



Depressive Disorders and Bipolar Disorders

Mood Disorders

- DSM-5-TR has divided mood disorders into two sections:
 - ICD-10-CM still classifies all mood disorders under:
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- Bipolar and Related Disorders
 - Depressive Disorders
 - Mood [affective] disorders (F30-F39)

Bipolar and Related Disorders

- **Position in DSM-5-TR:** Bridges between schizophrenia spectrum disorders and depressive disorders.
- **Included Diagnoses:** Bipolar I disorder, Bipolar II disorder, Cyclothymic disorder, Substance/Medication-induced bipolar and related disorder, Bipolar and related disorder due to another medical condition, Other specified bipolar and related disorder, Unspecified bipolar and related disorder.
- **Bipolar I Disorder:** Features: Manic episodes without requiring psychosis or lifetime depressive episode.
- **Commonality:** Most also experience major depressive episodes.
- **Bipolar II Disorder:** Features: At least one major depressive episode and one hypomanic episode (no history of mania).
- **Severity:** Comparable to Bipolar I due to significant depressive burden.

Bipolar and Related Disorders

- **Cyclothymic Disorder:**
- Duration: Adults need 2 years, children 1 year of hypomanic and depressive periods without meeting mania, hypomania, or major depression criteria.

- **Other Categories:**
- Substance/Medication-induced bipolar and related disorder.
- Bipolar and related disorder due to another medical condition.
- Other specified bipolar and related disorder.
- Unspecified bipolar and related disorder.

Bipolar I & II Disorders

- **Chronic mood disorders** characterized by presence of manic/hypomanic episodes
 - Often associated with major depressive episodes as well

Epidemiology:

- *Lifetime prevalence*
 - Bipolar I Disorder – 1%
 - Bipolar II Disorder – 1.1%
- Male = Female
- Age of Onset: Adolescent – 20s
 - Most have initial major depressive episode at onset (~50%)



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HD



Bipolar Disorder Type 1 vs Type 2 | Risk Factors, Symptoms, Diagnosis, Treatment

<https://www.youtube.com/watch?v=uU2ep4EM5aE>

Culture-Related Diagnostic Issues

- **Variation Across Cultures:**

- Symptoms of Bipolar I disorder are generally consistent across cultures.
- Variations exist in symptom expression and interpretation:
 - Different prevalence of specific symptoms like flight of ideas or types of delusions (e.g., grandiose, persecutory).
 - Cultural factors influence disorder prevalence (e.g., reward-oriented cultural values).

- **Diagnostic Practices:**

Clinician practices can be influenced by cultural factors:

- African Americans at higher risk of misdiagnosis with schizophrenia.
- Reasons include underrecognition of mood symptoms, cultural mistrust, and misinterpretation of symptoms.

Sex- and Gender-Related Diagnostic Issues

Gender Differences:

Women with Bipolar I or II disorder may experience:

Rapid cycling and mixed states more frequently.

Higher rates of lifetime eating disorders and depressive symptoms than men.

Elevated risk of alcohol use disorder compared to women in the general population.

Hormonal Influences:

Exacerbation of mood symptoms during premenstrual and perimenopausal periods.

Increased risk of mood episodes in the postpartum period, associated with Bipolar I disorder.

Diagnostic Application

In your small group, please complete the case example and be prepared to discuss your responses with the larger group.





Depressive Disorders: Types of Depressive Disorders

- **Disruptive Mood Dysregulation Disorder:**
Added to address concerns about overdiagnosis of bipolar disorder in children up to 12 years old.
- **Major Depressive Disorder (MDD):**
Characterized by discrete episodes of at least 2 weeks' duration with significant changes in mood, cognition, and neurovegetative functions.
- **Persistent Depressive Disorder (PDD):**
Chronic depression lasting at least 2 years in adults or 1 year in children, encompassing chronic major depression and dysthymia from DSM-IV.

[illegible]

- **Premenstrual Dysphoric Disorder (PMDD):** Moved to Section II of DSM-5 after scientific review confirming its distinct nature. Marked by depressive symptoms occurring post-ovulation and remitting with menses, significantly impacting functioning.
- **Substance/Medication-Induced Depressive Disorder and Depressive Disorder Due to Another Medical Condition:** Recognize depression-like symptoms caused by substances, medications, or medical conditions. Diagnosis considers the temporal relationship between substance use/medical condition and depressive symptoms.



Clinical Features and — Considerations

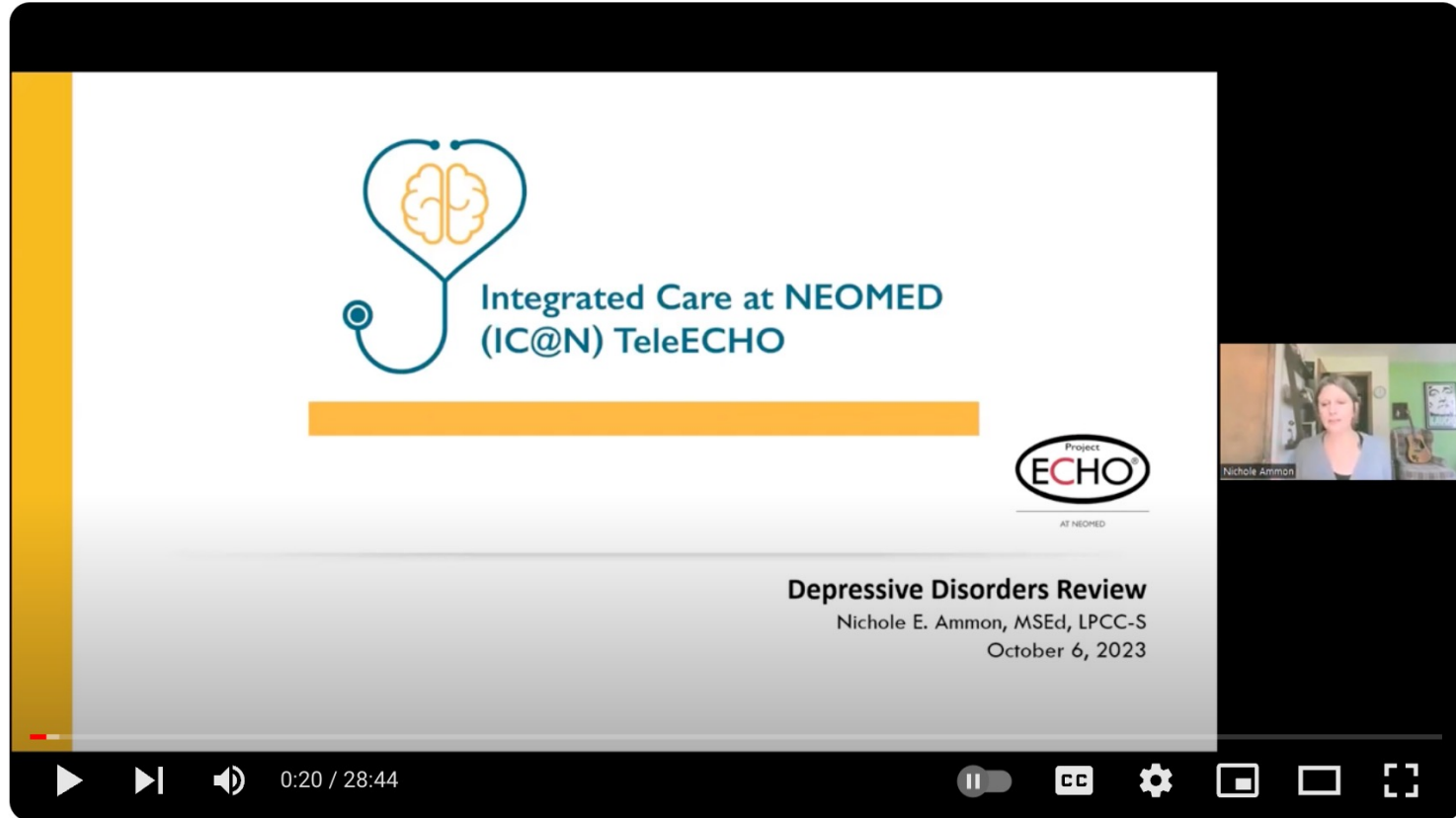
Common Features:

- Presence of sad, empty, or irritable mood accompanied by functional impairment.
- Cognitive and somatic changes (e.g., sleep disturbances, appetite changes) in MDD and PDD.

Distinguishing Factors:

- Differences in duration, timing of symptoms, and presumed etiology among depressive disorders.
- Diagnostic challenges include distinguishing bereavement from MDD episodes based on severity and functional impairment.

Review of the DSM-5-TR



The video player displays a presentation slide with the following content:

- Logo:** A stylized heart shape with a brain inside, connected by a stethoscope.
- Text:** Integrated Care at NEOMED (IC@N) TeleECHO
- Project ECHO Logo:** Project ECHO AT NEOMED
- Title:** Depressive Disorders Review
- Presenter:** Nichole E. Ammon, MEd, LPCC-S
- Date:** October 6, 2023

The video player interface includes a progress bar at 0:20 / 28:44, a play button, a volume icon, a pause button, a closed captions icon, a settings gear, a full screen icon, and a share icon. A small video inset on the right shows the presenter, Nichole Ammon.

Depressive Disorders: Review of Criteria & Differential Diagnosis

<https://www.youtube.com/watch?v=RqCeluVBl1Q>



The Surveillance of Depression

- Increased diagnosis by primary care physicians, especially in the elderly
- Vast market of screening tools, and huge research industry
 - [Http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression](http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression)
- Fueled by pharmaceutical industry-framed as a brain disorder
- Fueled interest in short-term psychotherapeutic interventions
 - CBT (amenable because of preponderance of negative self talk)

The Loss of Sadness

- Much controversy over Normal Sadness/Grief versus a Major Depressive Episode
 - Mourning and Melancholia
- Cause
- Loss and Grief
 - Symptoms that are affective, cognitive, physical, motivational/vegetative (includes motor slowing), regulatory



Why should we care about over-diagnosing Major Depression?

- Pathologizing normative human reactions
- Delaying grief processing and its social function
- Over-medicalizing; denial of psychological, social, and developmental causes of sadness, which leads to oversimplification and stigma
- Using research for those with MDD without cause, or those with very intense complicated grief reactions
 - Greater specification in treatments

Diagnostic Application

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Treatments for Depression

- Medications
- Psychotherapy; psychodynamic, CBT
- Group work
- Hospitalization

Suicide

- Ideation, Attempts, and Completions
- 30,000 per year, although undercounted
- Completion more likely among men, but women have more attempts
- Related to means
- Significant risk factors include suicide in the family, and prior attempts
- Assessment should be empathic, and not subtle, and assess for lethality

Nicolaidis Reflection Questions

Diagnostic Challenges: What specific challenges do African American women face in getting accurately diagnosed with depression? How do these challenges relate to cultural, socioeconomic, and systemic factors identified in the study?

Policy and Diagnostic Equity: What policy recommendations could be implemented to promote equity in the diagnosis of depression among African American women? How can policies address disparities in access to mental health services and diagnostic resources?

Trust in Healthcare Providers: The study highlights significant distrust towards healthcare systems among African American women. How does this mistrust impact the diagnostic relationship between patients and healthcare providers? What strategies could enhance trust and improve diagnostic accuracy?



Small Group Prep Time



Resources

- <https://www.nimh.nih.gov/get-involved/digital-shareables/shareable-resources-on-depression>
- <https://www.youtube.com/watch?v=aICWdM-qGY8>
- https://www.ted.com/talks/andrew_solomon_depression_the_secret_we_share?referrer=playlist-4_ted_talks_on_overcoming_depr



Questions?

Comments?