Mood Disturbances

Part 1

What is normal and what isn't?

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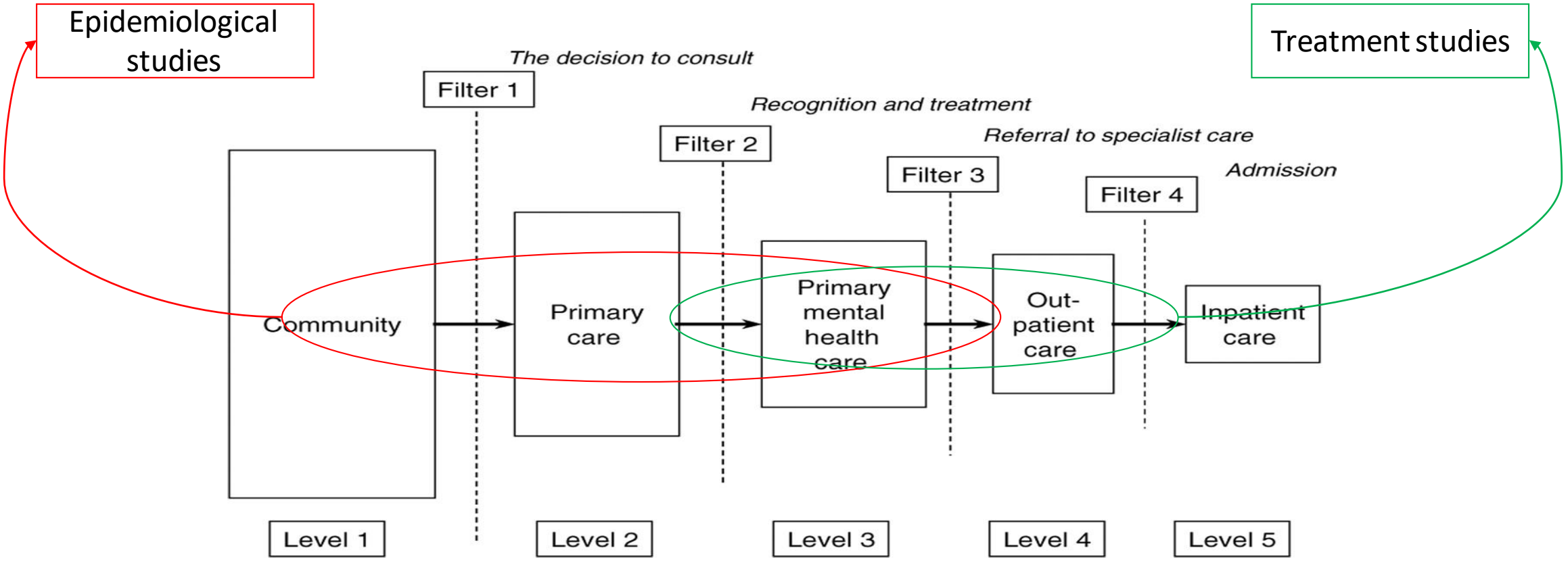
Depression is a true wimp of a word for such a major illness…Nonetheless, for over seventy-five years the word has slithered innocuously through the language like a slug, leaving little trace of its intrinsic malevolence and preventing, by its very insipidity, a general awareness of the horrible intensity of the disease when out of control.

Darkness Visible, William Styron, Vintage 1992

Where do we know what from



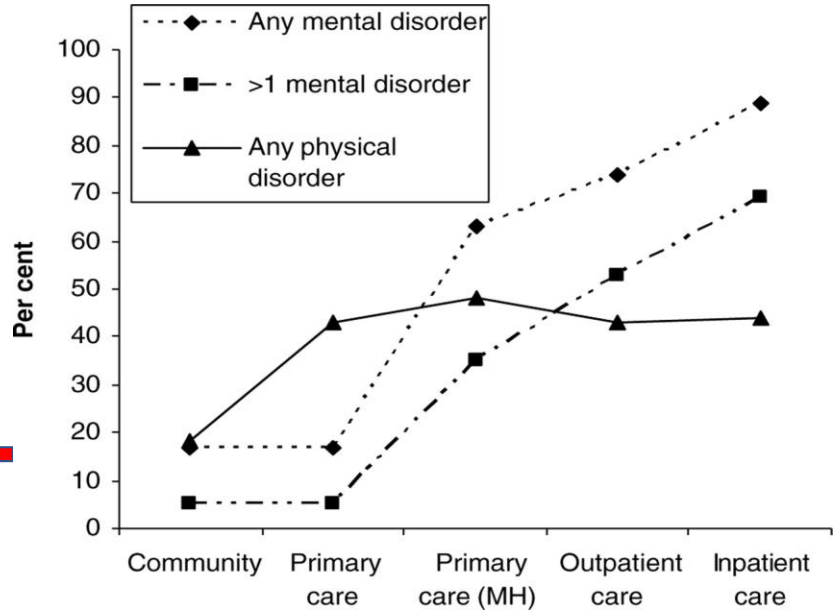
Adapted from: Issakidis C, Andrews G. Who treats whom? An application of the Pathways to Care model in Australia. Aust N Z J Psychiatry. 2006 Jan;40(1):74-86. doi: 10.1080/j.1440-1614.2006.01746.x. PMID: 16403043.

Prevalence of mental illnesses

Table 1. Clinical characteristics of those seen in each sector in the Pathways to Care model

	Level 1: Community (n = 10 641) % (SE)	Level 2: Primary care (n = 8682) % (SE)	Level 3: Primary mental health care (n = 981) % (SE)	Level 4: Outpatient care (n = 804) % (SE)	Level 5: Inpatient care (n = 47) % (SE)
Proportion treated at each level of care†	100	80.5 (0.5)	8.2 (0.2)	6.5 (0.3)	0.4 (0.1)
Any mental disorder	22.3 (0.5)	23.2 (0.6)	70.8 (1.7)	71.3 (1.9)	88.8 (6.0)
Affective	7.2 (0.3)	8.0 (0.4)	42.9 (1.7)	43.1 (2.0)	55.0 (8.1)
Anxiety	10.9 (0.4)	11.8 (0.4)	45.8 (1.8)	46.8 (1.9)	66.0 (8.9)
Substance use	7.6 (0.3)	7.5 (0.3)	19.3 (1.1)	22.4 (1.5)	25.2 (7.2)
Personality	6.5 (0.3)	6.7 (0.3)	21.1 (1.5)	23.1 (2.0)	42.4 (9.6)
Neurasthenia	1.5 (0.1)	1.6 (0.2)	9.0 (1.2)	10.3 (1.6)	23.5 (7.2)
Psychosis	0.4 (0.1)	0.4 (0.1)	1.2 (0.4)	1.9 (0.5)	–‡
No. mental disorders					
1 disorder	13.2 (0.4)	13.4 (0.4)	25.1 (1.5)	22.3 (2.1)	19.2 (6.7)
2 disorders	4.8 (0.2)	5.1 (0.3)	19.0 (1.5)	19.5 (1.7)	21.2 (7.4)
3 or more disorders	4.4 (0.2)	4.7 (0.2)	26.8 (1.6)	29.5 (1.9)	48.4 (8.8)
Any physical disorder	38.5 (0.6)	43.3 (0.6)	47.9 (1.9)	41.7 (2.1)	44.2 (8.1)
Disability§					
SF-12 MCS	52.0 (0.1)	51.7 (0.1)	42.0 (0.4)	41.8 (0.5)	37.2 (2.6)
SF-12 PCS	49.1 (0.1)	48.2 (0.1)	46.7 (0.2)	46.8 (0.6)	40.6 (1.8)
Disability days	0.9 (0.1)	3.3 (0.1)	6.2 (0.5)	8.9 (0.5)	12.4 (2.2)
Distress					
Kessler 10	14.2 (0.1)	14.4 (0.1)	19.8 (0.3)	20.2 (0.3)	24.6 (1.6)

†People treated at each level of care do not represent mutually exclusive groups. Many survey respondents reported service utilization in more than one sector of care; ‡proportion not presented because of very small frequency in this cell; §higher scores on the SF-12 indicate *less* disability.



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Antidepressant & sedative use in Australia

- 10.3% of the population used either an antidepressant (AD) or anxiolytic / hypnotic / sedative (AHS) medication in the previous 2 weeks.
- About half (49.3%) of AD users and almost two thirds (62.8%) of AHS users did not report symptoms consistent with 12-month affective or anxiety disorder.
- Almost one third (30.6%) of AD users and half (49.2%) of AHS users did not report symptoms consistent with a 12-month or lifetime affective or anxiety disorder.

Harris MG, Burgess PM, Pirkis J, Siskind D, Slade T, Whiteford HA. Correlates of antidepressant and anxiolytic, hypnotic or sedative medication use in an Australian community sample. Aust N Z J Psychiatry. 2011 Mar;45(3):249-60. doi: 10.3109/00048674.2010.531459. PMID: 21438749.

Table 4. Clinical characteristics of 2007 NSMHWB respondents taking any antidepressant (AD) or anxiolytic, hypnotic or sedative (AHS) medications in the past 2 weeks

	Any AD medication use in past 2 weeks (N = 622)		Any AHS medication use in past 2 weeks (N = 451)	
	%	(95% CI)	%	(95% CI)
ICD-10 affective or anxiety disorder or symptoms				
12-month disorder†	50.7	(45.1–56.3)	37.2	(30.1–44.3)
Lifetime disorder but no 12-month symptoms†	18.7	(13.9–23.5)	13.6	(9.7–17.5)
12-month symptoms but no lifetime disorder†	7.5	(5.3–9.8)	6.9	(4.5–9.3)
Total	76.9	(71.3–82.4)	57.7	(49.7–65.6)
Chronic physical conditions				
Any chronic physical condition‡	68.8	(63.5–74.0)	73.6	(66.8–80.4)
Musculoskeletal conditions	48.1	(42.1–54.2)	53.0	(45.6–60.5)
Cardiovascular conditions	20.5	(15.2–25.7)	21.9	(16.8–27.0)
Respiratory conditions	26.8	(20.7–32.8)	32.1	(24.9–39.3)
Diabetes	7.3	(4.5–10.2)	9.2	(6.0–12.5)
Other conditions	36.3	(30.6–42.0)	40.5	(32.2–48.9)
Other clinical factors				
Sleep difficulties in past week (AQoL item 10)				
Sleep interrupted some of the time†	31.7	(25.9–37.5)	28.9	(21.9–35.9)
Sleep interrupted most nights†	28.4	(23.8–33.0)	31.9	(24.1–39.6)
Awake most of the night†	13.7	(9.8–17.5)	19.7	(14.5–24.9)
Total	73.7	(68.0–79.5)	80.5	(72.9–88.0)
More than 7 days out of role in past 30	25.0	(20.8–29.2)	26.6	(21.0–32.2)
High or very high distress (K10 score of ≥ 22)	33.5	(29.0–38.0)	24.4	(18.8–29.9)
No ICD-10 affective or anxiety disorder or symptoms, chronic conditions or other clinical factors	3.2	(0.8–5.7)	4.3	(–0.3–8.9)

N, unweighted number of respondents; %, weighted percentage; CI, confidence interval. †Categories are mutually exclusive. All other categories are not mutually exclusive. ‡Any chronic physical condition includes: musculoskeletal (back or neck pain/problems, gout, rheumatism or arthritis); cardiovascular (heart or circulatory condition); respiratory (asthma, bronchitis, hay fever, sinusitis); cancer; diabetes (diabetes or high sugar levels); other (stroke, emphysema, anaemia, epilepsy, fluid problems, hernias, kidney problems, migraine, psoriasis, gastrointestinal ulcer, thyroid problems, tuberculosis). Conditions must have lasted 6 months or more, and the person experienced or was treated for a chronic physical condition in the past 12 months.

Table 4. Clinical characteristics of 2007 NSMHWB respondents taking any antidepressant (AD) or anxiolytic, hypnotic or sedative (AHS) medications in the past 2 weeks

From: **Antidepressant Drug Effects and Depression Severity: A Patient-Level Meta-analysis**

JAMA. 2010;303(1):47-53. doi:10.1001/jama.2009.1943

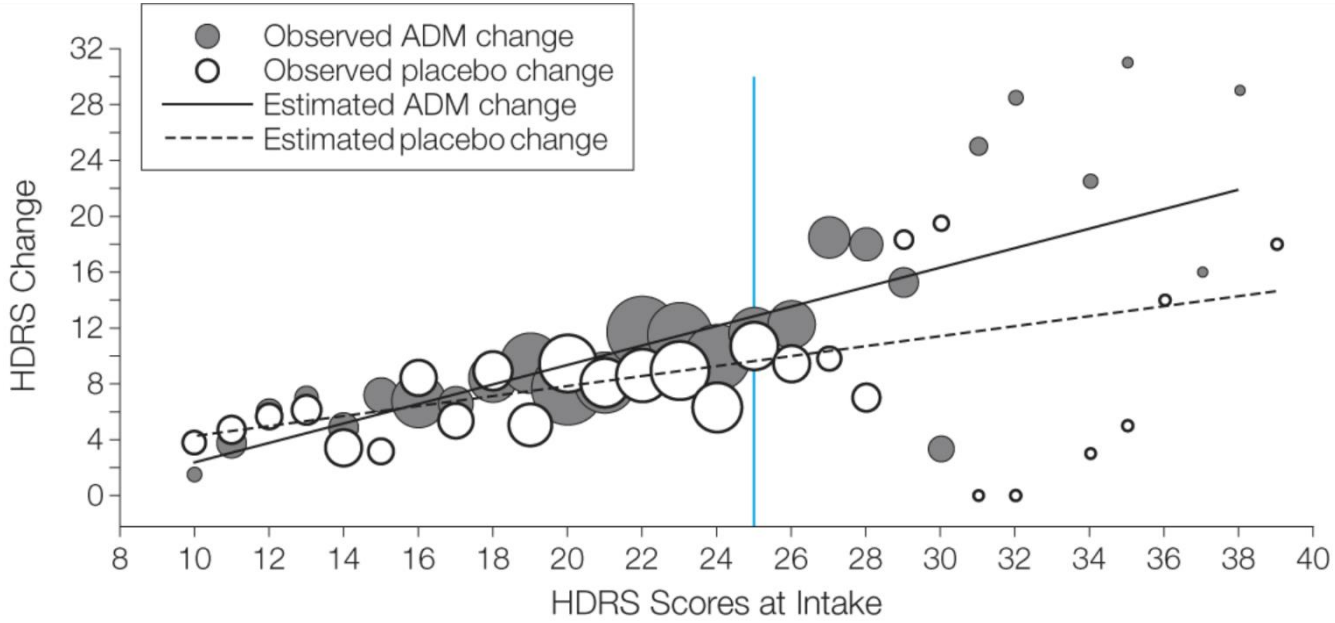

Figure Legend:

Circles represent observed (raw) mean change in depressive symptoms from intake to the end of treatment at each initial Hamilton Depression Rating Scale (HDRS) score for both the antidepressant medication (ADM) and placebo conditions. The size (area) of the circles is proportional to the number of data points that contributed to each mean. Regression lines represent estimates of change in depression symptoms from intake to end of treatment for ADM and placebo conditions as a function of baseline symptom severity. These regression lines were estimated from a model of the baseline severity × treatment interaction, controlling for the effects of the study from which the data originated. The National Institute for Clinical Excellence threshold for clinical significance (an HDRS point difference ≥3) was met for intake HDRS scores of 25 or greater, indicated by the blue line.

Complex clinical decisions

- Symptom severity
- Symptom salience
- Patient’s distress associated with symptoms
- Disability related to symptoms
- Risks and benefits of available treatments
- Complications due to psychiatric symptoms

Monotonic relationship between symptoms and outcomes

- Minor depression (2-4 symptoms)
- DSM Major Depressive Disorder (MDD) with 5-6 symptoms
- DSM MDD with 7-9 symptoms
- There were monotonic increases across the groups on measures of:
  - Functioning (unemployment, quality of life, role impairment),
  - Clinical features (dysfunctional thinking, course, comorbid disorders),
  - Risk factors (parental psychopathology)
  - Treatment seeking, and
  - Odds of negative outcomes (e.g., functional disability, service utilization, public assistance, suicidal behaviour)

Ruscio AM. Normal Versus Pathological Mood: Implications for Diagnosis. Annu Rev Clin Psychol. 2019 May 7;15:179-205. doi: 10.1146/annurev-clinpsy-050718-095644. PMID: 31067413.

Intensity and quality of symptoms

- Loss of interest or pleasure in activities that are normally enjoyable
- Lack of emotional reactivity to normally pleasurable surroundings and events
- Waking in morning 2 hours or more before the usual time
- Depression worse in the morning
- Objective evidence of definite psychomotor retardation or agitation
- Weight loss (≥5% of body weight in the past month)
- Marked loss of libido.

Intensity and quality of symptoms

- Most severe worriers do not qualify for a diagnosis of generalized anxiety disorder (GAD), despite reporting trait worry levels as high as those of diagnosed individuals.
- When compared to these worry-matched controls, GAD worriers are distinguished more by *their perceptions of worry as uncontrollable and dangerous* than by the actual frequency, intensity, or disruptiveness of their worry experiences.

Ruscio AM. Normal Versus Pathological Mood: Implications for Diagnosis. Annu Rev Clin Psychol. 2019 May 7;15:179-205. doi: 10.1146/annurev-clinpsy-050718-095644. PMID: 31067413.

Depression is a disorder of mood, so mysteriously painful and elusive in the way it becomes known to the self — to the mediating intellect — as to verge close to being beyond description. It thus remains nearly incomprehensible to those who have not experienced it in its extreme mode.

Mysteriously and in ways that are totally remote from natural experience, the gray drizzle of horror induced by depression takes on the quality of physical pain.

The mornings themselves were becoming bad now as I wandered about lethargic, following my synthetic sleep, but afternoons were still the worst, beginning at about three o'clock, when I'd feel the horror, like some poisonous fog bank roll in upon my mind, forcing me into bed.

Darkness Visible, William Styron, Vintage 1992

The madness of depression is, generally speaking, the antithesis of violence. It is a storm indeed, but a storm of murk. Soon evident are the slowed-down responses, near paralysis, psychic energy throttled back close to zero. Ultimately, the body is affected and feels sapped, drained.

Many of the artifacts of my house had become potential devices for my own destruction: the attic rafters (and an outside maple or two) a means to hang myself, the garage a place to inhale carbon monoxide, the bathtub a vessel to receive the flow from my opened arteries. The kitchen knives in their drawers had but one purpose for me.

Darkness Visible, William Styron, Vintage 1992

Context matters

- Two individuals with identical symptoms may experience very different levels of impairment due to factors that may be unrelated to their symptoms, such as:
  - financial resources,
  - social supports,
  - coping strategies, and
  - number and demandingness of roles.

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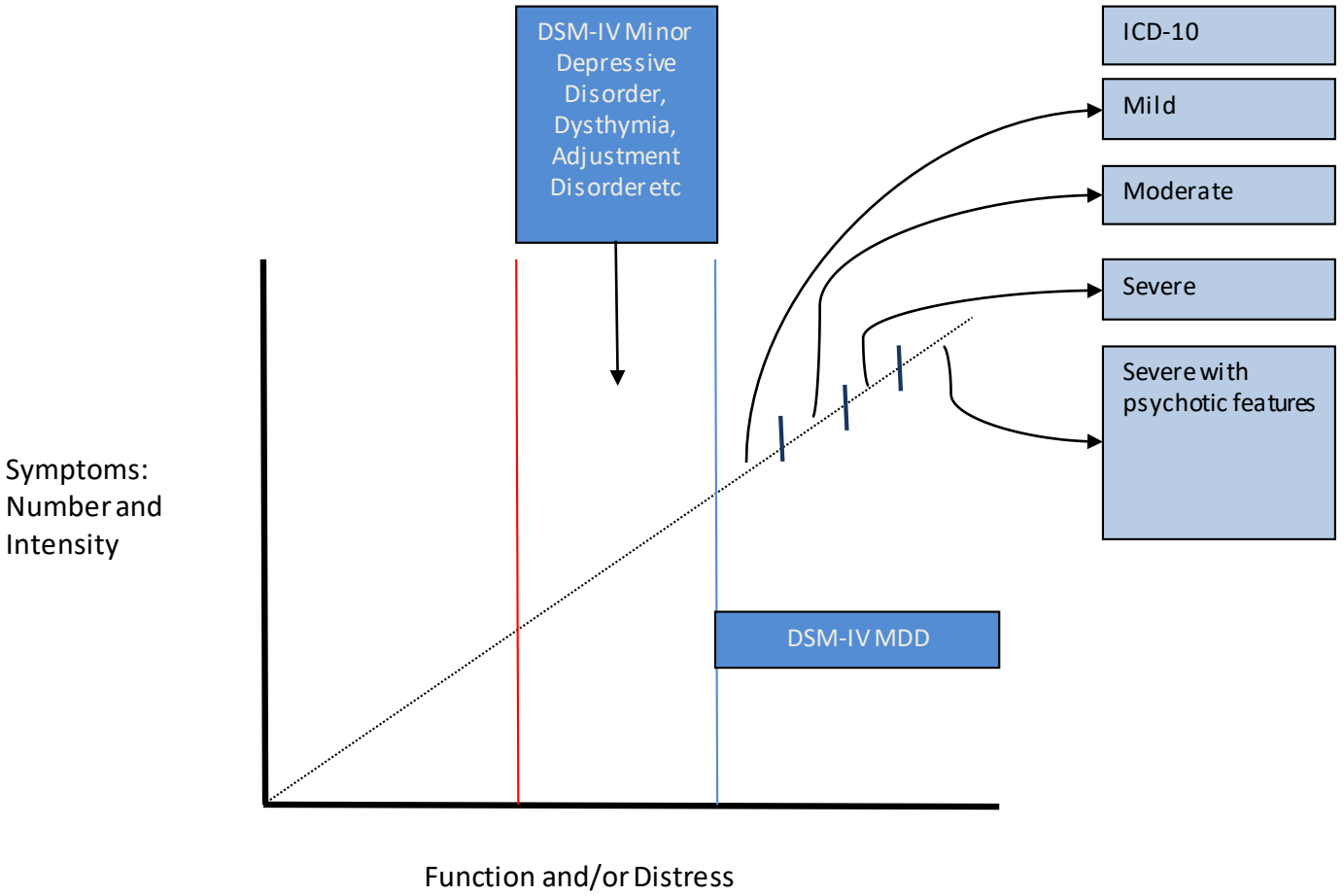
Dimensionality of depression



So, what is abnormal?

- Numbers matter
- Intensity and quality matter
- Context matters
- Together, all these matter