

Depression and Mood Disorders.

Questions/tests to consider: PLEASE SEE BELOW FOR Q and A that you may review yourself

Summary

Depression can be manifested by sad or irritable mood, decreased interests, disturbed sleep or appetite, increased anxiety, hopeless and worthless or guilty thoughts, weight gain or loss, poor concentration, fatigue, low sex drive and even suicidal thoughts. Depression may and often con-occurs with anxiety disorders, ADD, and even addictive disorders.

More complex mood disorders can present sometimes with episodes of depression and sometimes with episodes of elevated mood, angry, irritable, highly anxious, speeded up thoughts/non stop thoughts, restless agitation, getting overactive often not very productively or on things that may not need doing, or you do to excess, sleeping much, less, feeling wide awake at night, severe insomnia, sometimes for days or week, impulsivity in risky areas, possibly increased sex drive although not often.

Sometimes depression and the elevated mood states are mixed together.

Often patients abuse alcohol or drugs to self-medicate anxiety or mood or because the judgement is poor in this state.

It is important to correctly diagnose the mood disorder from the VERY BEGINNING, which is why we use such an extensive intake combined with an interview and begin treatment. Ideally treatment is pharmacology, either psychopharmacology or natural based treatments if appropriate or if the patient prefers to start that way for less severe symptoms or a combination of both.

Individual Therapy is absolutely crucial and when severe it is important to begin more frequently, in an intensive outpatient form. Group treatment can be helpful and more cost efficient, and we can offer that.

Early on the patient may be at risk so more frequent sessions and cell phone contact with psychiatrists and psychotherapists is offered.

When patient is willing we try to involve family to the degree that is helpful, while maintaining important confidentiality, as this is a time that support network is very important.

At the practice we have an excellent success rate with management of depression and mood disorders, We are committed and our patients come in committed to make it work and treat the illness and prevent relapse.

Questions/tests to consider: PLEASE SEE BELOW FOR Q and A that you may review yourself

ASSESSMENT QUESTIONNAIRE: MOOD DISORDERS

Place a Checkmark for any positive response

1. Do you have a depressed mood most of the time?
2. Are you experiencing unusually irritable moods, by subjective opinion or by report of others?
3. Have you experienced loss, or diminished interest or pleasure in activities?
4. Do you suffer from insomnia? (can't sleep)
5. Do you suffer from hypersomnia? (can't stay awake)
6. Do you suffer from fatigue or memory loss?
7. Do you have feelings of worthlessness?
8. Do you have feelings of guilt?
9. Do you have difficulty thinking?
10. Do you have recurrent thoughts of death?
11. Do you have suicidal thoughts?
12. Do you have, or have you ever had a plan for suicide?
13. Have you been troubled by a distinct period of abnormally elevated or expansive mood?
14. Are there distinct periods of time when you have inflated self-esteem or grandiosity, (Belief that you have special talents, powers, or that you are going to be famous or do great things)?
15. Are there distinct periods of time when you are more talkative than usual or feel pressure to keep talking?

16. Do you ever feel that your thoughts are racing?

17. Have you experienced a marked increase in activity or psychomotor agitations?

18. Do you participate to excess in pleasurable activities that have great potential for painful consequences, such as buying sprees, sexual indiscretions, or foolish business investments

17. Do you have a history of impulsive behavior?

18. Do you have frequent and dramatic mood swings?

19. Do you have difficulty settling down at night and going to sleep?

MOOD DISORDER QUESTIONNAIRE

Please answer the questions as best you can by putting a check in the appropriate box.

Has there ever been a period of time when you were not your usual self and...

A) you felt so good or so hyper that other people thought you were not your normal self or you were so

hyper that you got into trouble? **YES NO**

B) you were so irritable that you shouted at people or started fights or arguments? **YES NO**

C) you felt much more self-confident than usual? **YES NO**

D) you got much less sleep than usual and found that you didn't really miss it? **YES NO**

E) you were more talkative or spoke much faster than usual? **YES NO**

F) thoughts raced through your head or you couldn't slow your mind down? **YES NO**

G) you were so easily distracted by things around you that you had trouble

concentration or staying on track? **YES NO**

H) you had much more energy than usual? **YES NO**

I) you were much more active or did many more things than usual? **YES NO**

J) you were much more social or outgoing than usual; for example,

you telephoned friends in the middle of the night? **YES NO**

K) you were much more interested in sex than usual? **YES NO**

J) you did things that were unusual for you or that other people might have thought

were excessive, foolish, or risky? **YES NO**

L) spending money got you or your family into trouble? YES NO

If you checked YES to more than one of the above, have several of these ever happened during the same period of time? YES NO

3. How much of a problem did any of these cause you?

(Like being unable to work; having family, money or legal troubles; and/or getting into arguments or fights?)

Please check one

No Problem Minor Problem Moderate Problem Serious Problem

BIPOLAR SPECTRUM DIAGNOSTIC SCALE

Read the following paragraph all the way through first, then follow the instructions which appear below it.

Some individuals noticed that their mood and/or energy levels shift drastically from time to time ____ . These individuals notice that, at times, they are moody and/or energy level is very low , and at other times, and very high____. During their " low" phases, these individuals often feel a lack of energy, a need to stay in bed or get extra sleep, and little or no motivation to do things they need to do____ . They often put on weight during these periods____ . During their low phases, these individuals often feel "blue," sad all the time, or depressed____ . Sometimes, during the low phases, they feel helpless or even suicidal ____ . Their ability to function at work or socially is impaired ____ . Typically, the low phases last for a few weeks, but sometimes they last only a few days ____ . Individuals with this type of pattern may experience a period of "normal" mood in between mood swings, during which their mood and energy level feels "right" and their ability to function is not disturbed ____ . They may then noticed they marked shift or "switch" in the way they feel ____ . Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do ____ . Sometimes during those "high" periods, these individuals feel as if they had too much energy or feel "hyper" ____ . Some individuals, during these high periods, may feel irritable, "on edge," or aggressive ____ . Some individuals, during the high periods, take on too many activities at once ____ . During the high periods, some individuals may spend money in ways that cause them trouble . They may be more talkative, outgoing or sexual during these periods ____ . Sometimes, their behavior during the high periods seems strange or annoying to others ____ . Sometimes, these individuals get into difficulty with co-workers or police during these high periods ____ . Sometimes, they increase their alcohol or nonprescription drug use during the high periods ____ .

After you have read this passage, please decide which of the following is most accurate:

- this story fits me very well, or almost perfectly
- this story fits me fairly well
- this story fits me to some degree, but not in most respects
- this story doesn't really describe me at all

Now please go back and put a check after each sentence in the paragraph above that accurately describes *you*. When you are done, total the number of check marks.

Total number of checkmarks

INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT) (IDS-SR)

Check the one response to each item that best describes you for the past seven days.

1. Falling Asleep:

- 0 I never take longer than 30 minutes to fall asleep.
- 1 I take at least 30 minutes to fall asleep, less than half the time.
- 2 I take at least 30 minutes to fall asleep, more than half the time.
- 3 I take more than 60 minutes to fall asleep, more than half the time.

2. Sleep During the Night:

- 0 I do not wake up at night.
- 1 I have a restless, light sleep with a few brief awakenings each night.
- 2 I wake up at least once a night, but I go back to sleep easily.
- 3 I awaken more than once a night and stay awake for 20 minutes or more, more than half the time.

3. Waking Up Too Early:

- 0 Most of the time, I awaken no more than 30 minutes before I need to get up.
- 1 More than half the time, I awaken more than 30 minutes before I need to get up.
- 2 I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually.
- 3 I awaken at least one hour before I need to, and can't go back to sleep.

4. Sleeping Too Much:

- 0 I sleep no longer than 7-8 hours/night, without napping during the day.
- 1 I sleep no longer than 10 hours in a 24-hour period including naps.
- 2 I sleep no longer than 12 hours in a 24-hour period including naps.
- 3 I sleep longer than 12 hours in a 24-hour period including naps.

5. Feeling Sad:

- 0 I do not feel sad
- 1 I feel sad less than half the time.
- 2 I feel sad more than half the time.
- 3 I feel sad nearly all of the time.

6. Feeling Irritable:

- 0 I do not feel irritable.
- 1 I feel irritable less than half the time.
- 2 I feel irritable more than half the time.
- 3 I feel extremely irritable nearly all of the time.

7. Feeling Anxious or Tense:

- 0 I do not feel anxious or tense.
- 1 I feel anxious (tense) less than half the time.
- 2 I feel anxious (tense) more than half the time.
- 3 I feel extremely anxious (tense) nearly all of the time.

8. Response of Your Mood to Good or Desired Events:

- 0 My mood brightens to a normal level which lasts for several hours when good events occur.
- 1 My mood brightens but I do not feel like my normal self when good events occur.
- 2 My mood brightens only somewhat to a rather limited range of desired events.
- 3 My mood does not brighten at all, even when very good or desired events occur in my life.

9. Mood in Relation to the Time of Day:

- 0 There is no regular relationship between my mood and the time of day.
- 1 My mood often relates to the time of day because of environmental events (e.g., being alone, working).
- 2 In general, my mood is more related to the time of day than to environmental events.
- 3 My mood is clearly and predictably better or worse at a particular time each day.

9A. Is your mood typically worse in the morning, afternoon or night? (check one)

- morning,
- afternoon
- night

9B. Is your mood variation attributed to the environment? (check one)

- Yes
- No

10. The Quality of Your Mood:

- 0 The mood (internal feelings) that I experience is very much a normal mood.
- 1 My mood is sad, but this sadness is pretty much like the sad mood I would feel if someone close to me died or left.
- 2 My mood is sad, but this sadness has a rather different quality to it than the sadness I would feel if someone close to me died or left.
- 3 My mood is sad, but this sadness is different from the type of sadness associated with grief or loss.

Please complete either 11 or 12 (not both)

11. Decreased Appetite:

- 0 There is no change in my usual appetite.
- 1 I eat somewhat less often or lesser amounts of food than usual.
- 2 I eat much less than usual and only with personal effort.
- 3 I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat.

12. Increased Appetite:

- 0 There is no change from my usual appetite.
- 1 I feel a need to eat more frequently than usual.
- 2 I regularly eat more often and/or greater amounts of food than usual.
- 3 I feel driven to overeat both at mealtime and between meals.

Please complete either 13 or 14 (not both)

13. Decreased Weight (Within the Last Two Weeks):

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight loss.
- 2 I have lost 2 pounds or more.
- 3 I have lost 5 pounds or more.

14. Increased Weight (Within the Last Two Weeks):

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight gain.
- 2 I have gained 2 pounds or more.
- 3 I have gained 5 pounds or more.

15. Concentration/Decision Making:

- 0 There is no change in my usual capacity to concentrate or make decisions.
- 1 I occasionally feel indecisive or find that my attention wanders.
- 2 Most of the time, I struggle to focus my attention or to make decisions.
- 3 I cannot concentrate well enough to read or cannot make even minor decisions.

16. View of Myself:

- 0 I see myself as equally worthwhile and deserving as other people.
- 1 I am more self-blaming than usual.
- 2 I largely believe that I cause problems for others.
- 3 I think almost constantly about major and minor defects in myself.

17. View of My Future:

- 0 I have an optimistic view of my future.
- 1 I am occasionally pessimistic about my future, but for the most part I believe things will get better.
- 2 I'm pretty certain that my immediate future (1-2 months) does not hold much promise of good things for me.
- 3 I see no hope of anything good happening to me anytime in the future.

18. Thoughts of Death or Suicide:

- 0 I do not think of suicide or death.
- 1 I feel that life is empty or wonder if it's worth living.
- 2 I think of suicide or death several times a week for several minutes.
- 3 I think of suicide or death several times a day in some detail, or I have made specific plans for suicide or have actually tried to take my life.

19. General Interest:

- 0 There is no change from usual in how interested I am in other people or activities.
- 1 I notice that I am less interested in people or activities.
- 2 I find I have interest in only one or two of my formerly pursued activities.
- 3 I have virtually no interest in formerly pursued activities.

20. Energy Level:

- 0 There is no change in my usual level of energy.
- 1 I get tired more easily than usual.
- 2 I have to make a big effort to start or finish my usual daily activities (for example, shopping, homework, cooking or going to work).
- 3 I really cannot carry out most of my usual daily activities because I just don't have the energy.

21. Capacity for Pleasure or Enjoyment (excluding sex):

- 0 I enjoy pleasurable activities just as much as usual.
- 1 I do not feel my usual sense of enjoyment from pleasurable activities.
- 2 I rarely get a feeling of pleasure from any activity.
- 3 I am unable to get any pleasure or enjoyment from anything.

22. Interest in Sex (Please Rate Interest, not Activity):

- 0 I'm just as interested in sex as usual.
- 1 My interest in sex is somewhat less than usual or I do not get the same pleasure from sex as I used to.
- 2 I have little desire for or rarely derive pleasure from sex.
- 3 I have absolutely no interest in or derive no pleasure from sex.

23. Feeling slowed down:

- 0 I think, speak, and move at my usual rate of speed.
- 1 I find that my thinking is slowed down or my voice sounds dull or flat.
- 2 It takes me several seconds to respond to most questions and I'm sure my thinking is slowed.
- 3 I am often unable to respond to questions without extreme effort.

24. Feeling restless:

- 0 I do not feel restless.
- 1 I'm often fidgety, wring my hands, or need to shift how I am sitting.
- 2 I have impulses to move about and am quite restless.
- 3 At times, I am unable to stay seated and need to pace around.

25. Aches and pains:

- 0 I don't have any feeling of heaviness in my arms or legs and don't have any aches or pains.
- 1 Sometimes I get headaches or pains in my stomach, back or joints but these pains are only sometime present and they don't stop me from doing what I need to do.
- 2 I have these sorts of pains most of the time.
- 3 These pains are so bad they force me to stop what I am doing.

26. Other bodily symptoms:

- 0 I don't have any of these symptoms: heart pounding fast, blurred vision, sweating, hot and cold flashes, chest pain, heart turning over in my chest, ringing in my ears, or shaking.
- 1 I have some of these symptoms but they are mild and are present only sometimes.
- 2 I have several of these symptoms and they bother me quite a bit.
- 3 I have several of these symptoms and when they occur I have to stop doing whatever I am doing.

27. Panic/Phobic symptoms:

- 0 I have no spells of panic or specific fears (phobia) (such as animals or heights).
- 1 I have mild panic episodes or fears that do not usually change my behavior or stop me from functioning.
- 2 I have significant panic episodes or fears that force me to change my behavior but do not stop me from functioning.
- 3 I have panic episodes at least once a week or severe fears that stop me from carrying on my daily activities.

28. Constipation/diarrhea:

- 0 There is no change in my usual bowel habits.
- 1 I have intermittent constipation or diarrhea which is mild.
- 2 I have diarrhea or constipation most of the time but it does not interfere with my day-to-day functioning.
- 3 I have constipation or diarrhea for which I take medicine or which interferes with my day-to-day activities.

29. Interpersonal Sensitivity:

0 I have not felt easily rejected, slighted, criticized or hurt by others at all.

1 I have occasionally felt rejected, slighted, criticized or hurt by others.

2 I have often felt rejected, slighted, criticized or hurt by others, but these feelings have had only slight effects on my relationships or work.

3 I have often felt rejected, slighted, criticized or hurt by others and these feelings have impaired my relationships and work.

30. Leadon Paralysis/Physical Energy:

0 I have not experienced the physical sensation of feeling weighted down and without physical energy.

1 I have occasionally experienced periods of feeling physically weighted down and without physical energy, but without a negative effect on work, school, or activity level.

2 I feel physically weighted down (without physical energy) more than half the time.

3 I feel physically weighted down (without physical energy) most of the time, several hours per day, several days per week.

Which 3 items (questions) were the easiest to understand?

Total Number of Checkmarks
Score (Range 0-84):