Mental and Mood Disorders

- DSM-5
  - Diagnostic and Statistical Manual of Mental Disorders
- International reference
- Not infallible, but provides a common language among health care providers
DSM-5 Chapters
The complete listing of DSM-5 chapters is:
- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma-and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse Control, and Conduct Disorders
- Substance Use and Addition Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders
- Other Disorders

We will focus on...
- Anxiety disorders
- Depressive disorders
- WHAT WE CAN DO

(Live classes go into other topics as well...)

Anxiety Disorders
Definition

- Collection of distinct psychiatric disorders centered on irrational fears
- Often overlap
- Range from mild to completely debilitating

Demographics

- Estimated that up to 40 million people in the US have some sort of anxiety disorder; only a small proportion of them are treated
Etiology

• Interpretation of environment leads to constant questioning of basic safety

• Am I safe? (probably not)

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Etiology

• Contributing factors:
  • Genetics
  • History of traumatic events
  • Situations that form...

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Etiology

• Contributing factors:
  • Genetics
  • History of traumatic events
  • Situations that form...
Etiology

- Arousal:
  - Preparation for possible stressful event

- Fear:
  - Stressful event is confirmed

- Anxiety:
  - No discernible threat, but constant preparation for disaster

Etiology

- Can make it impossible to participate in society
  - Lower socio-economic standing
  - Limited access to help

- Increased risk for several other conditions
  - Addiction
  - Depression
  - Many others

Etiology

- Neurotransmitter imbalance
  - High in excitatory NTs
    - Norepinephrine
    - GABA
  - Low in inhibitory NTs
    - Serotonin
    - Dopamine
Limbic System & HPA Axis

- The **limbic system** determines a person’s sense of safety in any given moment. Two regulatory centers: the amygdala and the hippocampus.
  - Hippocampus: center for verbal memory
  - Amygdala: catalogues a history of fear responses
  - Together: they stimulate the HPA axis

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The Limbic System

https://commons.wikimedia.org/wiki/

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Limbic System & HPA Axis

- HPA axis: hypothalamus + pituitary + adrenal gland
  - Chemical/electrical connections to allow an appropriate response to a stressor
  - Excessive glucocorticoid secretion (cortisol) with prolonged stress...
    - shrinks hippocampus,
    - enlarges amygdala
    - (May be irreversible)
  - Problems connecting stimuli to appropriate responses?
Types of Anxiety Disorders

- General anxiety disorder
- Panic attack, panic disorder
- Agoraphobia

DSM-5 List of Anxiety Disorders

- Specific Phobia
- Panic Disorder
- Agoraphobia
- Selective Mutism
- Separation Anxiety Disorder
- Generalized Anxiety Disorder
- Unspecified Anxiety Disorder
- Other Specified Anxiety Disorder
- Social Anxiety Disorder
- Anxiety Disorders Due to Another Medical Condition
- Substance/Medication-Induced Anxiety Disorder

General Anxiety Disorder

- Constant anticipation of disaster
- Does not limit activities, does limit quality of life

Symptoms: 6 months + of...

- Restlessness
- Being on edge
- Fatigue
- Poor concentration
- Irritability
- Muscle tension
- Sleeping problems
Panic Attack, Panic Disorder

- Sudden onset of extreme sympathetic response symptoms
  - Pounding heart
  - Chest pain
  - Sweatiness
  - Dizziness
  - Faintness
  - Flushing/chilling
  - Hyperventilation
  - Feeling of impending doom
  - 10 minutes to several hours

- Can become circular: panic leads to panic

Panic Attack, Panic Disorder

- Repeating episodes = panic disorder
- Can complicate to agoraphobia, which is harder to treat
Agoraphobia

- Affects about 1/3 of people with panic disorder
- Defined as “fear of open spaces”
- Better: “fear of any place a panic attack might happen”
- Safety zone shrinks

https://www.behance.net/gallery/8456485/Agoraphobia
Depressive Disorders

Definition

- Group of disorders marked by negative changes in mood state
- Main factors:
  - Genetic predisposition
  - Chemical changes
  - Triggering event
  - Inability to experience pleasure (anhedonia)

“A genetic-neurochemical disorder requiring a strong environmental trigger whose characteristic manifestation is an inability to appreciate sunsets.”
Demographics

- 20% of women in US
- 12% of men in US
- Highest among those 25-45 years old

Etiology

- Not well understood
  - Neurotransmitters, especially serotonin, dopamine, norepinephrine
  - In short supply, and/or receptors are unresponsive
  - Medication works to make them more available

Etiology

- Hypothalamus-pituitary-adrenal axis (HPA axis)
  - Depressed people appear to have more stress responses, to smaller triggers, with more prolonged effects compared to other people
Etiology

- Other factors:
  - Personal chemistry
  - Genetics
  - Environment, emotional triggers
  - Personality and emotional resilience
  - Often overlaps other disorders
    - Treating depression may make treating other conditions more successful

Complications

- Suicide risk
  - 30,000 complete suicides/year in US
  - 200,000 attempts
  - About 1/4 are related to depression
  - Men have depression less often, but are more likely to commit suicide

- Risk factor for:
  - Addiction
  - Stroke
  - Heart attack
  - (Also a predictor for recovery)

- Can make other chronic conditions worse

Types of Depressive Disorders

- Major depressive disorder
- Persistent depressive disorder

List of Depression Disorders According to DSM-5

1. Pretreatment Depressive Disorder
2. Persistent Depressive Disorder
3. Other Specified Depressive Disorder
4. Disorder Associated With another Mood Disorder
5. Disorders Due to Other Substances
6. Substance-Induced Depressive Disorder
7. Major Depressive Disorder
8. Acute Stress Disorder
9. Acute Stress Reaction
10. Allergic Reaction
Major Depressive Disorder

- Classic example, most common form
- Severe symptoms persist for 2 weeks or more
- Episodes may last 6-18 months
  - Recur 4-6 times over a lifetime (adds up to 10 years or more)
- Each episode may be triggered by a smaller event

Persistent Depressive Disorder

- Depressed mood for 2 years or more
- Less severe than major depressive disorder, longer lasting
- AKA dysthymia

Signs and Symptoms

- Depends on type
- Mainly:
  - Sad, empty feeling
  - Not experiencing pleasure, enjoyment
Signs and Symptoms, cont.

- Also...
  - Guilt, disappointment
  - Hopelessness
  - Irritability
  - Change in sleeping habits, change in eating habits
  - Decreased ability to concentrate
  - Loss of energy
  - General pain
  - Suicidal ideation


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Treatment for Depressive Disorders

- Most cases are treatable
  - Finding the right treatment can be difficult
  - Start with exercise, sleep, food habits

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Treatment for Depressive Disorders

- Medications may require several weeks to take effect
  - Side effects in the meantime

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Treatment for Depressive Disorders

- Important to treat fully to prevent complications, recurrent episodes

Treatment for Depressive Disorders

- Talk therapy, including
  - Cognitive-behavioral therapy
  - Interpersonal therapy
  - Psychodynamic therapy

Treatment, cont.

- Other treatments:
  - Light therapy (especially for SAD)
  - Electroconvulsive therapy
  - St. John’s Wort
  - S-adenosyl-methionine (SAM-e)
  - Omega 3 fish oil
  - 5-hydroxytryptophan
  - Transcranial magnetic stimulation, vagus nerve stimulation
Medications

- Antidepressants work to keep key neurotransmitters present in synapses for as long as possible
  - Selective serotonin reuptake inhibitors
  - Serotonin norepinephrine reuptake inhibitors
  - Tricylic antidepressants
  - Monoamine oxidase inhibitors (have potentially dangerous interactions, requires special care)

- Anti-anxiety medication may also be used

http://biologywriter.com/background/drug-addiction/
Massage Therapy Implications

• Risks:
  • Medications may cause some physical symptoms
  • Tend the therapist-client relationship carefully
  • Clients may want to go off medication if they feel massage therapy helps, they must do this with the assistance of their physician.

Massage Therapy Implications

• Benefits: Massage appears to improve mood, anxiety and the sense of the ability to cope with life stressors.

Massage Therapy Implications

• Research: Massage has been shown to help with depression and anxiety as freestanding disorders and as a part of chronic diseases
WHAT WE CAN DO

- Educated, welcomed touch is good for our mental and physical health

- Take advantage of the bio-psycho-social aspects of what we do:
  - Bio = physical function
  - Psycho = mood, mind, awareness
  - Social = connections with others

  *Who else has the potential for this much positive impact?*

What does touch do?

- (We don’t actually know... lots of theories, though)

- A lot has to do with the client’s expectation and perception of safety and goodwill

- We can use some of that to make ourselves even more effective

The Value of Ritual

- Part of our response to a treatment is the ritual that accompanies it
  - “Hidden injections” have less effect than “open injections”

- Expectations of results lead to results
  - (good or bad)

- We can be “conditioned” to a positive response

- What can we do to use that information?
Cognitive Behavioral Approach

- CBA looks at the role of thoughts in how they modulate emotions and behavior
- It is collaborative (we’re working together)
- Goals:
  - Identify unhelpful thoughts
  - Analyze them for accuracy
  - Replace them with different thoughts

CBA cont.

- Scope of practice!
  - Develop your skills: CB approach, not therapy
  - Keep conversations focused on the issue at hand
  - Refer out as necessary
    - Build your network
    - Recognize possible emergencies
    - Use measures to track progress
    - Create or join a peer supervision group
CBA resources

- Free downloads for patients
  - [http://psychology.tools/download-therapy-worksheets.html](http://psychology.tools/download-therapy-worksheets.html)

- Thought record sheet

Motivational Interviewing

“Guide me to be a patient companion, to listen with a heart as open as the sky”

- What is your main concern today?
- What would it be like if your situation were different?
- What do you do for fun?
- Ask open questions, then...
  - Affirm
  - Reflect
  - Summarize

Motivational Interviewing Resources


- Wikipedia site:
  - [https://en.wikipedia.org/wiki/Motivational_interviewing](https://en.wikipedia.org/wiki/Motivational_interviewing)

- Some good examples here:
  - [https://drugabuse.com/library/motivational-interviewing/](https://drugabuse.com/library/motivational-interviewing/)
Mental Health First Aid

https://www.mentalhealthfirstaid.org/

"Your profession is not what brings home your paycheck. Your profession is what you were put on earth to do with such passion and such intensity that it becomes spiritual in calling."
-Vincent Van Gogh

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Thank You