Symptoms of depression

- Concentration is often impaired
- Inability to experience pleasure
- Increase in self-critical thoughts with a voice in the back of one's mind providing a constant barrage of harsh, negative statements
- Sleep disturbance or unable to fall back to sleep
- Change in sleep habits (Feeling fatigued after 12 hours of sleep or insomnia)
- Decrease in appetite or food loses its taste
- Feelings of guilt, helplessness and/or hopelessness
- Thoughts of suicide
- Increased social isolation
- Missing deadlines or a drop in standards
- Change in personality
- Increased sexual promiscuity or loss of interest in sex
- Increased alcohol/drug use
Depression

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
Mania

- Abnormal or excessive elation
- Unusual irritability
- Decreased need for sleep
- Grandiose notions
- Increased talking
- Racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior
How To Help Yourself If You Are Depressed:

• Set realistic goals in light of the depression and assume a reasonable amount of responsibility.
• Break large tasks into small ones, set some priorities, and do what you can as you can.
• Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
• Participate in activities that may make you feel better.
• Mild exercise, going to a movie, a ballgame, or participating in religious, social, or other activities may help.
• Expect your mood to improve gradually, not immediately. Feeling better takes time.
• It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition change jobs, get married or divorced discuss it with others who know you well and have a more objective view of your situation.
• People rarely “snap out of” a depression. But they can feel a little better day-by-day.
• Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment.
• Let your family and friends help you.
1. Has there ever been a period of time when you were not your usual self and...

   Yes  No

   • ...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

   • ...you were so irritable that you shouted at people or started fights or arguments?
• ...you felt much more self-confident than usual?

• ...you got much less sleep than usual and found you didn't really miss it?

• ...you were much more talkative or spoke much faster than usual?

• ...thoughts raced through your head or you couldn't slow your mind down?

• ...you were so easily distracted by things around you that you had trouble concentrating or staying on track?
• ...you had much more energy than usual?  Yes  No

• ...you were much more active or did many more things than usual?  Yes  No

• ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?  Yes  No

• ...you were much more interested in sex than usual?  Yes  No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>•...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?</td>
<td></td>
<td></td>
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<tr>
<td>•...spending money got you or your family into trouble?</td>
<td></td>
<td></td>
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<tr>
<td>2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?</td>
<td></td>
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</tr>
<tr>
<td>3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights? Please select one response only.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem</td>
<td></td>
<td></td>
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<tr>
<td>Minor Problem</td>
<td></td>
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<tr>
<td>Moderate Problem</td>
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<tr>
<td>Serious Problem</td>
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The Catecholamine Theory of Mood???
The catecholamine theory of mood was suggested by Schildraut and Kety. They suggest that:

**Depression** is associated with a catecholamine deficiency in the brain
**Mania** is associated with a catecholamine excess in the brain
The serotonergic system consists of ascending axons from cell bodies in the raphe nuclei.
Medication:
Most people with bipolar disorder take medication to regulate their moods. Patients in a manic phase of the disorder may resist medication use.

Lithium (Eskalith, Lithobid) has been widely used as a mood stabilizer. In April 2002, the American Psychiatric Association suggested using lithium or lamotrigine (Lamictal) as first-line treatment for people in the acute depressive phase of bipolar disorder who were not already on a mood stabilizer medication.

Also used widely as a mood regulator are the antiseizure medications valproic acid (Depakene) and divalproex (Depakote).

Anti-depressent medications may also be used to treat bipolar disorder. These may include paroxetine (Paxil), fluoxetine (Prozac, Sarafem), sertraline (Zoloft) or bupropion (Wellbutrin, Zyban), among others. In other circumstances, doctors may use antipsychotic medications such as risperidone (Risperdal), olanzapine (Zyprexa) or quetiapine (Seroquel), among others. You may need to take medications for several weeks before they reach their full effect.
Drugs used to test the Catecholamine Theory of Mood
You now have a body of knowledge that can be used to test the catecholamine theory of mood.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Effect on the catecholamines DA and NA</th>
<th>Predicted effect on depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserpine</td>
<td>depletes CAs</td>
<td>produce depression</td>
</tr>
<tr>
<td>Tetrabenzine (TBZ)</td>
<td>depletes CAs for a shorter length of time than reserpine</td>
<td>produce depression</td>
</tr>
<tr>
<td>Alpha-methyl-para-tyrosine (AMPT)</td>
<td>inhibits the enzyme tyrosine hydroxylase - stops CA synthesis</td>
<td>produce depression</td>
</tr>
<tr>
<td>FLA-63</td>
<td>inhibits the enzyme dopamine-beta-hydroxylase - stops conversion of DA into NA.</td>
<td>Theory does not make clear prediction</td>
</tr>
<tr>
<td>Disulphiram</td>
<td>inhibits the enzyme dopamine-beta-hydroxylase - stops conversion of DA into NA.</td>
<td>Theory does not make clear prediction</td>
</tr>
<tr>
<td>Pargyline</td>
<td>inhibits the enzyme monoamine oxidase (MAOI)</td>
<td>alleviate depression</td>
</tr>
<tr>
<td>Iproniazid</td>
<td>inhibits the enzyme monoamine oxidase (MAOI)</td>
<td>alleviate depression</td>
</tr>
<tr>
<td>Imipramine</td>
<td>inhibits CA reuptake</td>
<td>alleviate depression</td>
</tr>
</tbody>
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