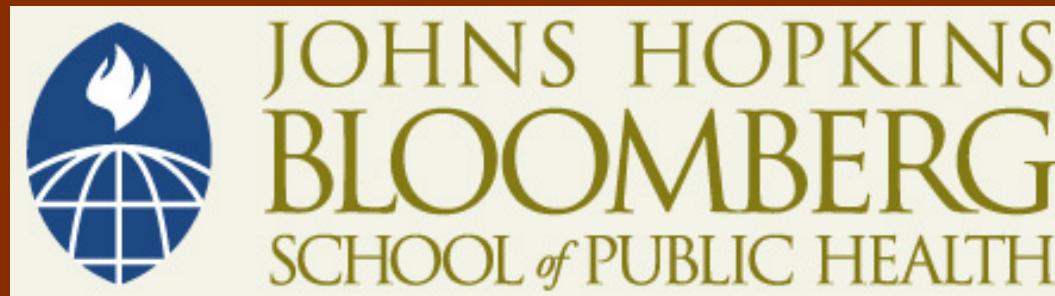


This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike License](https://creativecommons.org/licenses/by-nc-sa/4.0/). Your use of this material constitutes acceptance of that license and the conditions of use of materials on this site.



Copyright 2011, The Johns Hopkins University and Etheldreda Nakimuli-Mpungu. All rights reserved. Use of these materials permitted only in accordance with license rights granted. Materials provided “AS IS”; no representations or warranties provided. User assumes all responsibility for use, and all liability related thereto, and must independently review all materials for accuracy and efficacy. May contain materials owned by others. User is responsible for obtaining permissions for use from third parties as needed.



JOHNS HOPKINS
BLOOMBERG
SCHOOL *of* PUBLIC HEALTH



Section B

Severe Mood Disorders

Photo by gbaku. Creative Commons BY-SA. Retrieved from
<http://www.flickr.com/photos/gbaku/2900264240/sizes/m/>

Mood Disorders

- Bipolar disorder
 - Manic phase
 - Depressed phase
 - Mixed phase
- Chronic major depression with psychotic features

Classification, DSM-IV: Bipolar Disorder—Manic Phase

- A. Abnormally and persistently elevated, expansive, or irritable mood

- B. Three (or more) of the following symptoms
 1. Inflated self-esteem or grandiosity
 2. Decreased need for sleep (e.g., feels rested after only three hours of sleep)
 3. More talkative than usual or pressure to keep talking
 4. Flight of ideas (racing thoughts)
 5. Distractibility
 6. Increase in goal-directed activity (either socially, at work or school, or sexually)
 7. Excessive involvement in pleasurable activities that have a high potential for painful consequences

Bipolar Disorder—Manic Phase

- C. No depressive symptoms
- D. Impairment in functioning
- E. Not due to substance abuse or other disease

Clinical Presentation

- Extremely funny
- Flamboyant, extravagant
- Poor judgment—risky behaviors
- Good academic achievement
- Lack of sleep
- Excessive energy
- Excessively rapid and loud speech
- Hallucinations and delusions result in
 - Unusual behaviors
 - Hyperactivity
 - Suspicion
 - Aggression

Symptoms and Associated Factors

- Other associated problems include
 - School truancy
 - School failure
 - Occupational failure
 - Divorce
 - Episodic antisocial behavior

Lab Findings

- No laboratory features are diagnostic of bipolar disorder nor distinguish major depressive episodes found in bipolar disorder from those in major depressive disorder
- Imaging studies tend to show increased rates of right hemispheric lesions, or bilateral sub-cortical or peri-ventricular lesions in those with bipolar I disorder

Prevalence and Incidence

- Lifetime prevalence of bipolar disorders: 0.4% to 1.6%
 - Kessler, R. C., et al. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. *Archives of General Psychiatry*, 51, 8-19.
- Incidence rates for bipolar disorders: 2.6 to 20.0 per 100,000 per year
 - Lloyd and Jones. (2002).

Etiology

- Familial disease
 - First-degree biological relatives of individuals with bipolar I disorder have elevated rates of bipolar disorder (4% to 24%)
- Twin studies and adoption studies
 - Provide strong evidence of a genetic influence for bipolar disorder

Course and Prognosis

- Age at onset—20s, but some cases start in adolescence
- Occur following psychosocial stressors
- Sleep deprivation may precipitate or exacerbate a manic, mixed, or hypomanic episode
- Duration—a few weeks to several months

Course and Prognosis

- In 50% to 60% of cases, a major depressive episode precedes or immediately follows a manic episode
- There is normal functioning in between episodes

Course and Prognosis

- The interval between episodes tends to decrease as the individual ages
- Approximately 5% to 15% of individuals with bipolar I disorder have multiple (four or more) mood episodes (major depressive, manic, mixed, or hypomanic) that occur within a given year (rapid cycling)
- A rapid-cycling pattern is associated with a poorer prognosis