Types of depression and bipolar disorder

Science

Week 4 Assignment: DepressionPaper Axia College of University of Phoenix

Situational depression is a normal recurrence for many of us during our lifetimes. We have life events that trigger depression, stressandanxietyto include the death of a loved one, the unwanted change in our work status and possibly adivorce. Such changes in emotions are temporary and directly related to specific events are part of the way in which we respond to these changes. Outside these normal, healthy mood changes exists a world in which a small percentage of U.

S. adults experience clinical depression. Clinical depression is a mental illness that is extreme enough that a person cannot function well in their daily lives. It may even cause the individual to be suicidal. Unipolar depression is the term ascribed to this condition (Comer, 2011). Symptoms of this illness are similar to those of mood disorder. The mood disorder is called bipolar disorder. In this assignment, I will compare causes, symptoms and treatments of these two illnesses.

The American Psychiatric Association’sDiagnosticand Statistical Manual describes unipolar depression as a significant depressive period that lasts more than two weeks during which the patient exhibits at least five depressive symptoms (Comer, 2011). Symptoms of depression include insomnia, daily bouts of depression, inability to concentrate on the task on hand, loss of appetite and a loss of interest in previously pleasurable activities and thoughts ofsuicide(Comer, 2011). Unipolar depression is thought to be caused by a combination of factors rather than being developed from one source or exposure.

Depression is in part, a genetic biochemical imbalance of the neurotransmitters serotonin, norepinephrine and dopamine in combination with stress. The institute details specificpersonalitytraits correlated with depression. Their studies revealed that individuals who show: 1. High levels of anxiety, which can be experienced as an internalized anxious worrying style or as a more externalized irritability. 2. Shyness, expressed as social avoidance or personal reserve. 3. Self? criticism or low self? worth. 4. Interpersonal sensitivity. 5.

Perfectionism. 6. A self? focused style is at higher risk for developing depression. A variety of therapies are used to treat unipolar depression with varying degrees of success and effectiveness. One treatment which is biological in nature that has proved very effective is also controversial because of its nature. This is Electroconvulsive therapy (ECT). In ECT, the patient is subjected to induction of seizure through controlled electric shock, under anesthesia. The treatment process is not well understood and is, therefore, used only in severe cases.

These cases may include delusion in extreme forms of the illness. ECT does tend to cause memory loss and is being used less frequently since the introduction of newer antidepressant drugs (Comer, 2011). The class of drugs used for antidepressant effects include three types. These are monoamine oxidase (MAOI) inhibitors, tricyclics and selective serotonin reuptake inhibitors (SSRIs). All three types of antidepressants are effective for patients with depression, but SSRIs are currently the preferred medication due to the smaller body of side effects these drugs have.

SSRIs function by balancing the brain’s neurotransmitters. They increase serotonin and norepinephrine levels (Comer, 2011). Other treatment modalities are available as well. Drug treatments are most effective when used in combination with other treatments. Unipolar depression treatments are currently dominated by cognitive model therapies. The cognitive models have gained favor over other therapies, such as psychodynamic and behavioral models (Comer, 2011). The effectiveness rate for cognitive therapies is between 50% and 60% (Comer, 2011).

Cognitive therapy is designed to re-educate patients to become aware of and alter their own negative thought patterns and maladaptive behaviors. Four steps are employed in this model. The first step is when the individual is instructed to create a log of their daily schedule so that they can begin to become active again. This is intended to help them also regain their self-confidence. In the second step, the individual is told to write down the automatic negative thoughts they experience.

In the third step, they can then look back on this list and learn to recognize that most, if not all, of these thoughts are unfounded and that this pattern of negative thinking becomes self fulfilling. The goal here is to refocus the person and to give them a new perspective that is self fulfilling in a positive way. The fourth and last step is when the clinician assists the individual in making changes to their maladaptive attitudes and behaviors that contributed to their depression (Comer, 2011). Bipolar disorder is the term applied to an individual’s condition when their mood swings drastically from mania to depression.

The DSM indicates that there are two different types of bipolar disorders. In Type one an individual experiences daily severe depression for an extended period with these periods being by full blown manic episodes. In Type two bipolar disorder, the individual experiences the same depression as in Type one, but the subsequent manic phase is less severe (Comer, 2011). Research studies show that bipolar disorder is developed in the same way as depression. The treatments for bipolar disorder, however, vary greatly from those used to treat depression.

In bipolar patients, antidepressants can trigger mania, so other drugs, singly or in combination are used for mania. Some of these drugs are lithium, carbamazepine and valporate (Comer, 2011) in combination with SSRI antidepressants, since SSRIs do not trigger mania as often. Research shows that psychotherapy alone will not effectively treat biopolar disorders. Lithium along is also not effective. Lithium dosages are difficult to regulate in actual use and patients often discontinue the medication on their own (Comer, 2011).

Adjunctive psychotherapy is used in conjunction with medications, in part to help the patient understand the value of their medication. The clinician will also work with the patient to help them cope withfamily, work and social issues that arise when bipolar disorder is experienced (Comer, 2011). These two types of disorders are caused in similar ways, but their treatments are quite different. References Comer, R. J. (2011). Fundamentals of abnormalpsychology(6th ed.). New York, NY: Worth.