

# Good example of term paper on mood disorders

[Health & Medicine](#), [Disease](#)



Mood disorders are divided into manic episodes (“ manic depressive illness”) and depression (“ unipolar depression”) (Kluwer 2). Patients with mania are extremely energetic while those who suffer from depression are inactive and apathetic. The World Health Organization identified the basic symptoms of the mental disorders. Hyperactivity, irritability, unreasonable optimism, decreased sleep are signs of manic episodes. Loss of interest, loss of appetite, feeling of worthlessness and helplessness, sleep disturbances, poor concentration are depression symptoms. During the diagnostic of the mental disorders, the physician should determine the basic psychopathological symptoms, their type and the possible causes. For example, sleep disturbances and loss of appetite are common in somatic diseases, while the feeling of sadness and loss of pleasure associated with depression.

Manic depressive illness occurs in 5-11% of the population, and more frequently in women than men (Yudofsky& Hales 245). Anxiety manifests through various fears, sense of impending disaster and danger. Psychologists also define the pathological anxiety disorders. The severity of mental and emotional response creates discomfort to the patients and prevents them from work and full living. In addition, patients may stay on the verge of collapse and experience increased fearfulness and restlessness. The fear of dying (thanatophobia) or the fear of self-control loss (maniofobiya) may develop in individuals with manic depressive illness (Dubovsky & Dubovsky 48).

Almost 9-20% of the population suffers from depression of various types and severity (Yudofsky & Hales 1003). These patients become pessimistic and develop the critical self-evaluation and critical vision of the world. They may

face the memory reduction and intellectual retardation, which manifests as the absence of thoughts, ideas, difficulty in decision making. Moreover, the symptoms of depression may also manifest through the patient's appearance. Sad facial expression, drooping corners of the mouth, dull eyes, downward gaze, monotonous voice, long pauses in the conversation, slow motions and carelessness.

There is no single cause of the mood disorders. Scientific studies have found that some patients may have genetic predisposition to mood disorders.

Evidences show that genes may act together and in combination with different circumstances can lead to mood disorders. However, stress is considered to be among the major cause of depression or manic episode. In addition, individuals with depression experience have higher chances to experience recurrence. A strong correlation also exists between mood disorders and chronic medical conditions. For example, AIDS, cancer, arthritis, heart disease can contribute to depression.

Mood disorder occurs in almost 20% of preadolescents (Dubovsky & Dubovsky 45). Although the childhood depression is thought to be comparatively rare phenomena, the psychologists diagnose it even in 3 year old kids. The high occurrence has been diagnosed in school children of 14-16 year old. Girls in this age more frequently suffer from depression than boys. Major depression in children is related with antisocial behavior and substance abuse. Some scientific investigations suggest a link between attention-deficit/hyperactivity disorder and juvenile bipolar disorder. Mood disorders in teenager may present a risk of suicide, especially when are complicated by substance abuse.

Antidepressants are successfully used for the treatment of depression and anxiety disorders, which can manifest through phobias, panic attacks, obsessive thoughts, the state of constant tension and increased anxiety (Kluwer 70). The antidepressants in combination with psychotherapy are the most effective treatment for mood disorders. The effective treatment requires a careful monitoring of the treatment process to find the right dose and to determine the optimal therapy duration.

### **Works cited**

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Kluwer, W. Mood disorders (2nd ed.). Pennsylvania: Lippincott Williams & Wilkins. 2008

Yudofsky, S. & Hales, R. Neuropsychiatry and behavioral neurosciences (5th ed.). Virginia: American Psychiatric Publishing, Inc. 2008.