

Depressive and Bipolar Disorders Worksheet:

Depressive and Bipolar Disorders	Answer	Matching Options
Disruptive Mood Dysregulation Disorder		A. Features a persistent feeling of sadness or a lack of interest in external stimuli, often accompanied by weight changes, sleep disturbances, fatigue, feelings of worthlessness, and recurrent thoughts of death.
Major Depressive Disorder		B. Depression associated with late autumn and winter and thought to be caused by a lack of light, characterized by mood swings, sleep problems, and lethargy.
Dysthymia		C. Intense sadness, anxiety, or despair that occurs in mothers after giving birth, which can interfere with their ability to care for their baby and handle other daily tasks.
Premenstrual Dysphoric Disorder		D. Characterized by manic episodes lasting at least 7 days or by manic symptoms that are so severe that immediate hospital care is needed. Usually, depressive episodes occur as well, typically lasting at least 2 weeks.
Psychotic Depression		E. A severe form of depression where many of the physical symptoms of depression are present, one of the most notable being a loss of pleasure in most or all activities.
Seasonal Affective Disorder (SAD)		F. Long-term (chronic) form of depression where a person's moods are regularly low, but symptoms are not as severe as major depressive disorder.
Atypical Depression		G. A rare disorder where an individual consistently refuses to eat, drink, talk, walk, or engage in basic self-care for a prolonged period.
Postpartum Depression		H. A subtype of depression where the affected person can experience mood improvement in response to positive events, in addition to other specific symptoms such as increased appetite or sleeping too much.
Melancholic Depression		I. Characterized by severe and recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation, combined with a persistent irritable or angry mood nearly every day.
Pervasive Refusal Syndrome		J. A pattern of depressive episodes and hypomanic episodes, but not full-blown manic episodes.
Unspecified Depressive Disorder		K. A disorder that causes emotional ups and downs that are less extreme than bipolar I or II disorder. Mood swings between hypomania and mild depression persist for at least two years.
Bipolar I Disorder		L. Used when depressive symptoms cause significant distress or impairment but do not meet the full criteria for any of the specific disorders above.
Bipolar II Disorder		M. This involves severe irritability, depression, or anxiety in the week or two before menstruation starts and is more severe than typical premenstrual syndrome (PMS).
Bipolar Disorder Not Otherwise Specified		N. Mild form of heightened creativity, energy, euphoria, or irritability. Often seen in bipolar II disorder.
Cyclothymia		O. This category is used for bipolar disorders that do not fit the criteria for any specific bipolar disorder, perhaps due to less severe manic or depressive episodes.
Hypomania		P. This is major depressive disorder accompanied by delusions or hallucinations, often with themes of guilt, illness, or worthlessness.

Case Study Exercises

Case Study 1

Jenna, 42, describes her mood as consistently low for several years. She manages to go to work and care for her children but feels a lack of joy and is often fatigued. She mentions that her mood doesn't fluctuate much from day to day, and she rarely feels upbeat.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 2

Sarah, age 9, often has explosive outbursts at school, during which she yells and throws things. These episodes occur three or four times a week and seem disproportionate to the events that trigger them. Between outbursts, her teachers report that she appears consistently irritable and angry. Her parents observe similar behaviors at home. She struggles to maintain friendships due to her frequent angry reactions.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 3

Ana, 70, exhibits deep sadness and a profound loss of interest in life. She wakes up early in the morning feeling worse than usual and finds little comfort in talking with friends or participating in group activities, which she once enjoyed.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 4

Mark, a 38-year-old journalist, experiences periods of extremely high energy and creativity during which he feels unstoppable. Following these episodes, he plunges into severe depressive states where he can barely get out of bed and loses interest in all his projects.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 5

Lila, 27, visits her doctor complaining of extreme mood swings, irritability, and depression that worsen significantly just before her menstrual cycle. She experiences such intense anger and hopelessness during these times that it affects her ability to function at work and maintain her relationships.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 6

Mike, a 30-year-old software developer, reports feeling persistently sad for the past few months. He has lost interest in coding and gaming, activities he once loved. Additionally, he experiences significant changes in his appetite and sleep patterns, feels exhausted despite sleeping more than usual, and has thoughts of suicide. He feels worthless and is finding it difficult to concentrate at work.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 7

Carlos, 55, suffers from severe depression and recently started experiencing hallucinations where he hears voices telling him he is worthless and should no longer live. He also holds unfounded beliefs that he is responsible for terrible events that never occurred. His family notes his withdrawal and loss of interest in life.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 8

After the birth of her first child, Emma, age 32, feels overwhelming sadness and anxiety. She finds herself crying daily, feeling inadequate as a mother, and struggling to bond with her baby. Her lack of energy and motivation makes it hard to complete daily tasks.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 9

Leo, a 15-year-old, has stopped attending school and refuses to eat or leave his room. Despite his parents' and doctors' efforts, he resists all attempts at communication and shows no interest in any activities he previously enjoyed.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 10

Betty, 45, experiences episodes of depression that don't fully align with typical categories. Her symptoms vary in severity and frequency, sometimes feeling manageable and at other times overwhelming, without a clear pattern.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 11

Tom, a 29-year-old artist, shows signs of depression but reports that receiving good news or positive events temporarily lifts his spirits. He also has increased appetite and a need for much more sleep than usual, unlike his peers who might lose sleep and appetite when depressed.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 12

Julie, 28, reports experiencing significant mood swings. She has periods of depression followed by phases where she feels unusually upbeat and productive but not to the degree that she loses touch with reality. Her family is concerned about the rapid changes in her mood.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 13

Nancy, a 35-year-old teacher, has had numerous episodes of mild depression and mild elation for as long as she can remember. Her mood swings are noticeable but not disabling, and they have been present without a break for more than three years.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 14

Sam, 22, experiences mood fluctuations that don't seem to fit the typical patterns of bipolar disorder. His manic episodes are characterized by increased social activity and spending sprees, but they are less intense and shorter than what is usually seen in bipolar I or II.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 15

Greg, 40, describes periods of increased energy, when he feels more talkative and sociable. These episodes last for a few days at a time and are often productive, but they cause concern among his colleagues who notice the sudden change in his behavior.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 16

Rachel, 34, feels a dramatic dip in her mood during the winter months every year, starting in late fall. She sleeps excessively, craves carbohydrates, gains weight, and finds it hard to get out of bed for work. Her energy levels improve dramatically with the arrival of spring.

This is an example of which disorder: _____

What is your treatment plan: _____

Answers

Matching
I
A
F
M
P
B
H
C
E
G
L
D
J
O
K
N

Case Study 1: Dysthymia (Persistent Depressive Disorder)

Jenna's chronic low mood over several years, along with fatigue and a consistent lack of joy, fit the criteria for Dysthymia, which involves less severe but longer-lasting symptoms compared to Major Depressive Disorder.

- **Pharmacological:** Selective serotonin reuptake inhibitors (SSRIs such as fluoxetine [Prozac]), serotonin-norepinephrine reuptake inhibitors (SNRIs such as venlafaxine [Effexor]), and possibly atypical antidepressants like mirtazapine (Remeron) and bupropion (Wellbutrin).
- **Nonpharmacological:** Psychotherapy, especially Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy.

Case Study 2: Disruptive Mood Dysregulation Disorder (DMDD)

Sarah's frequent and severe temper outbursts at school and home, along with her persistent irritable mood, align with the key symptoms of Disruptive Mood Dysregulation Disorder.

- **Pharmacological:** No specific Food and Drug Administration (FDA)-approved medications; SSRIs or atypical antipsychotics (risperidone [Risperdal] and aripiprazole [Abilify] are FDA-approved for the treatment of irritability) may be used off-label.
- **Nonpharmacological:** Psychotherapy, particularly CBT and Parent Training.

Case Study 3: Melancholic Depression

Ana's profound anhedonia (loss of pleasure), early morning awakenings, and worsening of mood in the morning are typical of Melancholic Depression, a severe form of depression.

- **Pharmacological:** Tricyclic antidepressants (TCAs; e.g., amitriptyline [Elavil]) or SSRIs combined with other agents if needed.
- **Nonpharmacological:** CBT and other forms of psychotherapy. Electroconvulsive Therapy (ECT) is often highly effective for severe cases.

Case Study 4: Bipolar I Disorder (BD I)

Mark's episodes of extreme high energy and creativity (manic episodes) followed by severe depressive states match Bipolar I Disorder, which involves alternating episodes of mania and depression.

- **Pharmacological:** Mood-stabilizing medication to control manic or hypomanic episodes. Examples include lithium (Lithobid), valproic acid (Depakene), divalproex sodium (Depakote), carbamazepine (Tegretol, Equetro, others) and for depressive episodes, lamotrigine (Lamictal); typical antipsychotics (e.g., quetiapine).
- **Nonpharmacological:** Psychoeducation, CBT, and family therapy.

Case Study 5: Premenstrual Dysphoric Disorder (PDD)

Lila's severe mood swings, irritability, and depression that worsen significantly before her menstrual cycle and disrupt her ability to function align with Premenstrual Dysphoric Disorder.

- **Pharmacological:** SSRIs are a highly effective treatment for the symptoms of PMS and PMDD. The SSRIs include fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa), and paroxetine (Paxil).
- **Nonpharmacological:** Cognitive Behavioral Therapy, dietary modifications, and exercise.

Case Study 6: Major Depressive Disorder (MDD)

Mike's persistent sadness, loss of interest in activities, sleep changes, and suicidal thoughts are hallmark symptoms of Major Depressive Disorder.

- **Pharmacological:** First line treatments are SSRIs (e.g., escitalopram [Lexapro], fluoxetine [Prozac], paroxetine [Paxil], or sertraline [Zoloft]); additional options include SNRIs (e.g., venlafaxine [Effexor]), and atypical antidepressants (e.g., bupropion [Wellbutrin]). Symbyax (olanzapine/fluoxetine) is a combination medication used to treat

bipolar disorder, as well as depression when other depression medications have not worked.

- **Nonpharmacological:** Cognitive Behavioral Therapy, Interpersonal Therapy, Electroconvulsive Therapy (for severe cases), and lifestyle changes.

Case Study 7: Psychotic Depression

Carlos's severe depressive symptoms combined with psychotic features such as delusions and hallucinations point to Psychotic Depression.

- **Pharmacological:** Combination of an antidepressant (e.g., an SSRI like sertraline [Zoloft]) and an antipsychotic (e.g., olanzapine [Zyprexa]).
- **Nonpharmacological:** Psychotherapy. ECT (highly effective for psychotic depression – when other treatment options have not worked).

Case Study 8: Postpartum Depression

Emma's intense sadness, anxiety, and feeling overwhelmed following childbirth, along with difficulty bonding with her baby, suggest Postpartum Depression.

- **Pharmacological:** SSRIs; brexanolone (Zulresso), specifically FDA-approved for postpartum depression.
- **Nonpharmacological:** Psychotherapy, particularly CBT and Interpersonal Therapy.

Case Study 9: Pervasive Refusal Syndrome

Leo's refusal to eat, attend school, communicate, or engage in self-care for a prolonged period is characteristic of Pervasive Refusal Syndrome.

- **Pharmacological:** There are no standard pharmacological treatments; treatment usually focuses on psychological support.
- **Nonpharmacological:** Intensive multi-disciplinary team approach, including psychotherapy, family therapy, and rehabilitation efforts.

Case Study 10: Unspecified Depressive Disorder

Betty's depressive episodes that do not fit neatly into a specific category, with varying intensity and lack of a clear pattern, are best described as Unspecified Depressive Disorder.

- **Pharmacological:** Treatment is usually based on the predominant symptoms, often using SSRIs or SNRIs based on severity of symptoms.

- **Nonpharmacological:** Psychotherapy is first-line treatment for mild depression. CBT or other relevant psychotherapies depending on symptoms.

Case Study 11: Atypical Depression

Tom's ability to feel better from positive events and his increased appetite and sleep need are indicative of Atypical Depression, which is characterized by mood reactivity and physical hypersomnia and hyperphagia.

- **Pharmacological:** SSRIs or potentially monoamine oxidase inhibitors (MAOIs; e.g., phenelzine [Nardil]; choose the safest choice first).
- **Nonpharmacological:** Cognitive Behavioral Therapy and lifestyle changes, including regular physical activity.

Case Study 12: Bipolar II Disorder (BD II)

Julie's experiences of significant depressive episodes followed by periods of hypomania (upbeat but not full-blown mania) are typical of Bipolar II Disorder.

- **Pharmacological:** Mood stabilizers like lamotrigine (Lamictal) and lithium (Lithobid or Eskalith), along with antipsychotics such as quetiapine (Seroquel), are used to manage mood swings and hypomania in Bipolar II disorder. Seroquel (quetiapine) is specifically approved for treating its depressive episodes. Antidepressants like fluoxetine (Prozac) may also be prescribed to enhance serotonin levels and stabilize mood, while benzodiazepines like clonazepam (Klonopin) are used short-term to alleviate agitation and improve sleep.
- **Nonpharmacological:** CBT, psychoeducation, and lifestyle management.

Case Study 13: Cyclothymia

Nancy's long-term pattern of emotional ups and downs that are less intense than those seen in Bipolar I or II Disorder fits Cyclothymia, characterized by persistent mild mood disturbances.

- **Pharmacological:** Mood stabilizers (e.g., valproate if anxiety is dominant, lamotrigine [Lamictal] if the anxious-depressive polarity is more prominent, and lithium [Lithobid or Eskalith] for significant affective intensity) or antipsychotics may be used off-label to manage mood swings.
- **Nonpharmacological:** CBT, lifestyle adjustments, and psychoeducation.

Case Study 14: Bipolar Disorder Not Otherwise Specified

Sam's mood swings that include characteristics of bipolar disorder but do not meet the full criteria for either Bipolar I or II (due to less severe or shorter manic episodes) suggest Bipolar Disorder Not Otherwise Specified.

- **Pharmacological:** Treatments similar to other forms of bipolar disorder, tailored to the specific symptoms, including mood stabilizers and antipsychotics.
- **Nonpharmacological:** Psychotherapy, stress management, and regular monitoring.

Case Study 15: Hypomania

Greg's brief periods of elevated mood, increased energy, and sociability that do not cause significant impairment align with Hypomania, often observed in Bipolar II Disorder.

- **Pharmacological:** Mood stabilizers such as lithium (Lithobid or Eskalith) or anticonvulsants; antipsychotics may be used if symptoms are severe.
- **Nonpharmacological:** Monitoring, CBT, and education about mood regulation.

Case Study 16: Seasonal Affective Disorder (SAD)

Rachel's depression that occurs specifically during the winter months, with improvement in spring, matches Seasonal Affective Disorder, often triggered by the lack of light in winter.

- **Pharmacological:** SSRIs (e.g., sertraline [Zoloft]), bupropion (Wellbutrin; specifically approved for SAD).
- **Nonpharmacological:** Light therapy, CBT, and maintaining a regular schedule.

Quick review of common antidepressants by name and class:

Selective Serotonin Reuptake Inhibitors (SSRIs)

- **Citalopram** (Celexa)
- **Escitalopram** (Lexapro)
- **Fluoxetine** (Prozac)
- **Paroxetine** (Paxil, Pexeva)
- **Sertraline** (Zoloft)

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

- **Desvenlafaxine** (Pristiq)
- **Duloxetine** (Cymbalta)

- **Levomilnacipran** (Fetzima)
- **Venlafaxine** (Effexor XR)

Tricyclic Antidepressants (TCAs)

- **Amitriptyline** (Elavil)
- **Clomipramine** (Anafranil)
- **Desipramine** (Norpramin)
- **Doxepin** (Silenor)
- **Imipramine** (Tofranil)
- **Nortriptyline** (Pamelor)
- **Protriptyline** (Vivactil)
- **Trimipramine** (Surmontil)

Monoamine Oxidase Inhibitors (MAOIs)

- **Isocarboxazid** (Marplan)
- **Phenelzine** (Nardil)
- **Tranlycypromine** (Parnate)
- **Selegiline** (Emsam) – available as a transdermal patch

Atypical Antidepressants

- **Bupropion** (Wellbutrin, Aplenzin, Forfivo XL)
- **Mirtazapine** (Remeron)
- **Trazodone** (Desyrel, Oleptro)
- **Vilazodone** (Viibryd)
- **Vortioxetine** (Trintellix)