

# Mood Disorders:

## Major Depression and Bipolar Disorders

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We all have times of depression and exhilaration. When these moods deepen or do not go away, you may have a Mood Disorder.

## DEPRESSIVE DISORDERS

Feeling sad or 'blue' is normal. It is written about in songs, captured in paintings, and spoken about in conversation.

When does 'normal' depression end and more serious depression begin?

When sadness lasts for a long time, when everyday routines are impaired, or when the feelings become so strong that life becomes difficult to bear, what started out as the 'blues' may have developed into depression.

### What are the symptoms of Depressive Disorders?

People with depression notice symptoms that affect their emotions, thoughts and actions.

**Emotions:** You may feel sad, low, down in the dumps, empty, irritable, listless, apathetic, or disinterested.

**Thoughts:** You may think negative thoughts about yourself, the world, and the future. You may see yourself as incompetent or worthless, the world as unfair, and the future as bleak and unrewarding. You may also have difficulty concentrating, making decisions, and remembering things.

**Actions:** You may withdraw from social activities, walk slowly, fidget, or notice changes in appetite, sleep patterns, or energy levels. You may consider, plan, or attempt suicide.

When these symptoms interfere with your social life, your family relations, and your career you may have a depressive disorder, such as Major Depression or Dysthymic Disorder.

### Major Depression (Unipolar Disorder)

If you are experiencing Major Depression you will notice several of the depressive symptoms described earlier nearly every day for at least two weeks.

Approximately 17% of women and 8% of men have Major Depression at some stage in their lives. More women are diagnosed with Major Depression than men. The usual age when depression begins is between 25 and 44 years of age.

### **Dysthymic Disorder: Depression that hangs on for a long time**

Some people have milder feelings of depression but for a longer time. This is called as Dysthymia. People with dysthymia have depressive symptoms for at least two years. Dysthymic Disorder often results from other problems such as eating disorders, anxiety, or drug or alcohol abuse. Approximately 6% of people have Dysthymic Disorder at some time during their lives.

## **BIPOLAR DISORDERS or MANIC DEPRESSION**

A manic episode is the opposite to depression. It is when the person feels on top of the world.

Manic symptoms can be seen in emotions, thoughts and actions.

**Emotions:** You may feel on top of the world and persistently high, experience a very irritable mood, or have unrealistically high self-esteem.

**Thoughts:** You may see yourself as very important, experience difficulty concentrating, and feel that thoughts are racing, and be more focused on goals than usual.

**Actions:** You may have endless supplies of energy and decreased need for sleep, be more talkative than usual, and participate in overly in pleasurable activities such as unrestrained shopping sprees or risky sexual activities.

When manic symptoms interfere with your social life, family relations, or your career, you may be experiencing mania. A manic episode lasts a week or longer and there are two main types: Bipolar Disorder and Cyclothymic Disorder.

## **Bipolar Disorder**

To be diagnosed with Bipolar Disorder you must have experienced at least one manic episode. Most people diagnosed with a Bipolar Disorder experience a depressive episode following the manic episode. Some days you may be on top of the world, feeling exhilarated and highly excited. On other days you may be in the depths of despair, feeling depressed, and helpless. Bipolar Disorder is less common than the Depressive Disorders, with approximately one in every 100 people having Bipolar Disorder in their lifetime. It appears that equal numbers of women and men have Bipolar Disorder.

## **Cyclothymic Disorder: Fluctuations in moods over a long time**

Some people experience less severe ups and downs in mood over a long time. This milder, but longer lasting form of Bipolar Disorder is called Cyclothymic Disorder. Symptoms last for at least two years, and, like Bipolar Disorder, consist of switching between mild depressive episodes and mild manic episodes. Cyclothymic Disorder is less disruptive than Bipolar Disorder. Approximately 1% of the population is diagnosed with Cyclothymic Disorder. Individuals usually develop the disorder during adolescence or early childhood. The disorder is diagnosed equally in men and women.

# **WHAT CAUSES MOOD DISORDERS?**

Experiencing a Mood Disorder is dependent on many factors including genes, upbringing, brain chemistry, social circumstances, and life-changing experiences.

The more risk factors you experience the more likely you are to develop a Mood Disorder. For example, if one of your parents experiences Major Depression, your chance of developing depression is increased. This is not only because of genes, but also because of the social and family situation you experienced. Life-changing events such as a major illness or a death in the family can further increase your risk of having a Mood Disorder.

Just as some things increase your chances of having a Mood Disorder, there are factors that decrease your chances, or protect you. The existence of one risk factor may be balanced by one protective factor. For example, if you are a sole parent of three children, working full-time, with heavy financial commitments, and a close family member dies, your risk of developing a Mood Disorder is increased. If, however, you have a very close, supporting friend in whom you can confide, your risk is decreased. The same factors that can increase your risk of experiencing a Mood Disorder can decrease your risk: genes, upbringing, brain chemistry, social circumstances, and life-changing experiences.

More important than what caused the Mood Disorder is the existence of effective treatments to overcome the Disorder.

## **COGNITIVE BEHAVIOUR THERAPY (CBT)**

CBT is a well-researched and effective way of treating depression. It is based on the idea people with depression have negative ways of thinking about themselves, the world, and the future. These unhelpful ways of thinking and acting lead to sadness and difficulties in daily life. By understanding and changing these ways of thinking and acting, the person is able to bring about life changes and feel better.

Negative views about ourselves, the world, and the future cause distorted ways of thinking about what happens to us in our daily life.

Cognitive Behaviour Therapy lasts 8 – 20 sessions. You and the Clinical Psychologist work as a team to examine the way you think and the find better ways to act.

**Behaviour Therapy:** An important first step of treatment is for you to overcome the lack of motivation and difficulty in concentrating. You will be encouraged to participate in constructive activities. Together, you and your clinician plan structured activities and you assess the value of

these activities, and how enjoyable they are. Setting goals is another useful behavioural technique to help overcome the symptoms of depression. Achieving set goals is very rewarding, and often leads to increased motivation.

In Cognitive Behaviour Therapy you may learn that we may 'overgeneralise' what is happening to us so that when something goes wrong we may think, "I always do everything wrong". We can also exaggerate things that go wrong and underestimate the value of things that go right. We may pay attention only to the negatives and ignore the positives. Another problem is thinking in black and white terms. For example, "My partner has left me. No one will ever love me again." These negative thoughts lead to negative emotions such as feeling sad, irritable, or angry, or feeling sorry for ourselves. These negative emotions lead to negative behaviour such as withdrawing from friends and family, a loss of desire to participate in previously pleasurable activities or perhaps a loss of interest in work. Interestingly, these negative behaviours confirm our original negative thoughts about ourselves, our world and our future. Thus, the cycle continues:

- ☛ Negative thoughts about ourselves, the world, future cause
- ☛ Negative ways of interpreting life experiences cause
- ☛ Negative behaviours and emotions cause
- ☛ Confirmation of negative thoughts ... and so on.

**Cognitive (or Thinking) Therapy:** This part of treatment focuses on changing negative thought patterns that contribute to depression. You will learn how negative thinking leads to negative feelings. Helping you identify the negative thoughts that cause you distress does this. The clinician will teach you how to challenge these thoughts by finding positive alternatives. By challenging your negative thoughts you may eventually learn to control them and feel better as a consequence. As you learn to gain more control over your thinking and develop a more positive way of dealing with life's problems, your confidence may increase and you may begin to feel better about yourself, the world, and the future. This

new way of thinking will eventually become automatic. Thus, your old (less healthy) habit of thinking in a negative way will develop into a new (more healthy) habit of thinking in a positive way. Once you have developed this new habit the clinician will begin to play a less active role and allow you to take over the reins. Having learned a new way of thinking, the frequency of sessions will be reduced, and therapy will eventually be discontinued.

## MEDICATION FOR MOOD DISORDERS

**Depressive disorders:** There is much evidence that people suffering with moderate to severe depression respond to antidepressant medication. Antidepressants fall into three broad classes: *Tricyclics*, *Monoamine Oxidase Inhibitors*, and *Serotonin Re-uptake Inhibitors*. *Tricyclics* are the most widely prescribed and have been used for more than two decades. The main side effects of *Tricyclics* are dry mouth, constipation, dizziness, and blurred vision. *Monoamine Oxidase Inhibitors* are often used if *Tricyclics* are not effective or cause unpleasant side effects. The main side effect of these drugs is dizziness. However, caution must be exercised in their use because they can cause bad reactions to some food and drinks. The main side effects of antidepressants can be insomnia, agitation, nausea, and weight loss.

### **Bipolar Disorders**

Bipolar Disorders can be treated with medications. During periods of mania, antipsychotic drugs such as *Largactil*, and *Promacid*, may be used to control behaviour. They tend to be used for a short time and can have side effects such as drowsiness, dry mouth, blurring of vision, tremors and difficulty swallowing. Once mania has been controlled the next step is to stabilise mood swings. *Lithium carbonate* has proven to be very effective in reducing the severity of mood swings. The main side effects of Lithium treatment are nausea, diarrhea, memory problems, weight gain, thirst and tremor. *Anticonvulsants*, such as *Tegretol*, may be used when Lithium is ineffective or causing severe side effects. Antidepressants may be used to treat the depressive phases of Bipolar Disorders.

Experiencing a Mood Disorder does not mean you are a failure. It does mean that you have a condition that is treatable. Support is important and therefore, friends and family of can play an important role in treatment.

### USEFUL BOOKS

- Burns, D.D. (1980). Feeling good: The new mood therapy. Victoria: The Book Printer.
- Tanner, S., & Ball, J. (1991). Beating the blues: A self-help approach to overcoming depression. NSW: Doubleday.

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