PSYCHOPATHOLOGY LAB # 5:
INTRO TO ANXIETY AND MOOD DISORDERS

QUESTIONS FROM LAST WEEK?

HOMEWORK
1. Turn in Homework
2. Questions?
   Next Week’s HW: Oltmanns Chapter on MDD

TODAY’S LECTURE
1. Anxiety Disorders
2. “Quiz” Anxiety Hierarchy
3. Mood disorders

DISORDERED ANXIETY
How is normal fear or anxiety different from disordered anxiety?
• Severe enough to lower the quality of life
• Chronic and frequent enough to interfere with functioning
• Out of proportion to the dangers that they truly face

Beck Anxiety Inventory (BAI)
• What do you notice about most of the symptoms?

SYMPTOMS OF ANXIETY

<table>
<thead>
<tr>
<th>Somatic</th>
<th>Emotional</th>
<th>Cognitive</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goosebumps emerge</td>
<td>Sense of dread</td>
<td>Anticipation of</td>
<td>Escape</td>
</tr>
<tr>
<td>Muscles tense</td>
<td>Terror</td>
<td>harm</td>
<td>Avoidance</td>
</tr>
<tr>
<td>Heart rate increases</td>
<td>Reluctance</td>
<td>Engendering of</td>
<td>Agression</td>
</tr>
<tr>
<td>Respiration accelerates</td>
<td>danger</td>
<td>Problems in</td>
<td>Freezing</td>
</tr>
<tr>
<td>Respiration deepens</td>
<td>concentration</td>
<td>concentrating</td>
<td>Decreased</td>
</tr>
<tr>
<td>Spleen contracts</td>
<td>Hypervigilance</td>
<td>Hyperalertness</td>
<td>appetite</td>
</tr>
<tr>
<td>Peripheral blood vessels dilate</td>
<td>Worrying</td>
<td>Worryed,</td>
<td>responding</td>
</tr>
<tr>
<td>Liver releases carbohydrates</td>
<td>rumination</td>
<td>rumination</td>
<td>Increased</td>
</tr>
<tr>
<td>Bronchioles widen</td>
<td>Anticipation of</td>
<td>thinking</td>
<td>avoidance</td>
</tr>
<tr>
<td>Pupils dilate</td>
<td>harm</td>
<td>Fear of losing</td>
<td>responding</td>
</tr>
<tr>
<td>Perspiration increases</td>
<td>anticipation</td>
<td>control</td>
<td></td>
</tr>
<tr>
<td>Adrenaline is secreted</td>
<td>increased</td>
<td>Fear of dying</td>
<td></td>
</tr>
<tr>
<td>Stomach acid is inhibited</td>
<td>sense</td>
<td>Sense of unreality</td>
<td></td>
</tr>
<tr>
<td>Salivation decreases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder relaxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of dread</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terror</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reluctance</td>
<td></td>
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</tr>
</tbody>
</table>
### PANIC DISORDER

A Panic Attack is a discrete period in which there is the sudden onset of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom.

- Shortness of breath
- Palpitations
- Chest pain or discomfort
- Choking or smothering sensations
- Fear of “going crazy” or losing control
- Often confused with heart attack
  
  - Panic Simulation
  - Airplane Panic Attack

### AGORAPHOBIA

Anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed Panic Attack or panic-like symptoms.

### OBSESSIVE COMPULSIVE DISORDER

What is the difference between obsessions and compulsions?

- Obsessions: Cause marked anxiety or distress
- Compulsions: Serve to neutralize anxiety

**OCD (As Good as it Gets)**

### HOARDERS

**Gordon & Gaye / Sir Patrick**
- Part 1 (12 min)
- Part 4 (7 min)
- Part 5 (9 min)

How is this similar to OCD? How is it different?

### GENERALIZED ANXIETY DISORDER

Generalized Anxiety Disorder is characterized by at least 6 months of persistent and excessive anxiety and worry.

- Diffuse anxiety about routine circumstances
  - Job responsibilities
  - Finances
  - Health of family members
  - Misfortune to children

### SPECIFIC PHOBIA

Specific phobia is characterized by clinically significant anxiety provoked by exposure to a specific feared object or situation, often leading to avoidance behavior.

- Animal Type
- Natural Environment Type
- Blood-Injection-Injury Type
- Situational Type
- Other Type
  - Snake phobia
SOCIAL PHOBIA

Social Phobia is characterized by clinically significant anxiety provoked by exposure to certain types of social or performance situations, often leading to avoidance behavior.

- Speaking
- Eating
- Writing

ANXIETY HIERARCHY

MOOD DISORDERS

Mood disorders are defined by abnormal mood episodes.

- Mania
- Hypomania
- Euthymia
- Dysphoria
- Depression
- Mixed

NORMAL MOOD (EUTHYMIA)

HIGH
Normal Mood Fluctuations

ABNORMAL MOOD RANGE

Mania (severe)
Hypomania
Normal, balanced mood
Mild to moderate depression
Clinical (severe) depression

Mixed mood

Mood states and abnormalities in mood range.
DSM CRITERIA FOR MANIA AND HYPOMANIA

1. Go over symptoms and requirements
2. Differences between mood states
3. Questions?

MANIA & HYPOMANIA

A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least:
• 1 week (or any duration if hospitalization is necessary).
• 4 days, that is clearly different from the usual nondepressed mood

During the period of mood disturbance, 3+ of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
1. inflated self-esteem or grandiosity
2. decreased need for sleep
3. more talkative than usual or pressure to keep talking
4. flight of ideas or subjective experience that thoughts are racing
5. distractibility
6. increase in goal-directed activity or psychomotor agitation
7. excessive involvement in pleasurable activities that have a high potential for painful consequences

MANIA

At least 1 week of feeling euphoric, expansive, or irritable

Hypomania

At least 4 days of feeling euphoric, expansive, or irritable

BIPOLAR DISORDERS

Bipolar I Disorder
• At least 1 Manic Episode

Bipolar II Disorder
• At least 1 Major Depressive Episode
• At least 1 Hypomanic Episode
• NO HISTORY OF MANIA

Cyclothymia
• At least 2 years with:
  • the presence of numerous periods with hypomanic symptoms
  • Numerous periods with depressive symptoms that do not meet criteria for a Major Depressive Episode.
  • The person has not been without symptoms for more than 2 months at a time.
DEPRESSIVE DISORDERS

Major Depressive Disorder
- At least 1 Major Depressive Episode
- No history of mania, hypomania, or mixed episode

Dysthymia
- Depressed mood for most of the day, for more days than not for at least 2 years.
- Presence, while depressed, of two (or more) of the following:
  - poor appetite or overeating
  - insomnia or hypersomnia
  - low energy or fatigue
  - poor self-esteem
  - difficulty thinking or making decisions
  - feelings of hopelessness
- Not without symptoms for more than 2 months at a time.

SYMPTOMS OF DEPRESSION

- Cognitive
  - Poor concentration, indecisiveness, poor self-esteem, hopelessness, suicidal thoughts, delusions

- Physiological and Behavioral
  - Sleep or appetite disturbances, psychomotor problems, catatonia, fatigue, loss of memory

- Emotional
  - Sadness, depressed mood, anhedonia (loss of interest or pleasure in usual activities), irritability

DYSTHYMIC DISORDER

Dysthymia

MAJOR DEPRESSIVE DISORDER

UNIPOLAR DISORDER (Clinical Depression)

Depression vs Dysthymia

<table>
<thead>
<tr>
<th>Major Depression</th>
<th>Dysthymic Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of symptoms</td>
<td>5 or more symptoms including sadness or loss of interest or pleasure</td>
</tr>
<tr>
<td>3 or more symptoms including depressed mood</td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td>At least 2 weeks in duration</td>
</tr>
<tr>
<td>At least 2 years in duration</td>
<td></td>
</tr>
</tbody>
</table>

MIXED EPISODE

Criteria are met both for a Manic Episode and for a Major Depressive Episode (except for duration) nearly every day during at least a 1-week period.

Sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

Why is this such a dangerous mood state?
TREATMENT FOR DEPRESSION

Given what you know, what would be a good treatment for depression?

Pharmacotherapy
- "You can change how you feel by changing your biology"
- Most widely used tx

ECT

Cognitive Therapy (CT)
- "You can change how you feel by changing your thoughts"

Behavioral Activation (BA)
- "You can change how you feel by changing your behavior"

Interpersonal Therapy (IPT)
- "You can change how you feel by changing your relationships"

BEHAVIORAL MODEL

What’s the rationale for studying treatment components?

Problem: Too little + reinforcement
- Solution: Increase what is pleasurable

Problem: Too much – reinforcement
- Solution: Target escape, avoidance, and ruminative thinking

"Progress on life goals is in itself antidepressive"

GROUP DISCUSSION

Pros and cons of:
- Antidepressant medication
- Psychotherapy