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Understanding Mood Disorders: How family and friends can help

When an individual experiences a serious mood disorder it affects the entire family. Often an individual does not seek treatment until his or her symptoms have caused significant emotional distress and dysfunction within the family, on the job or at school, and in social relationships. Therefore, it is typical for the family to be in a state of crisis when the individual begins treatment.

Families are also in need of assistance in understanding how they can best help the identified patient. This article is intended to provide recommendations for families and care givers about how to best help their loved one and themselves through this critical period.

The Initial Evaluation

The first step in helping an individual with a mood disorder is encouraging him or her to enter into treatment. For some individuals who are strongly resistant to treatment or who are unaware of or in denial of their problems, the family will need to bring the individual in for an evaluation and demand that they seek treatment. Indeed it is best for the family to participate in the initial evaluation and subsequent treatment.

Individuals seeking an initial evaluation should expect a complete physical, including labs, and a psychological evaluation to determine whether they have a depressive illness. Lab results are important to rule out physical causes and to determine if drug use is a complicating factor. A good diagnostic evaluation will also include a complete history of your symptoms, when they started, how long they have lasted, how severe they are, whether you've had them before, and, if so, whether you were treated and what treatment you received. Questions about alcohol and drug use and if you have thoughts about death or suicide are important to the evaluation. Further, a history should include questions about whether other family members have had a depressive or other psychiatric illness and if treated, what treatments they may have received and which were effective. Last, a diagnostic evaluation will include a mental status exam part of which is used to determine if your speech, thought patterns or memory have been affected, which is often part of the presenting symptoms.

Treatment choice will depend on the outcome of the evaluation. There are a variety of antidepressant medications, mood stabilizers and psychotherapies that can be used to treat depressive disorders. Most individuals do best with a combined treatment approach – medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems. Education of the patient and his or her family about the illness, appropriate medications and therapies should be a part of treatment.

It is important for children suffering from mood disorders to receive prompt treatment because early onset places children at a greater risk for multiple episodes of depression throughout the life span. Children who experience their first episode of depression before the age of 15 have a worse prognosis when compared with patients who had a later onset. In addition, children and adolescents who do not receive adequate treatment are at greater risk for alcohol and drug abuse.

Types of Mood Disorders

A mood disorder is a “whole body” illness, involving your body, mood and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things and interact with the world around you. It is not the same as a passing blue mood or feelings of sadness. It is not a sign of weakness or a condition that can be willed or wished away. People with a depressive illness, for example, can not merely “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months or even years. Appropriate treatment can help most people who suffer from a mood disorder.

Mood Disorder is the general category used to describe psychiatric illnesses whose predominant symptom is a pathological mood of either dysphoria (depressed mood) or euphoria (elevated, expansive or irritable mood). Mood disorders that consist mainly of depressed mood include Major Depression and its milder version, Dysthymia. Mood disorders that are characterized by depressed and elevated moods are called bipolar disorder, and its milder version cyclothymia.

Major depression is manifested by a combination of symptoms that interfere with your ability to work, sleep, eat, and enjoy once pleasurable activities. These disabling episodes of depression can occur once, twice, or several times in a lifetime. A less severe type of depression, **dysthymia**, involves long term, chronic symptoms that do not disable, but keep you from functioning at full steam or from feeling good. Sometimes people with dysthymia also experience major depressive episodes.

Bipolar disorder, formerly called manic-depressive illness, involves cycles of diverse moods, including depression, mania, hypomania and periods of normal mood. Sometimes the mood swings are dramatic and rapid, but most often they are gradual. When in the depressive cycle, you can have any or all of the symptoms of a depressive disorder. When in a manic cycle, any or all of the symptoms of mania may be experienced. Mania affects one’s thinking, judgment, and social behavior in ways that cause serious problems and sometimes embarrassment. Bipolar disorder is often a chronic recurring condition. An early sign of Bipolar Disorder may be hypomania - a state in which the person shows a high level of energy, excessive moodiness or irritability, and impulsive or reckless behavior. Bipolar disorder is often more severe than major depression. People with bipolar often stay depressed longer, relapse more often, display more depressive

symptoms, show more severe symptoms, have more delusions and hallucinations, commit more suicides, and experience more incapacitation, thus requiring more hospitalizations. Cyclothymic Disorder is a less severe form of bipolar disorder. People with cyclothymia have periods of hypomania and dysphoria that are not severe enough to qualify as bipolar disorder.

The essential feature of a major depressive episode is a period of at least two weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities. In children and adolescents the mood may be irritable rather than sad. The symptoms must persist for most of the day, nearly every day, for at least two consecutive weeks. The individual must also experience at least four additional symptoms drawn from the following list of depressive symptoms. Not everyone who is depressed experiences every symptom. Also, severity of symptoms varies with individuals.

The essential features of major depression are the same in children as in adults, although children exhibit the symptoms differently. Unlike adults, children may not have the vocabulary to accurately describe how they feel and, therefore, may express their problems through behavior. Parents often say that nothing pleases the child; he or she hates himself and everything around them.

Symptoms of a Major Depressive Episode

- Persistent sad, depressed or empty mood OR irritable mood
- Loss of interest or pleasure in hobbies and activities that were once enjoyed
- Significant loss of appetite or weight loss OR increased appetite and weight gain
- Sleep disturbance, such as insomnia, early morning awakening, or excessive sleeping
- Excessive restlessness, pacing or fidgeting
- Being slowed down
- Decreased energy, fatigue,
- Feelings of worthlessness, hopelessness and helplessness; excessive guilt
- Difficulty concentrating, remembering, and making decisions
- Recurrent thoughts of death, suicidal thoughts, or suicide attempts

Symptoms of a Manic Episode

- Distinct period of abnormally and persistently elevated, expansive or irritable mood lasting at least one week
- Inflated self esteem or grandiosity
- Decreased need for sleep or insomnia
- More talkative than usual or pressure to keep talking
- Disconnected and racing thoughts
- distractibility
- Increased activity, either socially, at work or school, or sexually

- Excessive involvement in pleasurable activities that have a high potential for painful consequences
- Markedly increased energy
- Poor judgment

Helping Yourself or Your Loved One

Depressive disorders make you feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative thoughts are part of the depression and typically do not accurately reflect your situation. Negative thinking fades as treatment begins to take effect. The following are some specific recommendations to help you begin the healing process.

1. Do not set difficult goals for yourself or take on a great deal of responsibility.
2. Break large tasks into smaller ones, set some priorities, and do what you can as you can.
3. Do not expect too much from yourself too soon as this will only increase feelings of failure.
4. Do not allow yourself to isolate for long periods of time. Try to be with other people.
5. Participate in activities that may make you feel better.
6. Being physically active can be a distraction from your depressed thoughts and feelings. You might try light exercise, going to a movie, a ball game, or participating in social activities.
7. Don't overdo it or get upset if your mood is not greatly improved right away. Feeling better takes time.
8. Do not make major life decisions without consulting others who know you well and who have a more objective view of your decision.
9. Do not expect to snap out of your depression. Help yourself as much as you can, and do not blame yourself for not being up to par.
10. Remember, do not accept your negative thinking. It is part of the depression and will dissipate as your depression responds to treatment.

Sometimes, individuals who experience a reduction in their symptoms will stop therapy and medication early, only to have the symptoms return and worsen in severity. This early withdrawal from treatment actually serves to increase the likelihood of future treatment failure. Therefore, family members should encourage the individual to stay with the treatment until the symptoms have completely resolved. Most individuals benefit from treatment for a period of one year following initial onset. In addition, if no improvement occurs then the individual should be encouraged to seek different treatment. Family members should also monitor whether the individual is taking the prescribed medication and complying with therapy.

Often people with Bipolar Disorder do not recognize how impaired they are or blame their problems on some cause other than mental illness. Indeed lack of insight is one of the most problematic symptoms of bipolar disorder. Thus, people with Bipolar Disorder may need additional encouragement from family members to seek out treatment and to remain consistent with taking daily medications and staying involved in therapy.

Because of the very nature of mania and hypomania, it is often most difficult for family members to rationally discuss what they are observing with the individual in crisis. If the person is in the midst of a manic episode, he or she may need to be committed to a hospital for his or her own protection and for much needed treatment. Therefore, communicating your concerns with the treating physician and/or therapist will be critical.

It is important for family members to offer genuine emotional support to the depressed individual. This involves understanding, patience, affection, and encouragement. Family members should engage the individual in conversation and listen carefully. Do not discount feelings expressed, but point out realities and offer hope. Do not ignore remarks about death or suicide. If the individual is expressing suicidal ideation, encourage him or her to contact their therapist or treating physician. If they refuse or put it off, contact them yourself. Family members should pay attention for any signs of self destructive behavior, such as excessive alcohol or drug abuse, self mutilation, or increased risky behaviors.

Often families feel like they are “walking on egg shells” at home, afraid to say anything that might upset the depressed individual. Although you want to recognize their emotional pain and the tremendous struggle to keep up with basic daily tasks, you also should encourage normal responsibilities. Allowing the individual to sleep all day, isolate in their room, or talk only about their depression will merely serve to perpetuate and possibly worsen their symptoms.

Family members need to educate themselves about mood disorders and specific symptoms experienced by the identified patient. Although respecting the privacy and confidentiality of patients is critical to their treatment, family members do have the right to ask treating physicians and therapists for information about mood disorders, its treatment and how they can learn more. There are numerous texts, web sites, and self help literature on the treatment of mood disorders.

Individuals who have expressed suicidal gestures or made suicide attempts need to be closely monitored. It is critical for family members to periodically ask the identified patient whether they are feeling safe. Family members also need to be attentive to individuals who are isolating themselves more and more. Social isolation most often increases feelings of depression. It is equally important to watch for self destructive behaviors, such as drug and alcohol use and self mutilation.

Helping the individual become increasingly socially and physically active is critical to the healing process. Family members should invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent even if your invitation is refused. Family members should encourage participation in some activities that once gave pleasure to the individual, but do not push the depressed person to undertake too much too soon. Individuals with mood disorders need diversion and company, but too many demands can increase feelings of failure. Educate yourself about the illness. The more

you understand what the individual is experiencing the greater chance you will have of helping your loved one manage the crisis. With your encouragement, you may also be able to provide more hope to the individual that he or she can learn how to manage a mood disorder.

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