Psychiatry an Overview
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Module-03
Psychiatric Disorders and their treatment-1
Lecture-11
Mood Disorders

Welcome so after the organic brain illnesses and schizophrenia we come to another major part of psychiatric disorder something which forms together with schizophrenia major psychotic disorders and which is a illness from within as compared to something which is caused from outside are called bipolar disorders.

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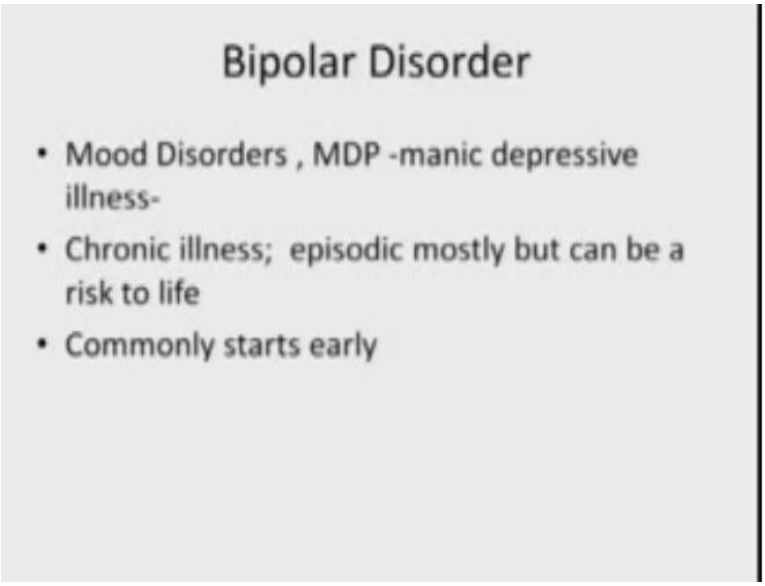

These are termed as bipolar affective disorders affect as we talked about the mood and the emotional state when we are talking about mental status examination the other synonymous words are mood disorders or manic depressive illness this is another word which is used commonly as he is a maniac or is manic depressive so common public

recognizes some people who are familiar with these words they know that what you are mentioning to somebody who becomes overly excited or result of controlling maniak or

Is depressed is a very very common terms which are used but not everything when you talk about this word actually means a illness so when we in psychiatry or psychology are undersigns talk about bipolar disorders we talk about a chronic illness which is

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Mostly episodic it can be a risk to life at times and it is commonly starts very early especially in teenagers or young adults

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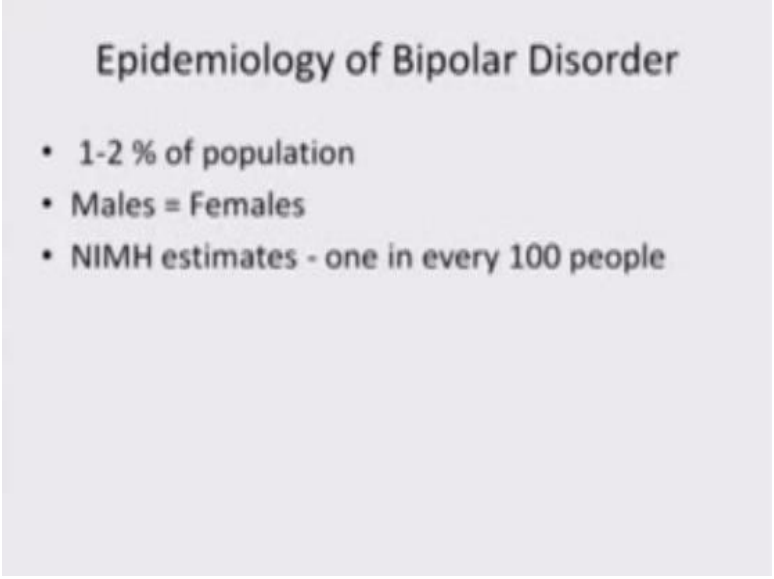

If you look at the epidemiology of bipolar disorders it normally affects wanted two percent males and females have no difference in having this illness

National institute of mental health and United States of America estimated that one in every hundred people has, have this now if you look at the common

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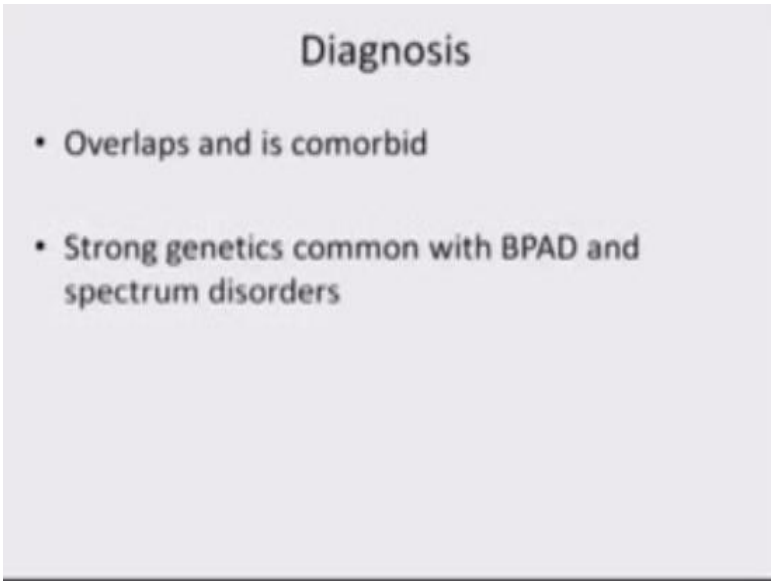

Newspaper reporting of science and mental health they often talk of depression being the second largest killer not depression has various varieties and it can be caused by various reasons it can have a different quality in a lot of people but if you take people who have who take hundred people have depression .

So you will find at least out of those hundred will find a significant number who is a part of bipolar illness and depression is also get the diagnosis at times becomes difficult because it overlaps it not of other behavioral syndromes are disturbances is often comet coma with other illnesses they are I will just mention it as re move on and there is a very strong genetics and it is common with bipolar affective disorder

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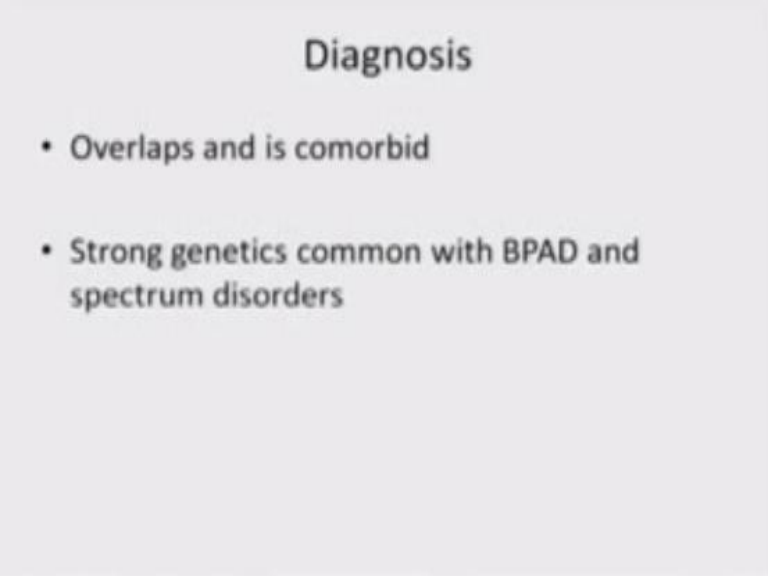

And its spectrum disorder of the spectrum disorder can be a part of personality Substance abuse history the deliberate self-harm and so on so forth so this overlap at times causes difficulty and bent deciding whether it is a typical bipolar disorder where the person is

having both many and depression or it is just a variety of bipolar which I will mention as we remove on it is the mood disorder the mood disturbances lasting from days.

Two months or more can be associated with cerebrovascular accident as we talked about in fact thyroid disorders

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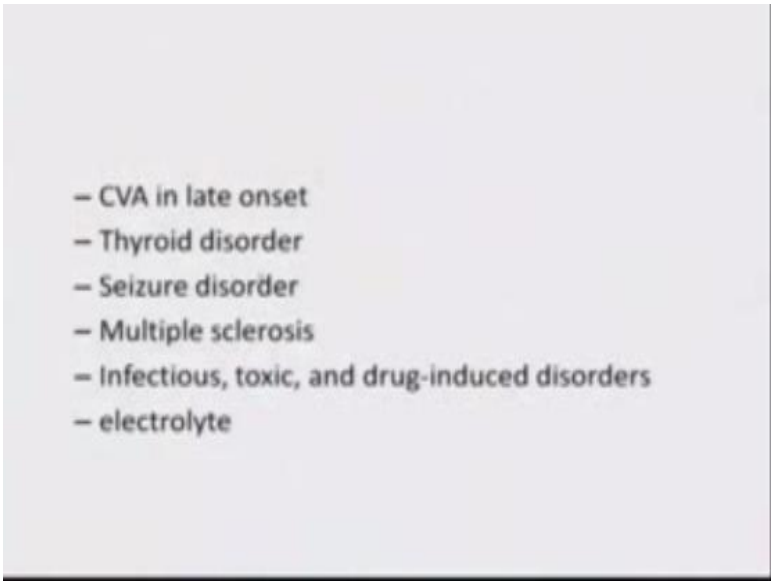

Hypothyroid both Caesars epilepsy in a illnesses call multiple. Sclerosis where there is a periodic damage to the white matter and people find it have the neurological sign associated with it with infections with toxicity and with drugs alcohol its cannabis they are all known to really supposed to having mood disorders now if you remember we talked about the organ city and we talked about organic affective disorders so normally whether it is it is because of any of this cause then we call it organic affective disorder and when we do not have a call record a bipolar electrolyte imbalance especially in old people

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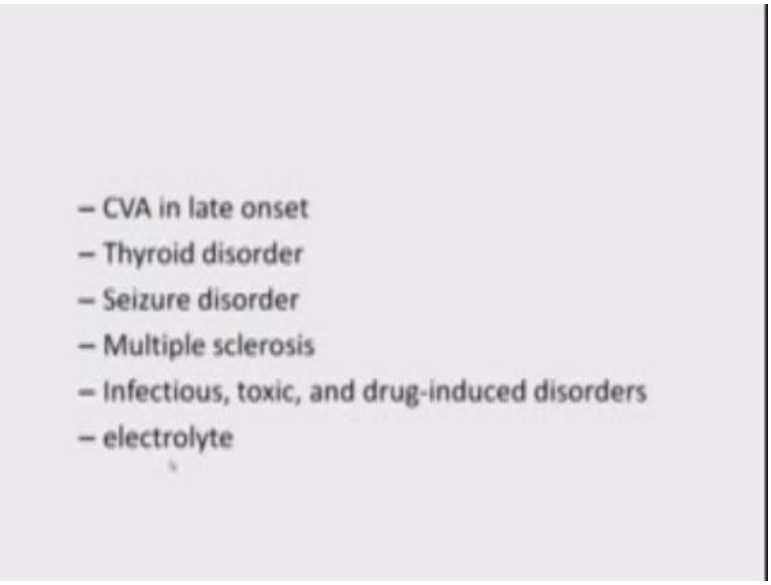

Where there is a special especially the old people who are for example on antihypertensive to control blood pressure and there is some of these drugs reduced sodium level in the body some.

And there is a myth sometimes justified also that he should eat less sodium so people when they are taking less sodium they are antihypertensive they and the supposed learned up in areas with a lot of search which goes on they will learned up in low sodium levels falls below 130 million Quillin and at times they can present with a mood episode in itself can be because of hyponatremia but it is still when you are diagnosing diagnose.

It as a mood disorder whether organic or independent so as in schizophrenia 32 to70 percentag

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Have identical twins

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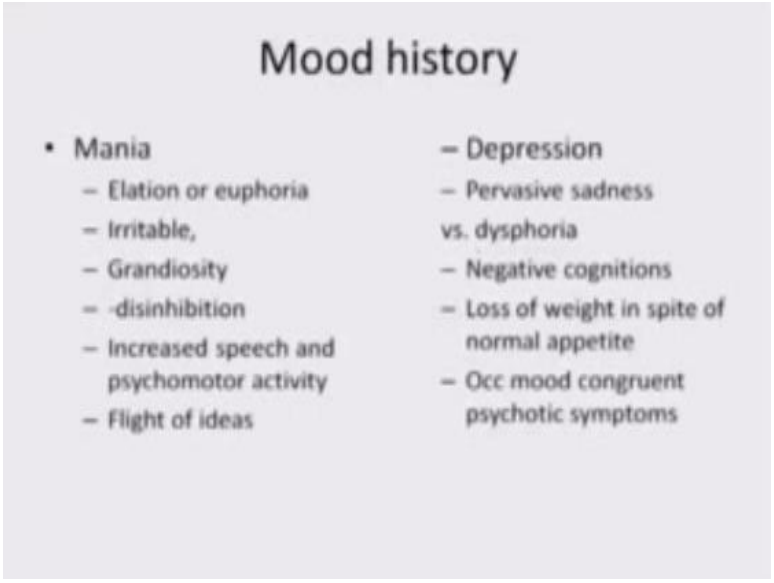

So what is the history when you take you either people have episodes of mania or depression rarely where we rare in a mixed syndrome both the symptoms are present but that is very rare but mostly find that people can have episodes starting early in life.

And maybe they initially in older times they used to have one episode it is every five years and as the illness progresses there is a reduction of almost thirty-three percent between the episodes so as the life moves on and they become older that frequency of the episodes increases won the second that duration between two episodes is decreased and the length of the single episode.

Increases like if somebody has episode exceeded twenty-five lasting for two months and maybe another episode at 30 and then at 33 and then 36 whatever may be the episode will be three months or six months or maybe they are having more episodes within a year but now as we have we do is still do not know the reason but we see a whole lot of range of these episodes some people have more than four episodes.

In a year which is called rapid cycling some people have a episode every year some people have in once in two years or maybe associated with certain stress with life changes what we call life events all events in our life are actually having some stress value whether it is a good stress or bad stress and this life events have been allocated certain weight to it so life event can precipitate a episode.

An episode is supposed to happen that two years from now and something sudden happens or something planned maybe a marriage maybe a pregnancy will precipitate a episode now so that will bring forward that episode which was to happen later this is called brought forward time so we had seeing and we really do not know whether the medication which are giving are causing this or sometimes.

The underlying illnesses but so people have this wide range of the course of illness that is one the second is some people can have only depressive episode so if somebody's having three episodes of only depression we normally call it recurrent depressive disorders this is called a unipolar depression some people have only manic episodes but we do not call it unipolar menya although there is one type we recall unipolar menya because many as such excited state that the person after.

The company goes into some amount of depressions that is always called bipolar illness so but there are people who have both menya and depression they can have many and depression separately or they can have maneya and depression connected with it somebody can start with the depression and switch onto menya or somebody may start with many switch on to depression often the medication.

Which are also given cause this like if you give some medicine into improve the depression the person can a small percentage can go to manya or if you give drugs to control many they can push the person to depression so this is the whole spectrum of thing manya are depression together in a cycle some people have a continuous cycling.

If they go on keep swinging some people do not reason syndromola would still have mood swings so we have to work diagnosing we have to really go into the history of this illness but that will help you decide whether it is a normal mood swing whether some person is having us what we call us cyclothemia goes into cycle into up and down up and down like a sine wave.

And the course of illness is important to predict when the next episode will be there it can help people plan their life it can help plan treatment so what is this many and depression let's look into it beyond what commonly you call a manic

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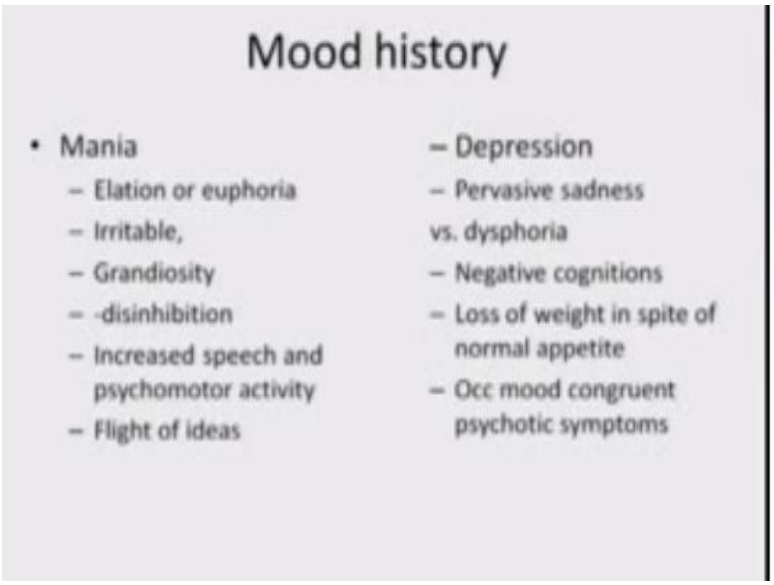

Depressive or maniac menea is a state where there is a significant mood change not this mood changes the hallmark of mood disorder.

As the word says the person can have illation or euphorbia if you remember from the mental status examination I told illation is a sustained state of mind which is the person is really happy or expansive and that is very infections or it may not be infection that personally in euphoria

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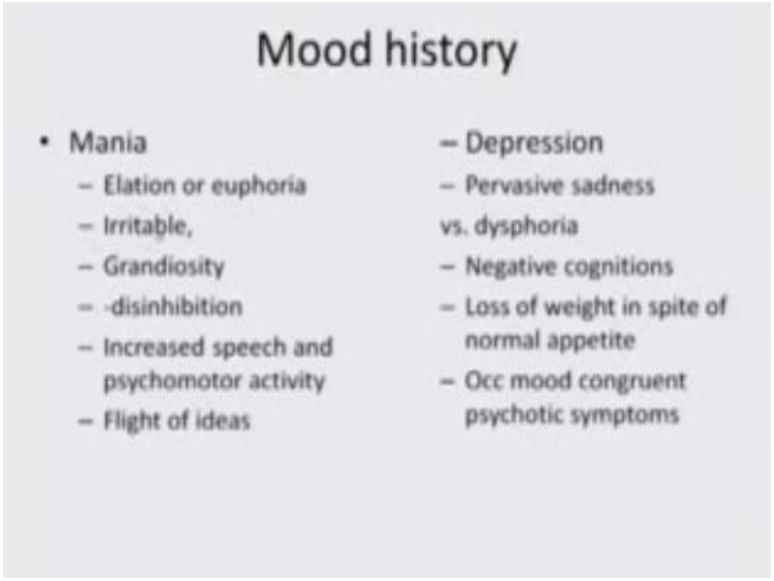

Or irritable at two types of many as largely understood as a state of mind one is called irritable. Panoyed maenia with the person may be irritable

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And maybe very paranoid that people are after me and he may still having this inhibition increase speech not this irritability and paranoia may be associated with the graniviosity the people after me because I have certain power to change the world and that is what people want to damage me the basic idea is a grandiose idea.

And the paranoid idea or the persecutory ideas are secondary to it but un like schizophrenia where these delusions and this thoughts and perceptual disturbances are more or less very very stable and robust and sustained in time is a very, very sometime it can be very very fleeting so because the men the concentration level in the attention span of manic patient as many is very less so there is a lot of increase.

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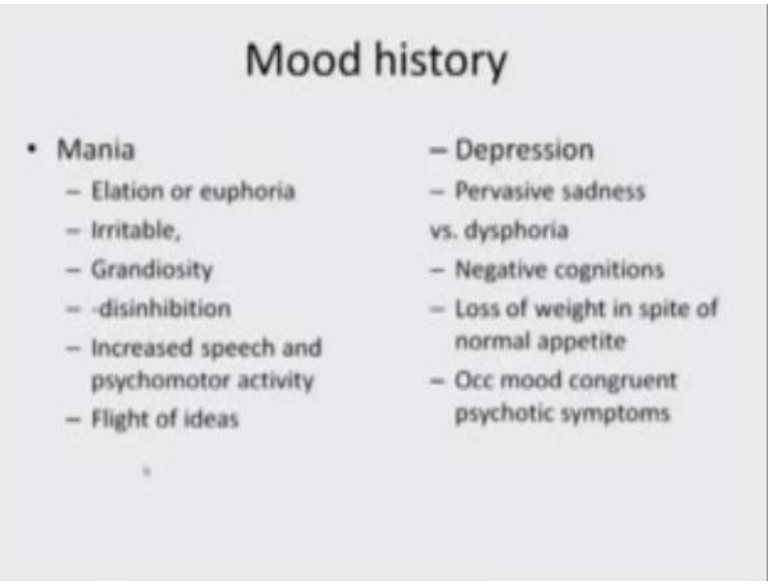

And this lot of psycho motor activity ideas are flying into the we all must have seen somebody like this and normally this person you can see it is very high and visiting with things may be doing a lot of goal-directed we're talking too much talking grandiosity God is talking to me and I have such powers and the world is after me.

You can make are very very typical picture which are we depression where you have to differentiate between what is disforea and we all become happy and we all become sad the brain normally has this tendency of what we call effective regulation so if you are happy or you are sad normally it is not beyond certain time limit your happiness a very appealing not last beyond for yours so we don't diagnose mood changes.

Within hours unless they are very disruptive if somebody so high that is going out to set fire to the world obviously it could be manya but our we all know normal mode swings because of external reasons but normally the brain pushes you back to homeostasis to a normal you are typical mood state obviously is not going to turn your mood to somebody else's mood but whatever you're more state depending on.

That threshold the brain normally balances it but in these people so you may feel sad which is called disphorea it may continue for a few days obviously if you are failed in exam you will feel sad but still you you will find some happiness in some activities being with the friends with going to temple are going to your religious places are talking to your parents are talking to your spouse can make you happy.

But this is a sign where the depression this depression is called endogenous depression the pervasive sadness nothing makes you happy so you differenciate edginess depression from another illness called disthymia is a very very chronic at least for a 2 years you remain in a state of dysphoria there may be stressed as they may not be stressed but your mood remains low.

But you are still able to sustain through the world your judgment is not impaired and you have inside and you are trying to make your life find out the stress that and but still if you are sad okay so then you become happy on situations not so much happy as it is expected but still that is dysthimia there is a chronic thing more people are disthyming than having endogenous depression here during.

That period is a shorter period few months you are really sad nothing makes you happy there are negative cognitions like ideas of hopelessness ideas of worthlessness ideas of incompetency guilt feeling that this may be ill founded this maybe not in reality or it may be because of a real situation but extra genited much beyond what is required is a loss of it in spite

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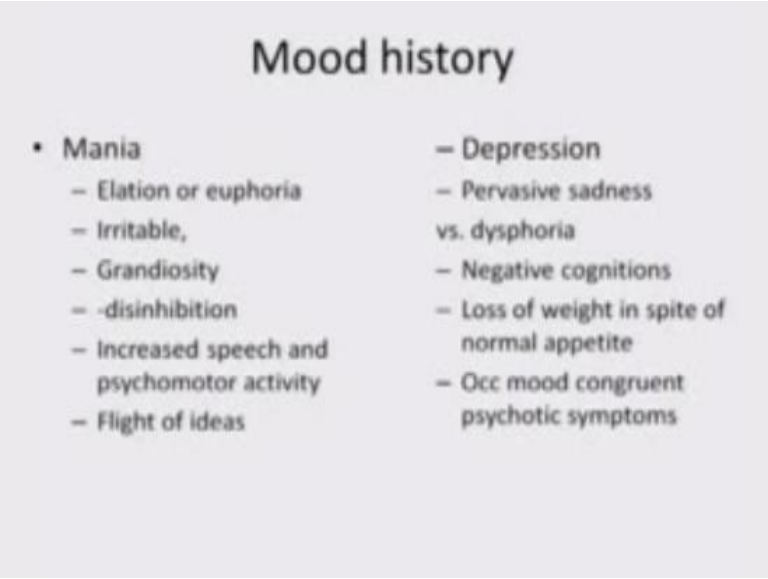

Of normal appetite there can be moved. Congress symptoms like the mood Congress psychotic symptoms here where with grandiosity if you are feeling many like a manic patient anyway late area feeling God is talking to you it is good cognomen you are feeling high and the other psychotic symptoms like Aluse nations also in keeping with the mood here also mood Congress psychotic symptoms the depress person may be hearing a voice telling him that you are very bad and you are not keeping up to the mark in work

and you are not taking care of family and they may be feeling guilty with negative Cognition and they may be

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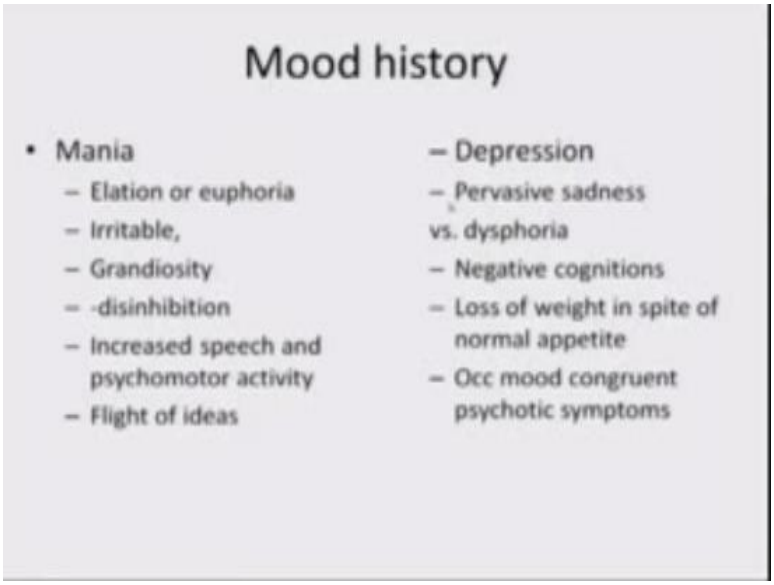

Feeling a peruvasive of sadness so these two are like if you take us take a sine wave like this it goes like this you know somewhat sign.

Waves are it is like this so draw normal line here this is manya and this is depression you can see it you are going mood is up days here it is down and it can come in a whole variety can be like this it can be like this it can be like this like this anything so the criteria is a distinct period of abnormally persistently elevated

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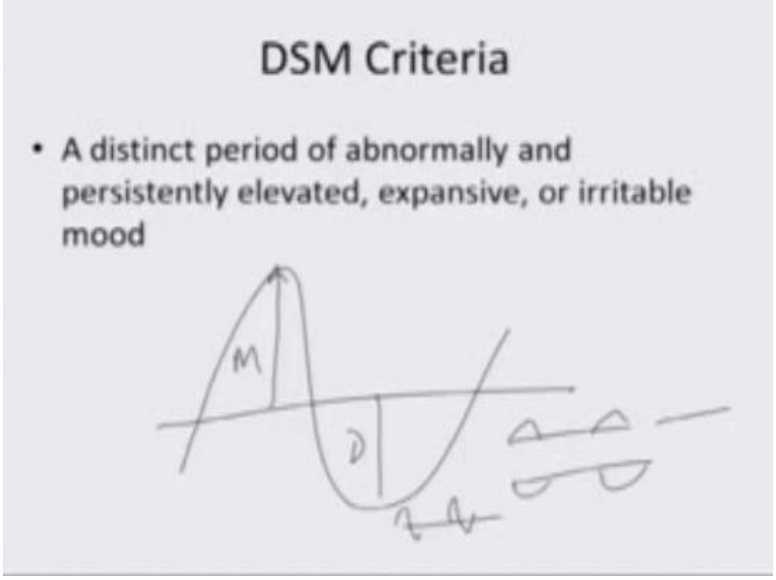

And then this is depression.

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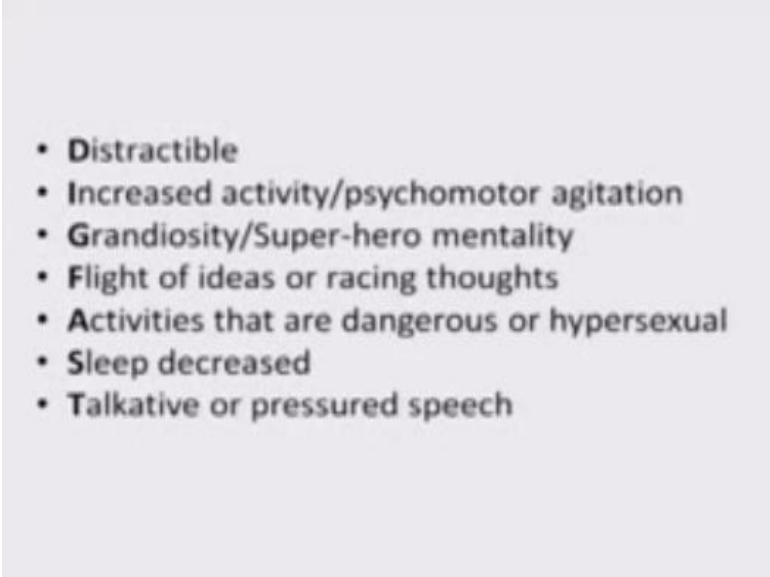

So in many as I said they are destructible their increased activity psychomotor agitation grandiosity is a superhero mentality flight of ideas racing thoughts activities that are

dangerous and because of the disinhibition the lovesick hypersexuality asleep is decreased the pressure of talk that too talkative all

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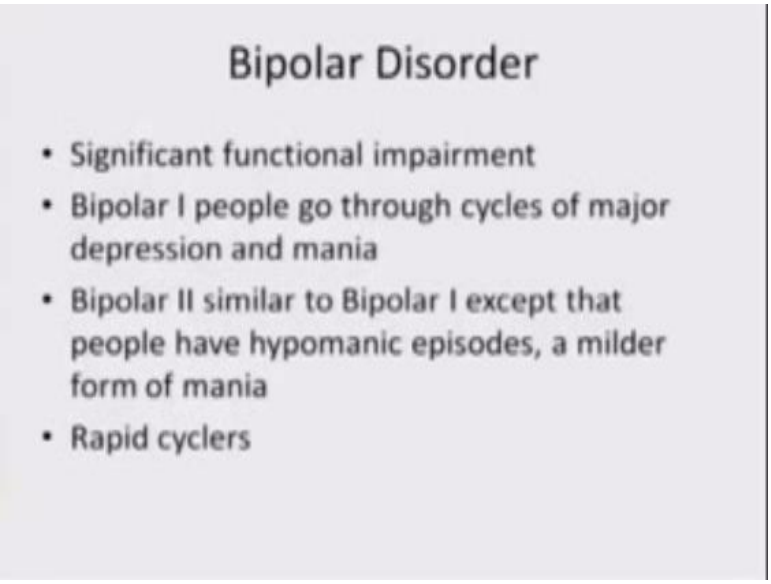

This has to be sustained for some time so there is a significant functional impairment bipolar disorder.

The bipolar one where there is a full-blown episode of many and a full-blown episode of depression they grew go through cycles as I already mentioned bipolar 2 is similar to bipolar one except that the episodes are hypomanic as you see it here the milder form a hypomanic people if you are people who are always on the goal and they are always moving trying to achieve something do their never almost.

Discouraged by the failures and times they lose judgment the hypermania times is very very creative and very very useful when you have to achieve your work but if Goal if it goes beyond a certain point and it starts hampering your judgment and attention span it

becomes a problem so largely if you if you would have read it and you must have read it there is a lot of association of creativity.

And madness in fact when the talk of creativity and magnet the talk more about people are mood disorders and there are examples in history people who were given to mood swing and in manya they would create a lot of thing in depression they would them as themselves a lot of examples and reiterated you can just Google it actually will find a lot of them rapid cycler said more.

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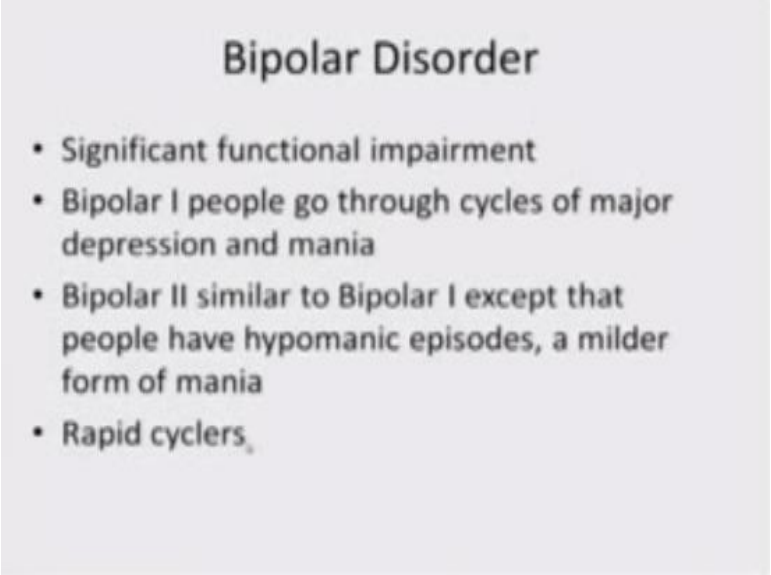

Than four episodes in a year by

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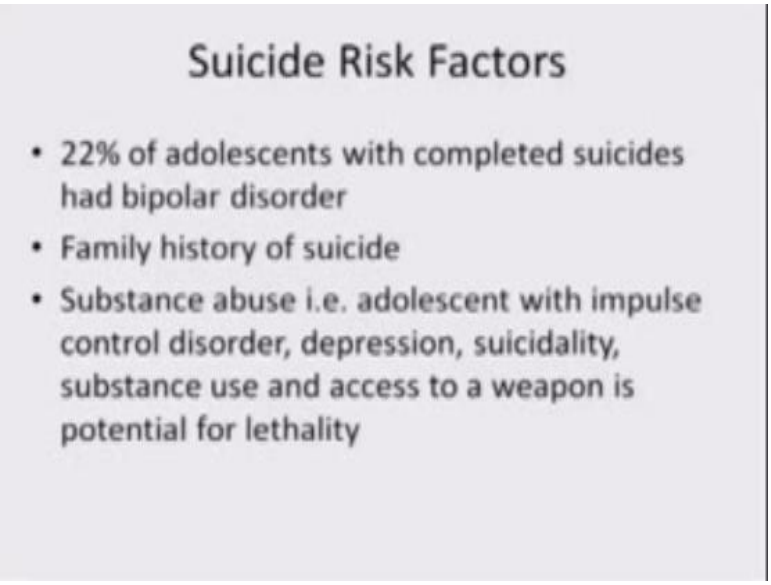

Ten percent of schizophrenia patients almost ten person here the commit suicide and the risk is much higher with bipolar patients lot of this if you look at number of adolescents who have completed suicides in a retrospect what you call a post-mortem of psychological disorders are post-mortem of sight for psychiatric disorders will find at least twenty-two percent of fedalucense.

Had bipolar which obviously could have been treated because there are more or less treatable conditions

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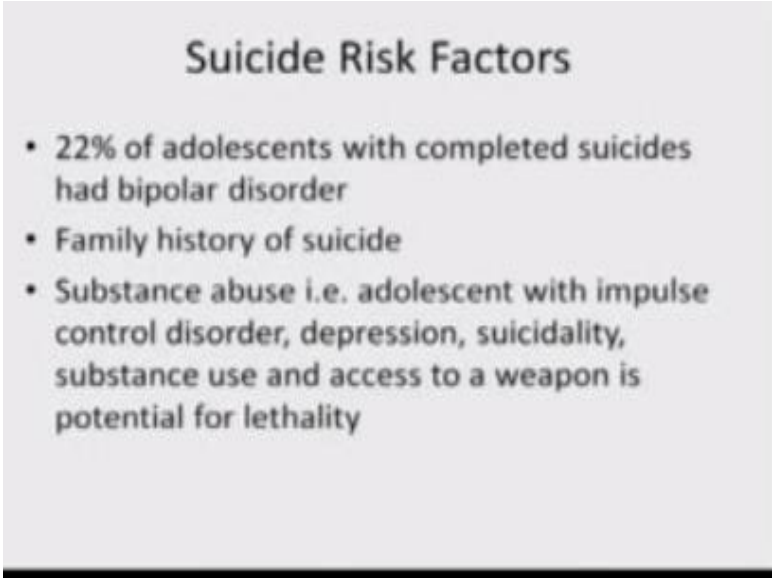

There is a family history of suicide substance abuse of any sorts alcohol cannabis and any adults which is having what you spectrum disorder imposes control you will find some people who normal kids and there is a lot of adolescents were brought to psychiatric clinics and you would have seen that certainly there alright something goes wrong which is not put their mind they will just blow off they will just become hyper angry and destructive or destroyed things and then later on settle down with have guilt about it the brief lasting episode and there as if they almost lost control these this is imposis controlled

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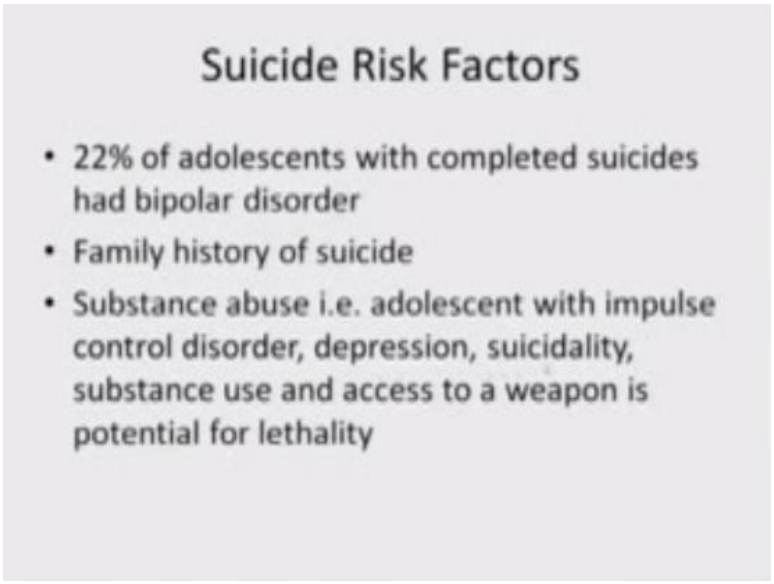

Depression and suicidality substance use and access to everybody's a potential volatility.

So somebody having bipolar the family stuff suicide with drug abuse with history of anger and he possess the weapon is a short recipe for danger

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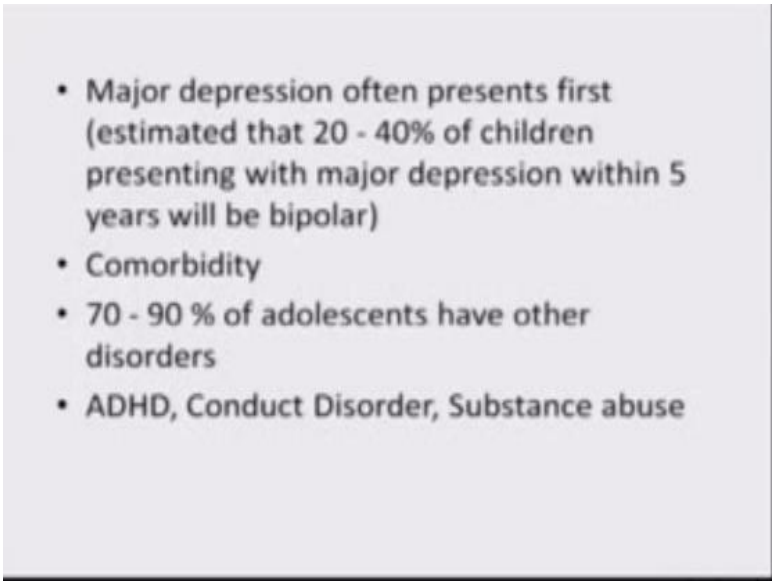

The major depression as I said endogenous depression we said the disthymia often presents in children that will talk about when we talk about child psychoin the last week not some young people can start with depressive illness and after many episodes of depression.

With her manic episode so that illness is known to change its course so ADHD conduct disorder will talk about these things

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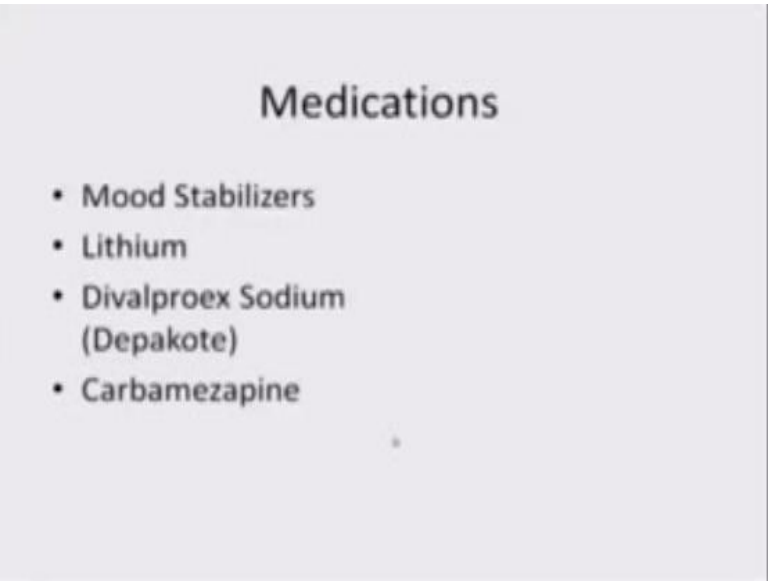

Later so we have otherwise it is important to know that the person is having depression so if you suspect in the people you know that is a person has faces of mood swings which are more than any normal person happiness makes the person too happy out of control or if you feel.

That once and goes into depression or sadness or so we are talk of depression is a common term not every more swings depression but this is something which you understand and everybody should understand because we are already talking about

depression is the second largest killer and the WHO predicts that lot of countries like India will have almost 46 person.

People having psychotic illnesses out of its anxiety disorders which will be talking next after this we will app couple with depression is the major mobility with the population face so when you are talking of depression you will find a big number of people who are bipolar illness so if you find somebody around you who is actually a either for a very prolonged period is sad more than.
What is required it is hampering it is his functioning and his potential is our potential and inter- negative coalition usual suspect depression right now why it is important or if you are seeing a person was very sad for very long why is it important now that there is a common word counseling everybody sees that everybody is a mood swing go for counseling like counseling is just.

One mode of treatment psychotherapy another mode of treatment but counseling may not help these people who have indigenous depression and episodic illness it may help cognitive behavior therapy has been shown to improve but now we have very, very effective medication which in fact can improve this so medication plus psychotherapy has been shown to have the maximum benefit.

It is also important that if there is a produced course of illness if there is a course of illness which we have seen the person can control we should help the person so we have medication the mainstay

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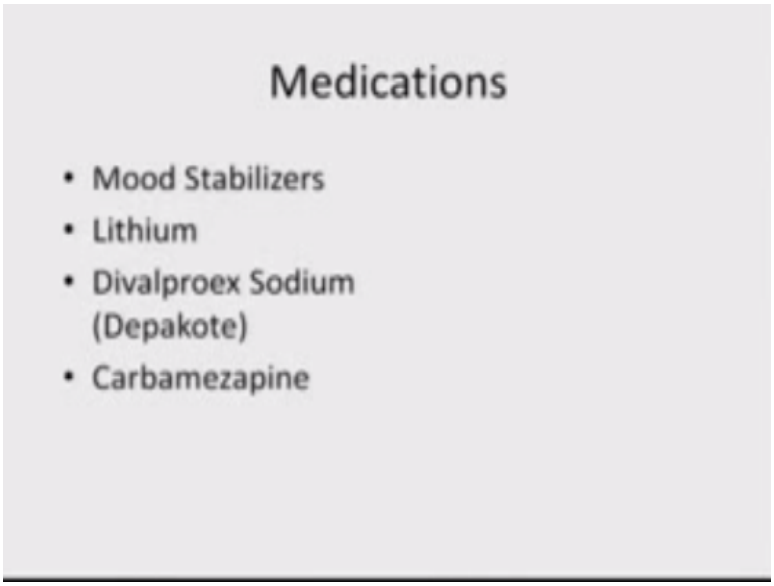

The medication is more stabilizers that these medications like sodium developers sodium government be in lithium all this medical some of this like aromatherapy and they are also using epilepsy in fact one of the physiological theories that something called for normalization because it considers that the source of epilepsy especially in temporal lobe epilepsy where people have this episode of Caesars therefore brief moment.

There get into altered sensorium an abnormal behavior some people who have psychosis develop ceasers and then the psychosis improves so anyway that is a physiological explanation so some of these medicines which are antiepileptic drugs like sodium valproate and I will procure covers up in they are the medication which actually stabilize mood lithium is another iron.

Which actually stabilize with one of the oldest ones called and a lot of people earn lithium some of these work well with manya some of them new ones like lamotrigine and all work with the they work with the better with but there is a whole lot of drugs which are antiepileptic drugs with a commonly used for bipolar so normally what happens if somebody sees a prescription of a person.

And say the wire you on and people pick drug check out whether the person is an antiepileptic drug because of a bipolar illness the other mainstays the new drugs which are common call atypical antipsychotics which

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Was briefly mentions while talking about schizophrenia are also because the atypical antipsychotics differ from the typical antipsychotic were typical antipsychotics we are working largely on dopamine.

And in the other areas they were having side-effects working on the different neurotransmitters these atypical antipsychotics work on dopamine serotonin norepinephrine other type of receptors also they often helping mood stablition in their own entity and along with the mood stabilizer risperidone

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Olanzapine quetiapine any proposal you commonly see. These drugs being prescribed especially in India

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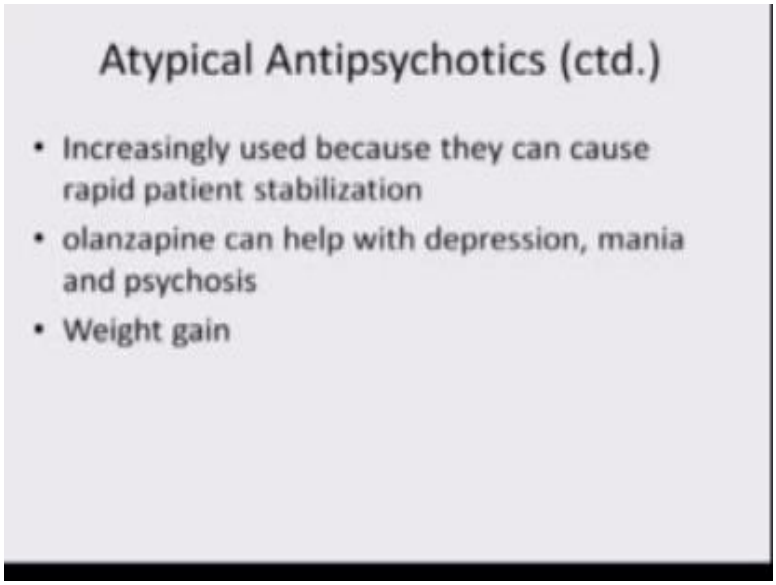

Where a lot of other specialties also write psychiatry medication they are increasingly used because they can cause rapid stabilization where the mood stabilizer may take a few weeks this they can cause a rapid improvement olanzapine

Can help with depression manya and psychosis now I what about this medication the medications. Which work in depression and other exhausting disorders are common group of drugs but if you look at antipsychotics and mood stabilizers?

And antoensaity entitribtion there is a huge overlap in treatment although in schizophrenia antipsychotics other men treatment in mood disorders mood stabilizers plus antipsychotics other treatment whether typical or atypical within these groups if you look at it so it is like if you may feel that we have a group of the mental state there is a normal functioning of brain.

There is a mental state which is normal or abnormal we decided by their behavioral observation or testing we classify them we put a label to them and which is the risk also labeling but we have recognized illnesses so we have levels also and then we mix and match with the group of drugs which we have to treat like for psychosis as I said two major psychosis schizophrenia and mood disorder are treated with schizophrenia is treated with entry psychotics typical antipsychotics working on dopamine a typical.

Which our future development and the and the as a advancement is gone to work on various receptors in bipolar antipsychotics are coupled with the mood stabilizers in depression and anxiety the other drugs which work on both are all separately with organic mood disorders we can use depending on the behavioral syndrome which is created and they are there drugs which are used in for sleeping and for that we will discuss later on.

Now you can ask me what how do you decide and which drug is better that is a matter of cleaning and in fact if you ask me with an anti-psychotic no research has shown it no one antipsychotic is better than the other within antide presents if you take a cluster of symptoms maybe there is a small group which works best.

When there are there is a mood disturbance along with that problem and this one which work best on the depressed mood but then none is better than the other so within groups it is that the decision-making of how and which drug will be used this still there is a data to

back up everything but largely if you ask me it is based on the side effect profile and the hunt is on for more and more specific medicines.

Which we know will go and work in the Brave young on defenet target neurotransmitter system obviously altering the firing later on of the network and then other neurons and act minimally on other neurotransmitter systems too costly side effect and this side effects mind you are not always within the brain because the same new neuro transmitter like serotonin and everything that is spread all over.

The body in the GI system they control the respiratory system blood pressure so they act peripheral also a lot of this side effects so when you buy a drug or you see someone close to you taking a medication you always people have a tendency to do put it on Google and look at the side effect or read that pamphlet which is associated with the book it always mentions.

The side effect even if it has happened to one person over years of use but mind you all these drugs have been well tried and none of the drugs out in the market and this felt ride so the choice of the drug is based on the side effect and the research back up so we will talk about this as we go on to talk about anxiety disorders in the next picture so we will talk about anxiety and also save compulsive disorder in the next picture thank you.