

Table 7.1 Depression and Mood Disorders- Summary

Disorder and Lifetime Prevalence Rates	Definition	Main DSM-IV-TR Diagnostic Features	Key Features	Theories of Aetiology	Main Forms of Treatment
MAJOR DEPRESSION (5.2% - 17.1%)	<p>Feelings of sadness, hopelessness, being miserable and dejected</p> <p>Motivational deficits including loss of interest in normal daily activities</p> <p>Behavioural symptoms such as physical inactivity, decreased energy</p> <p>Physical symptoms such as insomnia or hypersomnia</p> <p>Cognitive features such as pessimistic thinking, negative beliefs about the world, and hopelessness</p>	<p>5 or more from 9 specific symptoms present during the same 2-week period</p> <p>At least one of the symptoms is either depressed mood or loss of interest in pleasure</p> <p>Symptoms cause significant distress or daily impairment</p> <p>Symptoms are not better accounted for by significant losses, such as bereavement</p> <p>Symptoms persist for longer than 2-months</p>	<p>Most prevalent of the main psychological disorders</p> <p>Commonly comorbid with other Axis I and Axis II disorders</p> <p>Twice as common in women than in men</p> <p>Associated with imbalances in brain neurotransmitters such as serotonin and norepinephrine</p> <p>Associated with negative biases in ways of thinking and processing information</p>	<p>Genetic Factors</p> <p>Role of neurotransmitters serotonin and norepinephrine</p> <p>Role of specific brain abnormalities</p> <p>Neuroendocrine Factors</p> <p>Psychoanalytic Accounts</p> <p>Behavioural Theories</p> <p>Interpersonal Theories</p> <p>Role of Negative Cognitions and Self-Schema</p> <p>Learned Helplessness</p> <p>Attribution Theory</p> <p>Hopelessness Theory</p>	<p>Medication (such as tricyclic drugs, MAOIs and SSRIs)</p> <p>Electroconvulsive Therapy (ECT)</p> <p>Psychoanalysis</p> <p>Social Skills Training</p> <p>Behavioural Activation Therapy</p> <p>Cognitive Therapy</p> <p>Mindfulness-Based Cognitive Therapy (MBCT)</p>

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BIPOLAR DISORDER (0.4% - 1.6%)	Periods of mania that alternate with periods of depression	<p>Presence or history of a manic episode and one or more Major Depressive episode</p> <p>If currently in a Manic Episode, there has been a history of at least one Major Depressive episode</p>	<p>Periods of extreme mania alternate with periods of Major Depression</p> <p>In Bipolar II disorder, depression alternates with mild manic episodes (hypomania)</p> <p>10-25% of first-degree relatives of sufferers have also reported significant symptoms of mood disorder</p>	<p>Genetic Factors</p> <p>Role of neurotransmitters serotonin and norepinephrine</p>	<p>Medication (lithium carbonate)</p> <p>Electroconvulsive Therapy (ECT)</p> <p>Cognitive Therapy in conjunction with appropriate medication</p>