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Bipolar and Related Disorders

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Bipolar and Related Disorders

- Introduction
- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Substance/Medication-Induced Bipolar & Related Disorder
- Bipolar & Related Disorder due to AMC
- Other Specified Bipolar & Related Disorder
- Unspecified Bipolar & Related Disorder

- Specifiers for Bipolar & Related Disorders

Introduction

- Bridge between depressive disorders and schizophrenia spectrum disorders

- Bipolar I → “manic-depressive disorder”, “affective psychosis”
- Bipolar II → not just milder condition, still serious impairment

Manic Episode

- **Elevated/expansive/irritable mood** AND **increased goal-directed activity/energy** → **≥1 week or if hospitalized**

- ≥ 3/7 sx (≥ 4 if only irritable mood) (**GST PAID**)
  - **Grandiosity**
  - **Sleeping less,** but still feels rested
  - **Thoughts** racing (flight of ideas)
  - **Pressured speech,** talkative
  - **Activities are risky or have painful consequences**
  - **Increased goal-directed activity** or psychomotor agitation
  - **Distractibility**

- **Marked** impairment or requires hospitalization
- Not due to substance or AMC (may emerge from depression tx)

Hypomanic Episode

- **Elevated/expansive/irritable mood** AND **increased goal-directed activity/energy** → **≥4 days**

- ≥ 3/7 sx (≥ 4 if only irritable mood) (**GST PAID**)
  - **Grandiosity**
  - **Sleeping less,** but still feels rested
  - **Thoughts** racing (flight of ideas)
  - **Pressured speech,** talkative
  - **Activities are risky or have painful consequences**
  - **Increased goal-directed activity** or psychomotor agitation
  - **Distractibility**

- **Uncharacteristic change in function**
- Changes in mood + function **observable by others**
- **NOT** causing marked impairment or requiring hospitalization
- Not due to substance or AMC (may emerge from depression tx)

Bipolar I Disorder

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Bipolar I Disorder – Diagnostic Criteria

A. At least **one manic episode**
B. Not better explained by schizophrenia spectrum disorder

Specify current or most recent episode:

- **Manic, hypomanic, depressed, unspecified**

Specify for current episode:

- **With anxious distress**
- **With mixed features**
- **With rapid cycling**
- **With melancholic features**
- **With atypical features**
- **With mood-congruent psychotic features**
- **With mood-incongruent psychotic features**
- **With catatonia**
- **With peripartum onset**
- **With seasonal pattern**

Specify severity:

- **Mild, moderate, severe**

Specify if:

- **In partial remission**
- **In full remission**

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Bipolar I Disorder – Diagnostic Features

- Distinct period of mood disturbance + increased activity/energy
  - If elevated/expansive mood → 3/7 Criterion B symptoms
  - If only irritable mood → 4/7 Criterion B symptoms
  - Does not require hypomanic or major depressive episodes
- Mood → euphoric, excessively cheerful, high, "top of the world"
  - **Haphazard enthusiasm** for interpersonal, sexual, work interactions
  - Can be **irritable** instead, esp if wishes denied or using substances
  - May have **rapid shifts → lability**
  - In C&A → **inappropriate to context + developmental level**

- B1) Inflated self-esteem
  - **Uncritical self-confidence, grandiosity** → may become delusional
  - May embark on complex tasks (despite no experience/talent)
  - In C&A → may overestimate abilities, believe they are best
- B2) Decreased need for sleep→ can be **heralding sign**
  - May sleep little, wake after few hours, **feeling rested + full of energy**
- B3) Rapid speech
  - **Pressured, loud**, difficult to interrupt, continuous, inappropriate jokes,amusing irrelevancies, theatricality, dramatic
  - If irritable → complaint, hostile comments, **angry tirades**

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Bipolar I Disorder – Diagnostic Features

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Bipolar I Disorder – Diagnostic Features

- B6) Increased goal-direct activity
  - Excessive planning, **multiple activities**, working at **unusual hours**
  - **Incr sexual drive**, fantasies, behavior
  - **Incr sociability** → can be intrusive, domineering, demanding
  - **Psychomotor agitation**, restlessness, purposeless activity
- B7) Uncharacteristic risky behavior
  - Spending sprees, giving away possessions, business investments, reckless driving, sexual promiscuity, infidelity
  - **Disregard risk of catastrophic consequences**

- C) Marked impairment
  - Financial losses, illegal activity, loss of employment, self-injury
  - May require **hospitalization**
  - Presence of **psychotic features**

- D) Physiological effects can lead to manic symptoms
  - Substances → cocaine, amphetamine intoxication
  - Treatments → steroids, L-dope, antidepressants, stimulants, ECT
  - **If full syndrome arises + persists beyond physiological effect = mania**

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Bipolar I Disorder – Development & Course

- 12-month prevalence = **0.6%** (US)
- Male:female ratio = **1.1:1** (slightly higher for **MALES**)

- Mean age of onset of any mood disorder in bipolar I = **age 18**
  - Onset can occur throughout life (even in 60-70s)
  - In children → consider **developmental stage**
  - Later onset of manic symptoms → consider **AMC, substances**

- Mood episode courses
  - If single manic episode → **90% will have recurrent mood episodes**
  - Manic episodes → **60% occur immediately before MDE**
  - **"Rapid cycling"** → ≥4 mood episodes in 1 year

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Bipolar I Disorder – Risk & Prognostic Factors

- Environmental
  - More common in **high-income** countries (1.4% vs 0.7% low-income)
  - Higher in those **separated, divorced, widowed** (vs married, never married)
    - Unclear direction of association

- Genetic & Physiological
  - **Family history** = one of the STRONGEST risk factors
    - **10x risk** among adult relatives of bipolar I/II
    - Increasing magnitude with degree of kinship
  - Familial co-aggregation of schizophrenia + bipolar

- Course modifiers
  - If psychotic features → more likely **subsequent mania + psychosis**
  - **If mood-incongruent** psychosis → **incomplete recovery** common

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Bipolar I Disorder – Gender and Cultural Factors, Suicide Risk

Females	Males
• **Rapid cycling** • **Mixed states** • Comorbid **eating disorder** • **Depressive symptoms**	• Current **AUD** • Lifetime AUD

- No transcultural validation of translated diagnostic instruments
- Lifetime suicide risk for bipolar disorder
  - **15x general population**
  - Accounts for **25% of ALL completed suicides**
- Risk factors for suicide attempts or completions
  - **Past hx of suicide attempt**
  - **% days spent depressed in past year**

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Bipolar I Disorder – Functional Consequences

- Functional impairment
  - Many return to fully functional level between episodes
  - **30% show severe impairment** in work role function
  - **Functional/occupational recovery lags behind** symptom recovery
  - Results in **lower socioeconomic status** (despite equal education)

- Cognitive impairment
  - Lower performance (vs healthy individuals)
  - May contribute to vocational + interpersonal difficulties
  - **May persist even during euthymic periods**

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Bipolar I Disorder – Differential Diagnosis

- Major depressive disorder
- Other bipolar disorders
- Anxiety disorders
  - GAD → anxious ruminations (vs racing thoughts)
- Substance/medication-induced bipolar disorder
  - May still respond to mood stabilizers
- ADHD (not episodic)
  - Overlapping sx → rapid speech, racing thoughts, distractibility, less sleep
- Personality disorders (not episodic)
  - Borderline PD → mood lability, impulsivity
- Disorders with prominent irritability (not episodic)
  - DMDD → persistent irritability in C&A

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Bipolar I Disorder – Comorbidity

- Comorbid mental disorders → COMMON **(>50%** of those with bipolar I)
  - **Comorbid anxiety disorders = MOST COMMON (75%)**
  - ADHD
  - Intermittent explosive disorder
  - Oppositional defiant disorder, Conduct disorder
  - SUD

- Alcohol Use Disorder → >50% of bipolar disorder
  - If both bipolar + AUD → **greater risk of suicide attempt**

- Comorbid medical conditions
  - High rates, often serious + untreated
  - **Metabolic syndrome, migraine** → more common (than general population)

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Bipolar II Disorder

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Bipolar II Disorder – Diagnostic Criteria

A. At least **one hypomanic episode** AND one **MDE**
B. NO history of a **manic episode**
C. Not better explained by schizophrenia spectrum disorder
D. Significant distress or impairment

Specify current or most recent episode:
- **Hypomanic, depressed**

Specify for current episode:
- **With anxious distress**
- **With mixed features**
- **With rapid cycling**
- **With mood-congruent psychotic features**
- **With mood-incongruent psychotic features**
- **With catatonia**
- **With peripartum onset**
- **With seasonal pattern**

Specify severity:
- **Mild, moderate, severe**

Specify if:
- **In partial remission**
- **In full remission**

Examples:
bipolar II disorder, current episode depressed, moderate severity, with mixed features;

bipolar II disorder, most recent episode depressed, in partial remission

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Bipolar II Disorder – Diagnostic Features

- Clinically significant distress
  - Due to depressive episodes or hypomanic fluctuations
  - Not a requirement for hypomanic episodes

- Recurrent MDE
  - **Often more frequent + longer** (than bipolar I)
  - Typically present with MDE (not complaining of hypomania)
  - May have euthymia, restored energy after MDE (not hypomania)

- Compared to Bipolar I → NOT just "milder form"
  - **Greater illness chronicity**
  - **More time in depressive phase**

- Mixed features common → **esp in FEMALES**
  - Esp **hypomania with mixed features** (vs MDE with mixed features)

Bipolar II Disorder – Associated Features

- Impulsivity common
  - Can contribute to **suicide attempts** and **SUD**
  - May be from concurrent personality disorder, SUD, anxiety disorder, other mental disorder, or AMC

- May be heightened level of **creativity**
  - Non-linear relationship
  - Greater lifetime creative accomplishments assoc with **milder bipolar**
  - Higher creativity in **unaffected family members**
  - May contribute to ambivalence about treatment during hypomania

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Bipolar II Disorder – Prevalence

- 12-month prevalence of bipolar II
  - **US = 0.8%**
  - **Internationally = 0.3%**

- Pediatric bipolar II disorder → not established

- Older adults age >60
  - **3 year incidence of first-onset = 0.34%**

- Combined DSM-IV bipolar disorders
  - US = 1.8%
  - Non-US = 2.7%

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Bipolar II Disorder – Development & Course

- Onset in later adolescence, throughout adulthood
  - Average age = **mid 20s**
  - **Later than bipolar I, but earlier than MDD**

- Often begins with MDE
  - **12% initially dx with MDD** → not recognized as bipolar II until hypomania
  - Anxiety, eating disorders, SUD may also precede bipolar II dx

- More lifetime mood disorders (vs MDD or bipolar I)
  - But bipolar I → MORE likely to experience hypomanic sx (vs bipolar II)
  - **SHORTER interval between mood episodes as individual ages**
  - MDE → more enduring + disabling
  - **"Rapid cycling" → 5-15% of bipolar II**
    - ≥4 mood episodes in past 12 months

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Bipolar II Disorder – Development & Course

- Psychotic symptoms
  - CANNOT occur during hypomanic episodes
  - **Can occur during MDE** → less frequent than bipolar I

- Switching from MDE to hypomania/mania
  - May occur spontaneously, or during treatment of depression
  - **5-15% of those with bipolar II eventually develop manic ep → dx bipolar I)**

- Non-episodic irritability in youth
  - Higher risk for **MDD + anxiety disorders** in adulthood
    - Does NOT incr risk for bipolar disorder in adulthood
  - **Lower familial rates of bipolar disorder** (vs youth with bipolar)

- C&A onset → more severe lifetime course

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Bipolar II Disorder – Risk & Prognostic Factors

- Genetic & Physiological
  - Highest among relatives of bipolar II (vs bipolar I or MDD)

- Course modifiers
  - **Rapid cycling** → poorer prognosis
  - More likely return of function if:
    - **Younger age, less severe depression** (effect of prolonged illness?)
    - **More education, being married**
    - **Shorter duration of illness**

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Bipolar II Disorder – Gender Factors

- Mixed findings on bipolar II gender differences
  - Some suggest may be more common in females
  - Some suggest **no difference**

- Different patterns of illness + comorbidity
  - Females → more likely **hypomania with mixed features, rapid cycling**

- Childbirth
  - Trigger for **hypomania** → occur in **10-20%** of women, usually early postpartum
  - Postpartum hypomania may foreshadow **depression** → occur in **50%** of those with postpartum "highs"
  - Early detection + treatment → may reduce risk of suicide + infanticide

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Bipolar II Disorder – Suicide Risk

- <u>High suicide risk in bipolar II</u>
  - One-third → report lifetime hx of suicide attempt
    - **Similar risk to bipolar I (32% vs 36%)**
  - **Lethality may be higher in bipolar II**

- <u>Genetic risk</u>
  - **6.5x higher risk among first-degree relatives** of bipolar II (vs bipolar I)

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Bipolar II Disorder – Functional Consequences

- Functional recovery lags behind symptoms
  - **15% continue to have inter-episode dysfunction**
  - **20% transition directly into another mood episode** (no recovery)
  - Many do return to full function between episodes

- Poorer performance on cognitive tests (similar to bipolar I)
  - **Memory + semantic fluency PRESERVED**
  - May contribute to vocational difficulties

- Occupation dysfunction → **lower socioeconomic status**

- Prolonged unemployment in bipolar associated with:
  - **More MDE, more panic disorder**
  - **Older age, lifetime hx AUD**

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Bipolar II Disorder – Differential Diagnosis

- Major depressive disorder
- Other bipolar disorders
- Cyclothymic disorder
  - Numerous periods of hypomanic + depressive sx → never full MDE
  - If MDE after 2 years of cyclothymic disorder → both dx given
- Schizophrenia spectrum disorders
- Panic disorder, other anxiety disorders
- Substance use disorders
- ADHD
  - Overlapping sx → rapid speech, racing thoughts, distractibility, less sleep
- Personality disorders
  - Borderline PD → mood lability, impulsivity

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Bipolar II Disorder – Comorbidity

- Comorbid mental disorders
  - **Anxiety disorders** = MOST COMMON (75% of bipolar II)
    - Higher rates in C&A with bipolar II (vs bipolar I)
    - Higher than gen pop
  - **SUD** → 37% (higher than gen pop)
  - **3+ comorbid mental disorders** → 60% of bipolar II
  - **Eating disorder** → 14% lifetime history
    - **Binge-eating disorder** (more common than anorexia/bulimia nervosa)

- Course of comorbidities → **strongly assoc with mood states**
  - Depressive sx → anxiety + eating disorders
  - Manic sx → SUD

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Cyclothymic Disorder

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Cyclothymic Disorder – Diagnostic Criteria

A. Hypomanic + depressive sx, but **NOT FULL CRITERIA**

- **For ≥2 years,** (>1 year for C&A)

B. During 2 years, **mood sx present for >50% of time**

- **Not symptom-free for >2 months** at a time

C. Never met criteria for MDE, manic, hypomanic episodes

D. Not better explained by schizophrenia spectrum disorders

E. Not due to substance or AMC

F. Significant distress or impairment

Specify if: **With anxious distress**

Cyclothymic Disorder – Diagnostic Features

- <u>Chronic, fluctuating mood disturbance</u>
  - Distinct periods of hypomanic + depressive sx
  - Do not meet full criteria for episode
  - Persistent for 2 years (symptom-free periods <2 months)

- If eventually meets full criteria for episode → change diagnosis

- <u>Impairment</u>
  - May develop due to cyclical, unpredictable mood changes
  - Patients may be regarded as temperamental, moody, inconsistent, unreliable

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Cyclothymic Disorder – Prevalence, Development & Course, Risk & Prognostic Factors

- Lifetime prevalence = **0.4 – 1%**
  - In mood disorder clinics → 3 – 5%
  - In general population → **equal gender ratio**
  - In clinical settings → females may be more likely to present
- Insidious onset + persistent course
  - Usually begins in **adolescence or early adulthood**
  - Among children → average age of onset = age 6.5
- May be temperamental predisposition to other bipolar disorders
  - **15 – 50% risk to develop bipolar I/II**
- **Risk Factors:** Genetic & Physiological
  - **MDD, bipolar I/II** → more common among first-degree relatives
  - CD may be more common in first-degree relatives of bipolar I
  - Increased familial risk of **substance-related disorders**

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Cyclothymic Disorder – Differential Diagnosis

- Bipolar or depressive disorder due to AMC
- Substance/medication-induced bipolar or depressive disorder
- Bipolar I/II with rapid cycling
  - Both have frequent marked shifts in mood → whether full mood episodes
- Borderline personality disorder
  - Can dx both

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Cyclothymic Disorder – Comorbidity

- Adults
  - Substance-related disorders
  - Sleep disorders

- Children
  - Most have comorbid mental conditions
  - More likely to have ADHD (vs general pediatric pts)

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Substance/Medication-Induced Bipolar & Related Disorder

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Substance/Med-Induced Bipolar Disorder – Diagnostic Criteria

A. Prominent + persistent mood disturbance
   - **Elevated/expansive/irritable mood** +/- depressed mood or anhedonia

B. History, physical exam, lab findings of **both**:
   - Symptom onset **during/soon after** intoxication, withdrawal, exposure
   - Substance/medication **capable** of producing symptoms

C. NOT better explained by independent bipolar disorder
   - Symptom onset preceding substance/med use
   - Symptom persistence after cessation of sub/med use/intox/withdrawal
   - Other evidence (previous non-sub/med-induced episodes)

D. Not exclusively during **delirium**

E. Causes significant distress or impairment

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Substance/Med-Induced Bipolar Disorder – Specifiers

- *Specify substance:*
  - Alcohol
  - PCP
  - Other hallucinogen
  - Sedative, hypnotic or anxiolytic
  - Amphetamine (or other stimulant)
  - Cocaine
  - Other (or unknown) substance
  - ***NOT CAFFEINE, CANNABIS***
  - ***NOT INHALANTS, OPIOIDS***

- *Specify onset:*
  - **With onset during intoxication**
  - **With onset during withdrawal**

	Psychotic disorders	Bipolar disorders	Depressive disorders
Alcohol	I/W	I/W	I/W
Caffeine			
Cannabis	I		
Hallucinogens			
Phencyclidine	I	I	I
Other hallucinogens	I*	I	I
Inhalants	I		I
Opioids			I/W
Sedatives, hypnotics, or anxiolytics	I/W	I/W	I/W
Stimulants**	I	I/W	I/W
Tobacco			
Other (or unknown)	I/W	I/W	I/W

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Substance/Med-Induced Bipolar Disorder – Diagnostic Features

- Same features as mania, hypomania, depression

- If occurs after medication + persists beyond physiological effect
  - Indicator of **true bipolar disorder** (not med-induced)

- Side effects of medications → insufficient for dx, not bipolar
- Typical substances → Stimulants, PCP, steroids, bath salts

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Substance/Med-Induced Bipolar Disorder – Prevalence, Development & Course

- No epidemiological studies on prevalence
  - Each substance has its own individual risk

- PCP-induced mania
  - May present like **delirium with affective features**
  - Then becomes atypically appearing **manic or mixed manic state**
  - Follows ingestion/inhalation quickly (within hours-days)

- Stimulant-induced mania/hypomania
  - Minutes-hours after ingestion/injection
  - Very brief episode → **resolves over 1-2 days**

- Corticosteroid, immunosuppressants
  - **Mania follows several days of ingestion**
  - Higher doses → greater likelihood of producing bipolar sx

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Substance/Med-Induced Bipolar Disorder – Differential Diagnosis

- Other bipolar disorders
- Substance intoxication
- Substance-induced delirium

- If full manic/hypomanic episode emerges during depression tx and persists at full syndromal level, beyond physiological effect
  - → Sufficient evidence for manic/hypomanic episode

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Substance/Med-Induced Bipolar Disorder – Comorbidity

- Substance use
  - Illicit substance, diversion of prescribed stimulants
- Comorbidities related to medical treatment
  - Steroids, immunosuppressants
- Delirium
  - Related to PCP, steroids, immunosuppressants

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Bipolar & Related Disorder due to AMC

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Bipolar Disorder due to AMC – Diagnostic Criteria

A. Prominent **elevated/expansive/irritable mood** and **increased activity or energy** that **predominate** the clinical picture

B. Evidence of **direct pathophysiological consequence** of AMC

C. Not better explained by another mental disorder

D. Not exclusively during delirium

E. Significant distress or impairment

Specify if:

- **With manic features:** full criteria not met
- **With manic- or hypomanic-like episode:** full criteria met
- **With mixed features:** depressive sx, not predominant

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Bipolar Disorder due to AMC – Diagnostic Features

- Prominent manic/hypomanic symptoms
  - Usually appear **during initial presentation** of AMC
  - May occur if chronic medical condition **worsens/relapse**
  - **Temporal association**

- Causal relationship to AMC based on clinical evidence

- Best known causative medical conditions
  - **Cushing's disease**
  - **Multiple sclerosis**
  - **Stroke**
  - **TBI**

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Bipolar Disorder due to AMC – Development & Course

- Usually acute/subacute onset
  - Within first weeks or months of AMC onset
  - Can be due to worsening/relapse of chronic medical condition

- Bipolar sx may remit before/just after AMC remits
  - Esp if treatment of manic/hypomanic sx is effective

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Bipolar Disorder due to AMC – Gender Factors and Diagnostic Markers

- **Gender Issues:** Pertain to gender difference related to AMC
  - SLE more common in FEMALES
  - Stroke more common in middle-age males

- **Diagnostic markers:** Pertain to diagnostic markers related to AMC
  - Cushing's disease → blood/urine steroid levels
  - Multiple sclerosis → labs/imaging

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Bipolar Disorder due to AMC – Functional Consequences

- Functional consequences of bipolar sx
  - May exacerbate impairments of AMC
  - May interfere with medical tx → may worsen outcomes

- Pertain to functional consequences of AMC
  - ? Curing underlying disease may prevent recurrence of mood episode

- Static TBI, CNS diseases
  - May have episodic mood episodes

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Bipolar Disorder due to AMC – Differential Diagnosis

- Symptoms of delirium, catatonia, acute anxiety
  - Excited/hypervigilant delirious sx
  - Excited catatonia
  - Agitation related to acute anxiety states

- Med-induced depressive/manic symptoms

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Bipolar Disorder due to AMC – Comorbidity

- Pertain to associated medical condition

- In Cushing's
  - **Delirium can occur before or along** with manic sx

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Other Specified Bipolar & Related Disorders

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Other Specified Bipolar & Related Disorders

- Does not meet full criteria
- Clinical chooses to communicate specific reason

- **Short-duration hypomanic episodes (2-3 day) and MDE**
- **Hypomanic episodes with insufficient sx and MDE**
- **Hypomanic episode without prior MDE**
- **Short-duration cyclothymia (<24 months)**

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Unspecified Bipolar & Related Disorder

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Unspecified Bipolar & Related Disorder

- Does not meet full criteria
- Clinical chooses NOT to communicate specific reason

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Specifiers

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Specifiers – With Anxious Distress

A. With anxious distress

1. 2+/5 symptoms, majority of MDE/PDD
   - **Tense, keyed up**
   - Unusually **restless**
   - **Concentration** difficulty due to worry
   - Fear **something awful** may happen
   - Feeling of **losing control** of self

- *Specify current severity*
  - Mild: 2 sx
  - Moderate: 3 sx
  - Mod-severe: 4-5 sx
  - Severe: 4-5 sx + motor agitation

- Prominent feature of bipolar disorder + MDD
  - **Higher suicide risk**, longer illness duration, higher tx non-response

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Specifiers – With Mixed Features (manic/hypomanic)

A. <u>With mixed features (manic/hypomanic episode)</u>
   - 3/6 depressive symptoms, majority of manic/hypomanic episode
     - **Depressed mood**
     - **Anhedonia**
     - **Psychomotor retardation**
     - **Fatigue, energy loss**
     - **Guilt, worthlessness**
     - **Suicidal ideation**
     - (not appetite, concentration, sleep)

B. Mixed sx → **observable by others**, change from baseline

C. If full criteria for mania + MDE → dx mania with mixed features

D. Not due to substance

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Specifiers – With Mixed Features (MDE)

A. With mixed features (MDE)

- 3+/7 manic/hypomanic symptoms, majority of MDE
  - **Elevated/expansive mood**
  - **Grandiosity,** inflated self-esteem
  - **Pressured speech,** more talkative
  - **Flight of ideas,** racing thoughts
  - **Goal-directed activity/energy increased** (social, work, school, sexual)
  - **Risky activities increased**
  - **Sleep needs less,** still rested

B. Mixed sx → observable by others, change from baseline

C. If full criteria for mania/hypomania → dx bipolar I/II

D. Not due to substance

- Mixed features in MDD → sig risk factor for bipolar I/II

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Specifiers – With Rapid Cycling

A. <u>With rapid cycling</u>

1. ≥4 mood episodes, in past 12 months (manic, hypomanic, MDE)
   - Demarcated by partial/full remission, or switch to opposite polarity
   - Can be any combination (exclude substance/AMC-induced

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Specifiers – With Melancholic Features

A. With melancholic features

1. 1+/2 sx, during most **severe period** of current MDE
   - **Loss of pleasure,** in activities
   - **Lack of reactivity,** to usually pleasurable stimuli
2. 3+/6 sx
   - **Despair,** despondency, moroseness or empty mood
   - **MORNINGS worse** depression
   - **EARLY-MORNING awakening** (>2 hours earlier)
   - **Psychomotor agitation/retardation**
   - **Anorexia/WEIGHT LOSS,** significant
   - **Guilt,** excessive/inappropriate

- Near-complete absence of capacity for pleasure
  - Mood barely brightens (20-40%, only briefly)
  - Distinct quality, different than non-melancholic MDE
    - Almost **always psychomotor sx**
    - Modest **tendency to repeat**
  - More frequent in → inpatients, severe MDE, if psychotic features present

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Specifiers – With Atypical Features

A. With atypical features

1. **Mood reactivity,** majority of current MDE/PDD
   - Capacity to be cheered up by positive events
   - Euthymic if favorable external circumstances
2. 2+/4 sx
   - **Significant weight GAIN/appetite**
   - **HYPERsomnia** (>10 hrs total, or >2 hours more)
   - **Leaden paralysis** (heavy arms/legs, >1 hour per day)
   - **Interpersonal rejection sensitivity** (not just due to mood, impairing)
3. Not due to "melancholic features" or "catatonia" in same MDE

• Distinguish from classic/endogenous patterns

- **Interpersonal rejection sensitivity** is pathological
  - Early onset, **persists for adult life**, even if not depressed

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Specifiers – With Psychotic Features

A. With psychotic features

1. **Delusions/hallucinations** present

- Mood-CONGRUENT psychotic features
  - Content consistent with typical depressive themes
  - MDE → inadequacy, guilt, disease, death, nihilism, deserved punishment
  - Mania → grandiosity, invulnerability, suspiciousness, paranoia

- Mood-INCONGRUENT psychotic features
  - Content NOT consistent with typical depressive themes
  - May be MIXED congruency

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Specifiers – With catatonia

A. With catatonia

1. **Present for most of MDE**

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Specifiers – With peripartum onset

A. With peripartum onset
   1. If current/recent MDE **during pregnancy or within 4 weeks** of delivery

- Prevalence = 3-6% → **50%** of these cases occur **prior to delivery**
  - Can have severe anxiety, panic attacks
  - Mood/anxiety sx during pregnancy, "baby blues" → increased risk of post-partum MDD

- Specific if with psychotic features
  - **Infanticide** most often associated with psychotic features
    - Command hallucination to kill infant
    - Delusions that infant is possessed, other themes
  - 1 in 500-1000 deliveries
    - May be **more common in FIRST pregnancy**
    - Incr risk if → previous post-partum mood episode, hx depressive/bipolar disorder, family hx bipolar
    - **Risk of recurrence 30-50%** (in each subsequent delivery)
  - **Rule out delirium**

- May impact breastfeeding, subsequent family planning

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Specifiers – With seasonal pattern

A. With seasonal pattern

1. **Temporal relationship,** recurrent MDD at certain time of year
   - Not due to seasonally-related psychosocial stressors
2. **Full remission or change to mania/hypomania** at certain time of year
3. Seasonal pattern for **past 2 years, NO non-seasonal MDE**
4. **More seasonal MDE over lifetime** (than non-seasonal)

- Onset/remission → at characteristic time of year
  - Usually onset fall/winter → remit in spring
  - Less common summer MDE
  - Prominent **decreased energy, hypersomnia, wt gain, carb craving**

- Unclear if more likely in MDD or bipolar (but **bipolar II > I**)
- High prevalence of winter-type if:
  - **Higher latitude, younger; prevalence varies with sex**

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Specifiers – Remission

- In partial remission
  - No longer meets full MDE criteria, OR
  - **< 2 months** with NO symptoms

- In full remission
  - ≥ 2 months with NO symptoms

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Specifiers – Severity

- Mild
  - **Few/no symptoms in excess** for diagnosis
  - **Manageable** intensity
  - Minor impairment

- Moderate
  - Between mild & severe

- Severe
  - **More than required symptoms** for diagnosis
  - **Unmanageable** intensity
  - Marked impairment