Mood Disorders and Suicide III
Treatment of Mood Disorders: Lithium

- Most Common Problem: They don’t want to take it because they miss or enjoy the mania.
- Common salt
- Primary treatment for bipolar disorders
  - 50% respond (a significant reduction 50% in mania)
  - May help in prevention of future episodes in over 60% of patients
- Unsure of mechanism of action
- Narrow therapeutic window
  - Too little – ineffective
  - Too much – toxic, lethal
Treatment of Mood Disorders: **ECT**

- **Electroconvulsive Therapy**
  - Brief electrical current – less than 1 second.
  - Temporary seizures
  - 6 to 10 treatments
  - **High efficacy**
    - Severe depression in patients who medications don’t work well for
- Few side effects
- Relapse is common (60%) so treatment with psychotherapy and SSRIs is also necessary
Review

• What is the best antidepressant medication for atypical depression?

• What is the current stance for suicidality and SSRIs in pediatric vs adult populations?

• What is the biggest problem with MAOI medications?
Psychological Treatment of Mood Disorders

• **Cognitive Therapy** 10-20 weekly sessions
  – Logs (incorporate collaboration of patient and therapist)
    • Bring unconscious pervasive patterns to attention
  – Hypothesis testing
  – Identify errors in thinking
  – Correct cognitive errors
  – Substitute more adaptive thoughts
  – Correct negative cognitive schemas

• **Behavioral Activation**
  – Increased positive events
  – Exercise- can help DP symptoms in itself!!!
Psychological Treatment of Mood Disorders

• **Interpersonal Psychotherapy** 15-20 weekly sessions
  – Address interpersonal issues in relationships
    • Role disputes
    • Loss
    • New relationships
    • Social skill deficits
Psychological Treatment of Mood Disorders

• CBT and IPT Outcomes
  – Comparable to medications
  – More effective than:
    • Placebo
    • Brief psychodynamic treatment
Combined Treatment of Mood Disorders

• **TADS** study!
• Possible benefits above individual treatments
  – 48% benefit from meds or CBT
  – 73% benefit from combined

• More research is needed
• Benefits of Maintenance treatments
  – e.g. CBT teaches skills to avoid future relapse
Prevention of Mood Disorders

• Universal programs
• Selected interventions
  – Children of divorce
  – Alcoholism in family
• Indicated interventions
  – Pt is already showing mild DP
• Preventing relapse
  – (families with one depressed parent)
Psychological Treatment of Bipolar Disorders

• Management of interpersonal problems
• **Increase medication compliance**
• **Interpersonal and Social Rhythm Therapy**
  – Helping patients regulate circadian rhythms by teaching to regulate sleep cycles and everyday routines.

• **Family-focused treatment**
  – Here at Boulder the Miklowitz lab is leading this field!
  – Family tension and relapse in Bipolar
Review

• A client is frowning and grimacing and talking very slowly all the time, but doesn’t understand why people at work tend to avoid her. This is contributing to isolation and also making her feel depressed. She is a perfect candidate for what type of therapy?

• Why is it specifically hard to encourage bipolar patients to stay on medication?
Treatment of Mood Disorders

Across Cultures

– Similar prevalence among US subcultures
  • Exceptions
– Physical or somatic symptoms

– Treatment
Suicide: Statistics

- Population specific
  - Caucasians
  - Native Americans
- Increasing rates
  - Adolescents
    - 3rd leading cause of death
    - Rose from 3.6-11.3% – 1960-1988
  - Elderly
- Gender differences
- Indices
  - Attempts
  - Ideations

- Causes more deaths per year than homicide, and epidemiologist estimate that it is actually 2-3x more common than reported
Suicide: Past Conceptions

• Gradation of Suicidality
  – Ideation
    • plan
  – attempts

• Types of suicide (Durkheim)
  – Altruistic
    • Hara-kiri
  – Egoistic
    • Loss of social support
  – Anomic
    • Loss of job
  – Fatalistic
    • Loss of control
Risk Factors

- Psychological autopsy

- Family history

- Low serotonin levels
  - SSRI example (somato-dendritic autoreceptor feedback)

- Preexisting disorder

- Alcohol: up to $\frac{1}{2}$ of all suicides are associated with it!

- Past suicidal behavior

- Shameful/humiliating stressor

- Suicide publicity and media coverage- 9 day window
  - This is serious- 5% of all teenage suicides are due to this
Suicide

- Over 30,000 per year
  - 1 in 10,000 people
- More suicides than murders
- Third leading cause of death among teens
- Fourth leading cause of death among 9-12 year olds
- Increasing fastest among teens
- 50 attempts for every completed suicide
- All prevalence figures are underestimates (car accidents, drug overdoses)
- 5:1 Male to female completed suicide
  - Believed to be due to the type of attempts
    - In reality, females attempt it 3x more often
Highest suicide rates: Nevada, Montana, Arizona, New Mexico, and Colorado
Lowest suicide rates: New York, New Jersey, Massachusetts
Guns and Suicide

• Most frequent method of completed suicide

• More than half the gun deaths in the US

• Nearly always lethal

• < 10% purchase gun to kill themselves
Overall Risk factors

- Demographic
  - Caucasian (90% of completed suicides)
  - American Indian / Native American

- Psychopathologies
  - Previous attempts
  - Depression: 10-15% completion
  - Bipolar: up to 50% attempt, 20% completion
  - 60-70% of completed suicides had a mood disorder
  - Substance Use
  - Conduct Disorder / Impulsivity

- Family history
A twin study of suicide:
Proportion of co-twins of completed suicides who had attempted suicide
Biological / cognitive risk factors

• Extremely low serotonin
  ▪ aggression / explosive
  ▪ depression
  ▪ impulsivity

• Psychological Pain / Distress
  ▪ Illness – especially terminal
  ▪ Loss
  ▪ Financial difficulty – especially if coupled with loss of hope
  ▪ Sexual orientation – esp. if rejection by family

• Cultural normalization / glorification
  ▪ Women in rural China if family difficulties
  ▪ WWII Kamikaze pilots
  ▪ Islamic terrorists

Can suicide be contagious?
Individual Intervention / Treatment for Suicide

- Treat underlying mood or substance use disorder
- Ask questions
  - Ideation
    - “I do not think about killing myself”
    - “I think about killing myself, but would not do it”
    - “I want to kill myself”
  - Plan
  - Access to methods
- Safety Contract
  - Available resources
  - Emergency contact
- Hospitalization
Suicide: Treatment

• Importance of assessment
  – Previous attempts
  – Recent events
  – Ideation
  – Plan
  – Means
  – Access

• No-suicide contract
• Hospitalization
  – Complete or partial
• Problem solving therapy
• CBT
Future Directions

• Interaction between biology and psychology
  – Biological challenge studies
  – Induced depression
    • Serotonin and pessimism

• http://www.youtube.com/watch?v=LPFk6b01Slc

• http://www.youtube.com/watch?v=45U1F7cDH5k