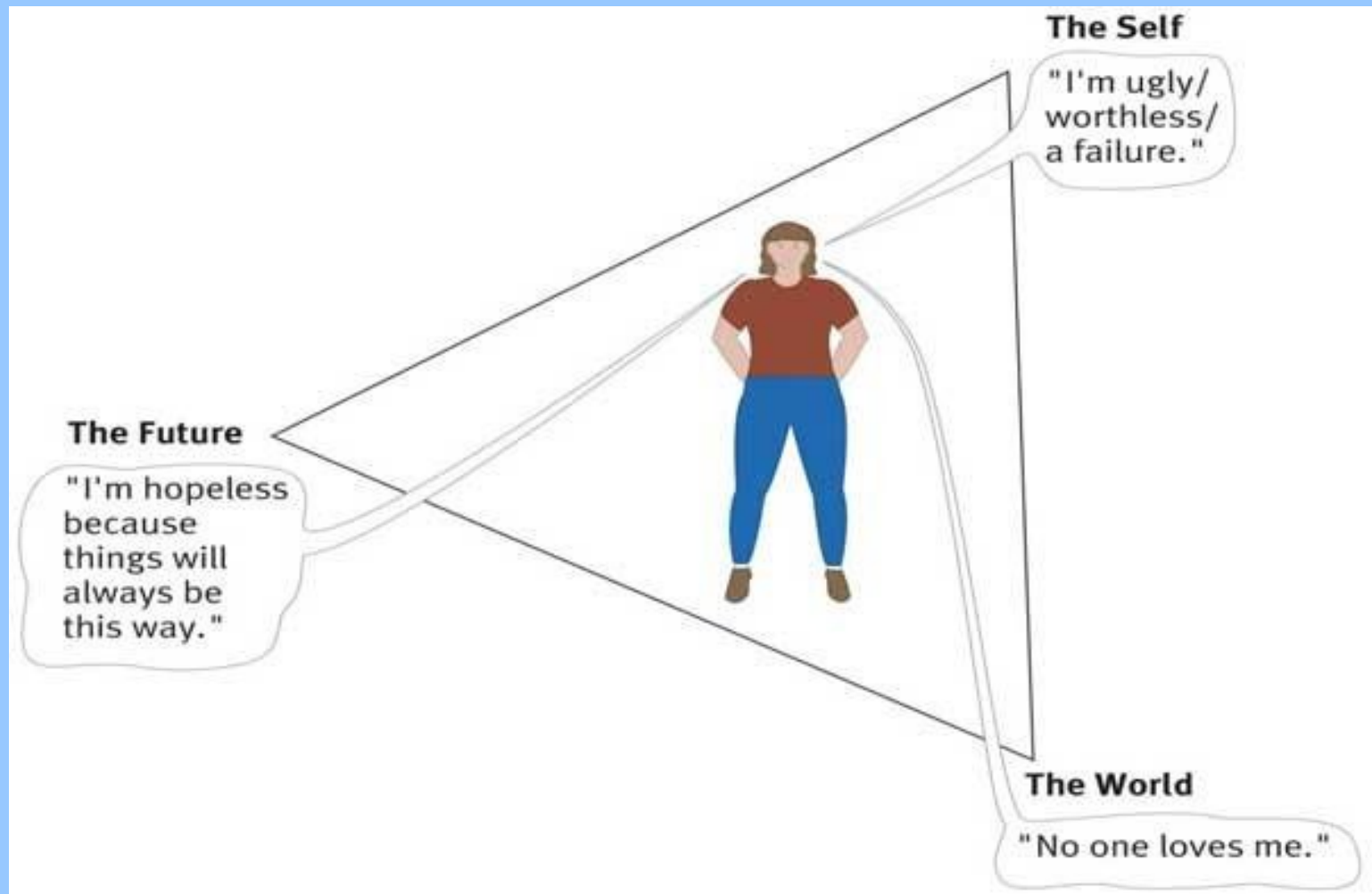
- Behavioural theories
 - Diminished behavioural repertoire
 - ‘Behavioural vacuum’
 - Lack of reward and reciprocal interaction
 - *Interpersonal theories of depression*
 - Excessive reassurance seeking
- Negative cognitions and self-schema
 - Beck’s Cognitive Theory (1967, 1987)
 - Negative schema
 - 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



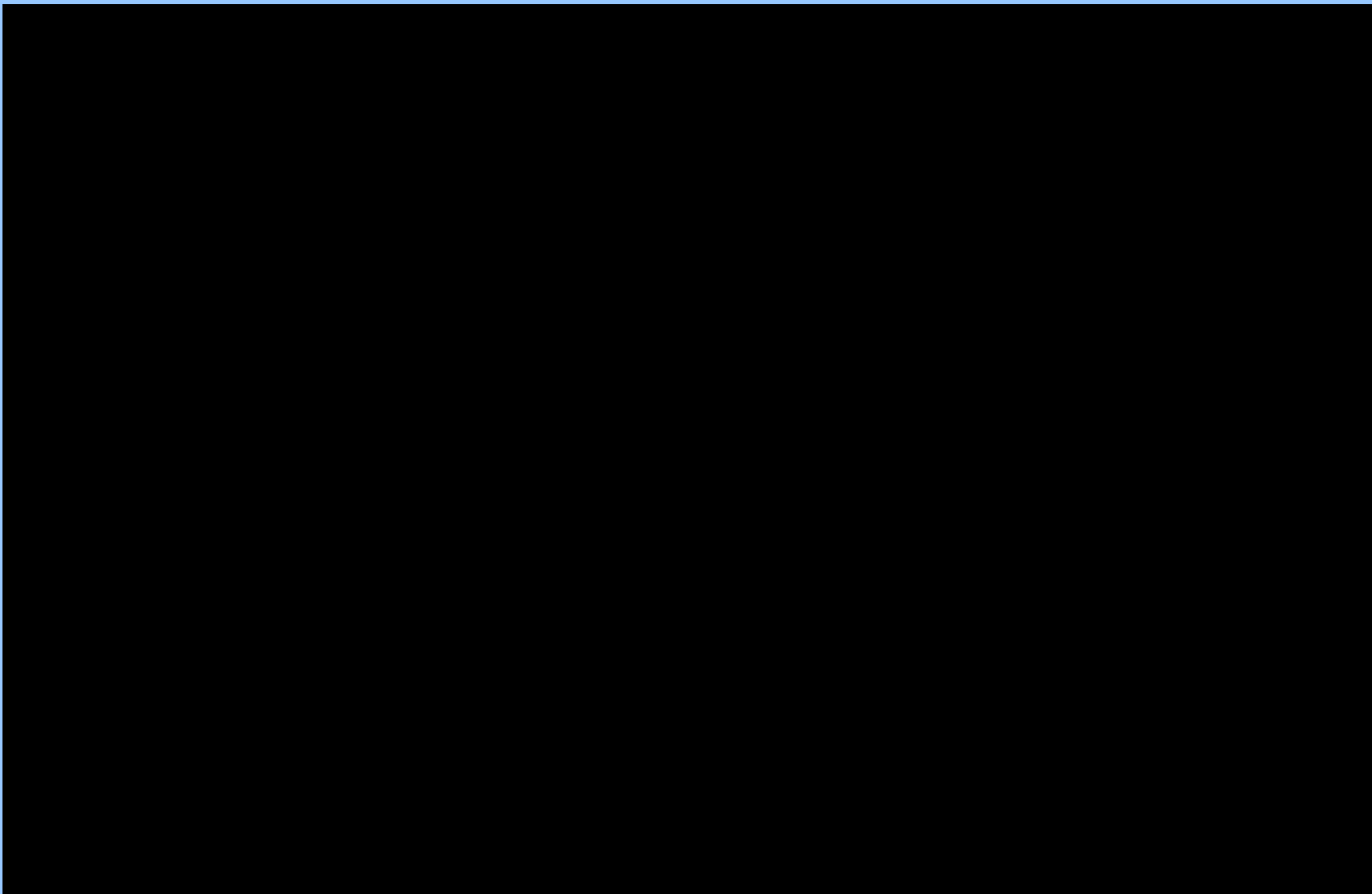


Major depression – psychological theories

- 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>

Deliberate self-harm

- Defined as direct and deliberate self harm in the absence of suicidal intent
 - Cutting, burning, picking skin
- Included in new DSM-5 category
 - Non-suicidal self injury
- Predominantly affects adolescents
- Self-soothing or help-seeking intent
- Risk factors for self harm include:
 - Higher physiological arousal in response to stress, poor verbal communication and social problem-solving skills

Deliberate self-harm

- Prevention is difficult due to secrecy and impulsiveness of act
- No evidence-based treatments
- Problem solving therapy seems to be effective
 - Used with adolescents
 - Encourages development of new coping strategies
 - Can be used in conjunction with CBT for depression if low self esteem is contributing factor

Suicide

- 1 million people commit suicide each year (WHO, 2012)
- Second highest cause of death amongst 15-19 year olds, worldwide
- 90% suicide victims may have diagnosable psychiatric disorder at time of death
- 'Hopelessness' is biggest predictor
- Likelihood increases with age
- Gender differences in attempts and successful suicide

Characteristics that define suicide attempters and completers

Characteristics	Attempters	Completers
Gender	Mainly Female	Mainly Male
Age	Mainly Young	Increased Risk with Age
Method	Pills, cutting	More violent (guns, jumping)
Common diagnoses	Mild Depression, Borderline Personality Disorder, Schizophrenia	Major Depression, Alcoholism
Dominant Affect	Depression with anger	Depression with Hopelessness
Motivation	Change in Situation, Cry for help	Death, Self- Annihilation

Suicide

- Has become more common in teenagers and adolescents
- Unclear why
 - Modern teenagers live stressful lives without developed coping strategies
 - Sociological phenomenon and media influence
 - Strongly linked with substance abuse and depression

Suicide

- Risk factors are highly complex:
 - Previous attempt
 - Related to particular psychiatric diagnoses
 - Poor physical health and disability
 - Low socio-economic status
 - Life stress
 - Genetic element
 - Combinations of risk factors are accurately predictive

Suicide

- Notoriously difficult to pick up signs that a person is seriously contemplating suicide
- Calmness and rationality often precede attempt
- Around 50% of people who make an attempt do not want to die
 - Intercepting them before they make an attempt is crucial
 - Telephone help-lines, educational programmes
 - Multilevel interventions
 - Awareness of methods used
 - Psychological and drug treatments