UNIT 1 MILD, MODERATE AND MAJOR DEPRESSIVE DISORDER

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1.0 INTRODUCTION

Mood disorder is the term designating a group of diagnoses in the Diagnostic and Statistical Manual of Mental Disorder (DSM IV TR) classification system where a disturbance in the person's mood is hypothesized to be the main underlying feature. Mood disorders are emotional disturbances consisting of prolonged periods of excessive sadness, excessive joyousness, or both. Mood disorders are categorised as depressive or bipolar. A mood disorder is diagnosed when sadness or elation is overly intense and persistent and is accompanied by a requisite number of other mood disorder symptoms. In such cases, intense sadness is termed depression, and intense elation is termed mania. Depressive disorders are characterised by depression; bipolar disorders are characterised by varying combinations of depression and mania. In this unit we will discuss mild, moderate, and major depressive disorders. First we will deal with minor depressive disorders, then we will throw some light on moderate depressive disorders, and finally we will come across major depressive disorders.

1.1 OBJECTIVES

After reading this unit, you will be able to:

- Explain the different types of mood disorders;
- Describe the symptoms of mood disorder;
- Explain the symptoms of mild depressive disorder;

- Explain the symptoms and treatment of dysthymic disorder;
- Describe the adjustment disorder with depressed mood;
- Elucidate the types, causes and treatment of major depressive disorder; and
- Analyse the differences between mild and major depressive disorders.

1.2 DEPRESSIVE DISORDERS

We all go through ups and downs in our mood. Sadness is a normal reaction to life's struggles, setbacks, and disappointments. Many people use the word "depression" to explain these kinds of feelings, but depression is much more than just sadness. Depression is a form of what is known as a mood or affective, disorder, because it is primarily concerned with a change in mood.

On the basis of following symptoms depressive disorders are usually distinguished from other mental disorders:

i) **Feelings of helplessness and hopelessness:** A bleak outlook—nothing will ever get better and there's nothing you can do to improve your situation.

ii) **Loss of interest in daily activities:** No interest in former hobbies, pastimes, social activities, or sex. You've lost your ability to feel joy and pleasure.

iii) **Appetite or weight changes:** Significant weight loss or weight gain—a change of more than 5% of body weight in a month.

iv) **Sleep change:.** Either insomnia, especially waking in the early hours of the morning, or oversleeping (also known as hypersomnia).

v) **Irritability or restlessness:** Feeling agitated, restless, or on edge. Your tolerance level is low; everything and everyone gets on your nerves.

vi) **Loss of energy:** Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.

vii) **Self-loathing:** Strong feelings of worthlessness or guilt. You harshly criticize yourself for perceived faults and mistakes.

viii) **Concentration problems:** Trouble focusing, making decisions, or remembering things.

ix) **Unexplained aches and pains**: An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.

Depression can be categorised in the following manner:

1) Depression that is originating from a bad or disturbing event in one's life

2) Depression which appears without apparent cause.

The first type of depression is easier for us to tackle because the cause is known. The first step is to deal with the event that triggered depression. It may have started as a result of death, an accident, a divorce or any other type of setback.

The second type of depression is more difficult to deal with as the source is unknown. It is the most common form of depression.

Mood disorders are also differentiated by

1) severity, that is the number of dysfunctions experienced in various areas of living and the relative degree of impairment evidenced in those areas and

2) duration, whether the disorder is acute, chronic, or intermittent (with periods of relatively normal functioning between the episodes of disorder).

There are several different diagnoses for depression, mostly determined by the intensity of the symptoms and the duration of the symptoms. The term depression is often used to refer to any of several depressive disorders.

Three are classified in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition Revision (DSM-IV-TR) by specific symptoms:

Major depressive disorder (often called major depression)

Dysthymia

Depressive disorder not otherwise specified

Two others are classified by etiology:

Depressive disorder due to a general physical condition

Substance-induced depressive disorder

i) **Major Depression:** Major depression is a problem with mood in which there are severe and long lasting feelings of sadness or related symptoms that get in the way of a person's functioning.

ii) **Dysthymic Disorder:** A less severe type of depression, dysthymic disorder , involves long-term, chronic symptoms that do not disable, but keep one from functioning well or from feeling good.

1.3 MILD DEPRESSIVE DISORDER

The term depression is often used to explain the feeling of sadness due to certain situations like failing an exam, having a row with a closed friend, losing a job, etc. However, this feeling of sadness cannot be exactly called depression because most likely it disappears in a day or two. However, for some people, the feeling of sorrow remains with them for a long time, so much so that it affects their daily life and activities. When such a situation arises, the person is said to be depressed. This mental condition of depression can be further divided into three forms which are mild, moderate and severe.

Among the three, moderate and severe forms of depression are talked about a lot and most do not know whether something like mild depression even exists. However, it is said that mild depression is a common phenomenon that many people experience. As people do not know about it, they are not able to recognise the signs that indicate a person to be suffering from mild depression. Though mild depression is not as serious as the other two versions of depression, if this condition is untreated, chances are there for the individual to go into severe depression. Therefore, it becomes important for people to know about what exactly happens when a person has mild depression and also about the ways one can adopt to treat this condition.

1.3.1 Symptoms of Mild Depression

The causes of mild depression is nothing different from the reasons that cause other types of depression. The difference is only in the impact that the situation has on that person. Hence, the focus is on the symptoms that can be observed when an individual is suffering from mild depression. Let us take a look at some of the symptoms of mild depression.

i) **Reduced Concentration:** A person who is mildly depressed may feel very low, but still may continue with his daily activities like work related as well as household duties. However, he may have some difficulty in getting these things done. This is because individuals who are suffering from mild depression usually have problems like lack of concentration or reduced ability to think which hampers the activities that they used to execute easily.

ii) **Fatigue and Sleeplessness:** Tiredness and fatigue is another symptom that affects a person who has mild depression. He may feel less energized, even after sleeping for a long time. This may happen because sometimes mild depression brings with it sleepless nights or insomnia.

iii) **Physical Problems:** Along with the mental and emotional problems, a person experiencing mild depression may also have some physical problems. It is common to see people with depression suffer from pains and aches like headache, backache, etc. Often, people go to the physician to find a solution for their pain, however, no concrete cause is found out. In such cases, mild depression is one of the reasons that cause such kind of body ache. Apart from this, mild depression can also lead a person to lose interest in sexual intercourse. Change in eating habits is also one of the common symptoms of mild depression i.e. people may lose their appetite totally or may eat too much

iv) **Loss of Interest:** Another sign of mild depression is loss of interest in any kind of activities. It is quite commonly seen that people no longer find enthusiasm in indulging in activities that they used to love earlier, when suffering from mild depression. This includes taking part in some kind of sports activities or may be indulging in one of their hobbies. Some people may feel uncomfortable meeting people and this may affect his social life.

v) **Feeling of Guilt and Worthlessness:** People who are suffering from depression may experience the feeling of guilt and worthlessness as they are unable to perform their daily tasks and activities. They may feel frustrated the whole time and due to this are likely to cry or may experience anger bouts without any specific reason. This feeling of ineptitude may also trigger the thoughts of ending their life by committing suicide.

Dysthymic disorder is a form of mild depression. Many people are affected by it. It can be triggered by a specific incident or medical problem, or it can appear with no apparent cause. Often people don't realise that they're actually suffering from a medical condition because symptoms are mild and are easy to overlook until they start to affect your daily functioning.

1.3.2 Dysthymic Disorder

Mild or low level depressive symptoms that persist for two or more than two years are classified as dysthymia. Symptoms typically begin insidiously during adolescence and follow a low-grade course over many years or decades (diagnosis requires a course of $\geq$ 2 yr); dysthymia may intermittently be complicated by episodes of major

depression. Affected patients are habitually gloomy, pessimistic, humorless, passive, lethargic, introverted, and hypercritical of self and others, and complaining.

According to DSM-IV (TR) dysthymia is characterised by an overwhelming yet chronic state of depression, exhibited by a depressed mood for most of the days, for more days than not, for at least 2 years. (In children and adolescents, mood can be irritable and duration must be at least 1 year.)

In addition, no Major Depressive Episode has been present during the first two years (or one year in children and adolescents) and there has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode, and criteria have never been met for Cyclothymic Disorder. Further, the symptoms cannot be due to the direct physiological effects of the use or abuse of a substance such as alcohol, drugs or medication or a general medical condition.

The symptoms must also cause significant distress or impairment in social, occupational, educational or other important areas of functioning. Dysthymia is a chronic long-lasting form of depression sharing many characteristic symptoms of major depressive disorder. These symptoms tend to be less severe but do fluctuate in intensity. To be diagnosed, an adult must experience 2 or more of the following symptoms for at least two years:

- Poor appetite or overeating
- Insomnia or hypersomnia
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness
- Low sex drive
- Irritability

Symptoms exclude "manic, hypomanic or mixed episodes commonly associated with bipolar disorders. People with dysthymia have a higher than average chance of developing major depression. As dysthymia is a chronic disorder, a person may often experience symptoms for many years before it is diagnosed, if diagnosis occurs at all.

As a result, he or she tends to believe that depression is a part of their character. This, subsequently, may lead sufferers not to even discuss their symptoms with doctors, family members or friends.

Dysthymia, like major depression, tends to run in families. Some sufferers describe being under chronic stress. When treating diagnosed individuals, it is often difficult to tell whether they are under unusually high environmental stress or if the dysthymia causes them to be more psychologically stressed in a standard environment.

Treatment for Dysthymic Disorder

Psychotherapy is the treatment for choice for this psychological problem. Often, antidepressant medication is also recommended because of the chronic nature of the depression in Dysthymia. Psychotherapy is used to treat this depression in several ways. First, supportive counseling can help to ease the pain, and can address the

feelings of hopelessness. Second, cognitive therapy is used to change the pessimistic ideas, unrealistic expectations, and overly critical self-evaluations that create the depression and sustain it.

Cognitive therapy can help the depressed person recognise which life problems are critical, and which are minor. It also helps them to learn how to accept the life problems that cannot be changed. Third, problem solving therapy is usually needed to change the areas of the person's life that are creating significant stress, and contributing to the depression. Behavioural therapy can help to develop better coping skills, and interpersonal therapy can assist in resolving relationship conflicts.

Self Assessment Questions

1) What do you mean by mood disorder? Discuss its different types?

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2) Discuss the symptoms of mild depressive disorder.

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3) Describe the symptoms and treatment of dysthymic disorder.

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1.4 MODERATE DEPRESSIVE DISORDER

DSM-IV includes two main categories for depressions of mild to moderate severity: dysthymia and adjustment disorder with depressed mood. We have already discussed dysthymic disorder under mild depression category. Now we will turn to consider adjustment disorder with depressed mood under moderate depressive category.

1.4.1 Adjustment Disorder with Depressed Mood

This category describes depression that occurs in response to a major life stressor or crisis. This is also called a "reactive depression." Basically adjustment disorder with depressed mood is behaviourally indistinguishable from dysthymia. It differs from dysthymia in that it does not exceed six months in duration, and it requires the existence of an identifiable (presumably precipitating) psychological stressors in the client's life. The justification of keeping it in a distinct clinical diagnosis is that the client is experiencing impaired social or occupational functioning.

The diagnosis of an adjustment disorder implies that specific psychological symptoms have developed in response to a specific and identifiable psychosocial stressor. However, this diagnostic group (adjustment disorders) is a "last resort" category. If the symptom picture suggests that the person meets the diagnostic criteria for another psychological disorder, than this diagnosis is not used. For example, if a person experiences a trauma, and develops the symptoms of a major depression, then the diagnosis of adjustment disorder is not used, even though the depression developed in response to a psychosocial stressor. So, adjustment disorder with depression is used to categorise mild to moderate depression, following a stressful event.

Also, the depressive symptoms related to an adjustment disorder should be treated and dissipate within six months following the end of the stress that produced the reaction. If the symptoms last longer, then the diagnosis of Depression, not otherwise specified, is probably more appropriate. There is an exception to this rule, as some stressors continue over a long period of time, rather than occurring as a single event. For example, if a person is harassed on the job, that can continue for months. In such a case, the depression may not be severe enough for a diagnosis of major depression, but it would continue for more than six months. But, since the stress is continuing, then the adjustment disorder diagnosis could still be used. Despite these problems with the formal diagnostic criteria, there are doubtless many cases of relatively brief but moderately serious depression.

The symptom picture is similar to other depressive disorders, and the recommended treatment is still cognitive-behavioural therapy and/or interpersonal therapy. However, because of the relationship between the symptoms and a specific stressor, there is more emphasis put on resolving the problem that created the stress. This may involve making concrete changes in the way the person manages his/her life, and may require specific action and decision making. (e.g. If job stress is resulting in depression, the person may need to decide whether changing jobs is the most appropriate solution.) Often people become depressed in reaction to psychosocial stressors when they don't believe a solution exists to their problem. In such cases, helping the person develop a reasonable solution is a key part of the treatment process.

Self Assessment Questions

1) Point out the symptoms and treatment of adjustment disorder with depressed mood.

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2) Differentiate between dysthymic disorder and adjustment disorder with depressed mood.

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1.5 MAJOR DEPRESSIVE DISORDER

Major Depressive disorder, commonly called major depression, unipolar depression, or clinical depression, where a person has one or more major depressive episode. After a single episode, Major Depressive Disorder (single episode) would be diagnosed. After more than one episode, the diagnosis becomes Major Depressive Disorder (Recurrent). Depression without periods of mania is sometimes referred to as unipolar depression because the mood remains at one emotional state or "pole". Major depression is a disabling condition which adversely affects a person's family, work or school life, sleeping and eating habits, and general health. In the United States, around 3.4% of people with major depression commit suicide, and up to 60% of people who commit suicide had depression or another mood disorder.

The diagnosis of major depressive disorder is based on the patient's self-reported experiences, behaviour reported by relatives or friends, and a mental status exam. If depressive disorder is not detected in the early stages it may result in a slow recovery and affect or worsen the persons physical health. The most common time of onset is between the ages of 20 and 30 years, with a later peak between 30 and 40 years.

Major depression significantly affects a person's family and personal relationships, work or school life, sleeping and eating habits, and general health. Its impact on functioning and well-being has been equated to that of chronic medical conditions such as diabetes.

A person having a major depressive episode usually exhibits a very low mood, which pervades all aspects of life, and an inability to experience pleasure in activities that were formerly enjoyed. They develop feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-hatred. In severe cases, depressed people may have symptoms of psychosis. Insomnia is common among the depressed. Hypersomnia or oversleeping can also happen. A depressed person may also report multiple physical symptoms such as fatigue, headaches, or digestive problems.

The DSM-IV-TR recognises five further subtypes of MDD, called *specifiers*, in addition to noting the length, severity and presence of psychotic features:

Atypical Depression (AD) is characterised by mood reactivity (paradoxical anhedonia) and positivity, significant weight gain or increased appetite ("comfort eating"), excessive sleep or hypersomnia, a sensation of heaviness in limbs known as leaden paralysis, and significant social impairment as a consequence of hypersensitivity to perceived interpersonal rejection.

Melancholic Depression is characterised by a loss of pleasure in most or all activities, a failure of reactivity to pleasurable stimuli, a quality of depressed mood more pronounced than that of grief or loss, a worsening of symptoms in the morning hours, early morning waking, psychomotor retardation, excessive weight loss, or excessive Guilt.

Catatonic Depression is a rare and severe form of major depression involving disturbances of motor behaviour and other symptoms. Here the person is mute and almost stuporose, and either remains immobile or exhibits purposeless or even bizarre movements. Catatonic symptoms also occur in schizophrenia or in manic episodes, or may be caused by neuroleptic malignant syndrome

Psychotic Major Depression (PMD), or simply psychotic depression, is the term for a major depressive episode, particularly of melancholic nature, where the patient

experiences psychotic symptoms such as delusions or, less commonly, hallucinations. These are most commonly mood-congruent (content coincident with depressive themes).

Postpartum Depression (PPD) is listed as a course specifier in DSM-IV-TR; it refers to the intense, sustained and sometimes disabling depression experienced by women after giving birth. Postpartum depression, which has incidence rate of 10–15%, typically sets in within three months of labour and lasts as long as three months. It is quite common for women to experience a short term feeling of tiredness and sadness in the first few weeks after giving birth; however, postpartum depression is different because it can cause significant hardship and impaired functioning at home, work, or school as well as possibly difficulty in relationships with family members, spouses, friends, or even problems bonding with the newborn.

Seasonal Affective Disorder (SAD), also known as "winter depression" or "winter blues", is a specifier. Some people have a seasonal pattern, with depressive episodes coming on in the autumn or winter, and resolving in spring. The diagnosis is made if at least two episodes have occurred in colder months with none at other times over a two-year period or longer. It is commonly hypothesized that people who live at higher latitudes tend to have less sunlight exposure in the winter and therefore experience higher rates of SAD, but the epidemiological support for this proposition is not strong (and latitude is not the only determinant of the amount of sunlight reaching the eyes in winter). SAD is also more prevalent in people who are younger and typically affects more females than males.

1.5.1 Causes of Major Depression

As far as etiology of major depressive disorder is concerned biological, psychological, and social factors all play a role in causing depression. Several models and approaches have been proposed by psychologists and psychiatrists to account for the causes of depression. For example Diathesis Model stresses that that depression results when a preexisting vulnerability, or diathesis, is activated by stressful life events.

The preexisting vulnerability can be either genetic, an interaction between nature and nurture, or schematic, resulting from views of the world learned in childhood. Family studies suggest that prevalence of mood disorder is higher among blood relatives of persons with clinically diagnosed mood disorder than in the population at large (e.g., Plomin, De Fries, Mc Clearn, & Rutter, 1997). Twin studies also suggested that there is a moderate genetic contribution to major depression. Plomin et.al. (1997) reviewed evidence from five different studies showing that monozygotic co-twins of a twin with major depression are about four to five times as likely to develop major depression as are dizygotic co-twins of a depressed twin.

Various aspects of personality and its development appear to be integral to the occurrence and persistence of depression with negative emotionality as a common precursor. Although depressive episodes are strongly correlated with adverse events, a person's characteristic style of coping may be correlated with their resilience (Kessler, 1997). Additionally, low self-esteem and self-defeating or distorted thinking are related to depression.

Depressed people were found to have a distinctly negative view of themselves and the world around them (Beck, 1967), and their perception of stress may result, at least to some extent, from the cognitive symptoms of their disorder rather than causing their disorder (Kessler, 1997). Beck, following on from the earlier work of Kelly and Ellis, developed what is now known as a cognitive model of depression in the early 1960s.

He proposed that three concepts underlie depression: a triad of negative thoughts composed of cognitive errors about oneself, one's world, and one's future; recurrent patterns of depressive thinking, or *schemas*; and distorted information processing. According to American psychologist Seligman (1974, 1975) depression in humans is similar to learned helplessness in labouratory animals, who remain in unpleasant situations when they are able to escape, but do not because they initially learned they had no control.

Attachment theory, developed by Bowlby in the 1960s, predicts a relationship between depressive disorder in adulthood and the quality of the earlier bond between the infant and their adult caregiver. In particular, it is thought that "the experiences of early loss, separation and rejection by the parent or caregiver (conveying the message that the child is unlovable) may all lead to insecure internal working models.

Internal cognitive representations of the self as unlovable and of attachment figures as unloving [or] untrustworthy would be consistent with parts of Beck's cognitive triad" (Seligman, 1975). While a wide variety of studies has upheld the basic tenets of attachment theory, research has been inconclusive as to whether self-reported early attachment and later depression are demonstrably related.

According to Bandura (1978) depressed individuals have negative beliefs about themselves, based on experiences of failure, observing the failure of social models, a lack of social persuasion that they can succeed, and their own somatic and emotional states including tension and stress. These influences may result in a negative self-concept and a lack of self-efficacy; that is, they do not believe they can influence events or achieve personal goals. Depressed individuals often blame themselves for negative events, as shown in the study of Pinto and Francis (1993) on hospitalised adolescents with self-reported depression, those who blame themselves for negative occurrences may not take credit for positive outcomes. This tendency is characteristic of a depressive attributional or pessimistic explanatory style.

The studies conducted on depression in women indicates that vulnerability factors—such as early maternal loss, lack of a confiding relationship, responsibility for the care of several young children at home, and unemployment—can interact with life stressors to increase the risk of depression (Bandura, 1998). For older adults, the factors are often health problems, changes in relationships with a spouse or adult children due to the transition to a care-giving or care-needing role, the death of a significant other, or a change in the availability or quality of social relationships with older friends because of their own health-related life changes (Brown and Harris, 2001).

The understanding of depression has also received contributions from the psychoanalytic and humanistic psychology. From the classical psychoanalytic perspective of Freud depression or melancholia may be related to interpersonal loss and early life experiences (Hinrichsen and Emery, 2006). The founder of humanistic psychology, Abraham Maslow suggested that depression could arise when people are unable to attain their needs or to self-actualise (to realise their full potential).

Social: Poverty and social isolation associated with increased risk of mental health problems in general. Child abuse (physical, emotional, sexual, or neglect) is also associated with increased risk of developing depressive disorders later in life (Kessler, 1997). Abuse of the child by the caregiver is bound to distort the developing personality and create a much greater risk for depression and many other debilitating mental and emotional states. Disturbances in family functioning, such as parental (particularly maternal) depression, severe marital conflict or divorce, death of a

parent, or other disturbances in parenting are additional risk factors. In adulthood, stressful life events are strongly associated with the onset of major depressive episodes. In this context, life events connected to social rejection appear to be particularly related to depression (Kessler, 1997).

1.5.2 Treatment

Various psychological treatments are available for depressive disorders. Some of them are briefly listed below. In general, a combination of an antidepressant plus a psychological treatment is better than either treatment alone. Typically, most psychological treatments for depression last in the range of 12-20 weekly sessions of 1-2 hours per session.

Those most commonly used for moderate or severe depression are:

1.5.2.1 Cognitive Behavioural Therapy (CBT)

Briefly, cognitive behavioural therapy is based on the idea that certain ways of thinking can trigger, or fuel, certain mental health problems such as depression. The therapist helps the client to understand his thought patterns. In particular, to identify any harmful or unhelpful ideas or thoughts which the client has that can make him depressed. The aim is then to change his ways of thinking to avoid these ideas. Behavioural therapy aims to change such behaviours which are harmful or not helpful. CBT is a combination of cognitive therapy and behavioural therapy. In short, CBT helps people to achieve changes in the way that they think, feel and behave.

1.5.2.2 Interpersonal Psychotherapy (IPT)

Interpersonal psychotherapy (Klerman, Weissman, Rounsaville, & Chevron, 1984) focuses on resolving interpersonal problems and stresses in existing relationships and/or building the skills to form important new interpersonal relationship. IPT is based on the idea that our personal relationships may play a large role in affecting our mood and mental state. The therapist helps us to change our thinking and behaviour and improve our interaction with others. For example, IPT may focus on issues such as bereavement or disputes with others that may be contributing to the depression.

Self Assessment Questions

1) Discuss the symptoms and types of major depressive disorder.

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2) Explain the etiology and treatment of major depressive disorder.

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3) Differentiate between mild depressive disorder and major depressive disorder.

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1.6 LET US SUM UP

Mood disorder is the term designating a group of diagnoses in the Diagnostic and Statistical Manual of Mental Disorder (DSM IV TR) classification system where a disturbance in the person's mood is hypothesized to be the main underlying feature. Depression is a form of what is known as a mood or affective, disorder, because it is primarily concerned with a change in mood.

There are several different diagnoses for depression, mostly determined by the intensity of the symptoms and the duration of the symptoms. The term depression is often used to refer to any of several depressive disorders. Depressive disorders may be classified as mild to moderate depressive disorder and major depressive disorder. DSM-IV includes two main categories for depressions of mild to moderate severity: dysthymia and adjustment disorder with depressed mood. To qualify for a diagnosis of dysthymia, a person must have a persistent depressed mood, more than not, for at least two years. In addition, dysthymics must have at least two of the following six symptoms: poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness. Adjustment disorder with depressed mood differs from dysthymia in that it does not exceed six months in duration, and it requires the existence of an identifiable (presumably precipitating) psychological stressors in the client's life. The diagnostic criteria for major depressive disorder require that the person exhibit more symptoms than are required for dysthymia and the symptoms be more persistent. A person having a major depressive episode usually exhibits a very low mood, which pervades all aspects of life, and an inability to experience pleasure in activities that were formerly enjoyed. They develop feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-hatred. In severe cases, depressed people may have symptoms of psychosis. Insomnia is common among the depressed. Hypersomnia or oversleeping can also happen. A depressed person may also report multiple physical symptoms such as fatigue, headaches, or digestive problems. As far as etiology of major depressive disorder is concerned biological, psychological, and social factors all play a role in causing depression. Cognitive behavioural therapy and interpersonal psychotherapy are most commonly used for the treatments of depressive disorders. In general, a combination of an antidepressant plus a psychological treatment is better than either treatment alone. Typically, most psychological treatments for depression last in the range of 12-20 weekly sessions of 1-2 hours per session.

1.7 UNIT END QUESTIONS

1) How does mood disorder differ from other types of mental disorders?
2) Describe different types of mood disorders.
3) Discuss the symptoms and treatment of mild mood disorder.
4) Explain the diagnosis and treatment of dysthymic disorder.

5) Discuss the symptoms and treatment of adjustment disorder with depressed mood.
6) Differentiate between dysthymic disorder and adjustment disorder with depressed mood.
7) Describe the diagnosis and types of major depressive disorder.
8) Explain the causes and treatment of major depressive disorder.
9) Differentiate between mild depressive disorder and major depressive disorder.

1.8 GLOSSARY

Adjustment disorder with depressed mood : Moderately severe depressive disorder that occurs as a result of an identifiable life event and that is expected to disappear when the event's impact ceases, and not exceeding six months in duration.

Behaviour therapy : Use of therapeutic procedures based on principles of classical and operant conditioning.

Bipolar disorder : Mood disorder in which a person experiences both manic and depressive episodes.

Cognitive Behaviour therapy : Therapy based on altering cognitive dysfunctional thoughts and cognitive disorders.

Depression : Pervasive feeling of sadness that may begin after some loss or stressful event, but that continue long afterwards.

Depressive disorder : Depressive symptoms that meet diagnostic criteria for either single episode of major depression, or recurrent episodes.

Dizygotic twins : Twins that develop from two separate eggs.

Dysthymia : A longstanding depressed mood accompanied by loss of interest and lack of pleasure in situations which most people would find enjoyable.

Episodic (disorder) : Term used to describe a disorder that tends to abate and to recur.

Interpersonal psychotherapy : A form of psychotherapy that focuses on increasing client's social effectiveness and the extent they feel cared about by others.

Leaned helplessness : Acquired belief in one's helplessness to deal with a situation or control one's environment. Concept has been applied to explain depression in humans.

Major depressive disorder : A severe depression characterised by dysphoric mood as well as poor appetite, sleep problems, feelings of restlessness, loss of pleasure, loss of energy, feeling of inability to concentrate, recurring thoughts of death or suicide attempts.

Depressive episodes occur most of everyday for at least two weeks.

Monozygotic twins : Identical twins developed from one fertilised egg.

Mood disorder : One of a group of disorders primarily affecting emotional tones. It can be depression, manic excitement, or both. It may be episodic or chronic.

Unipolar disorder : Mood disorder in which a person experiences only depressive episodes, as opposed to bipolar disorder, in which both manic and depressive episodes occur.

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