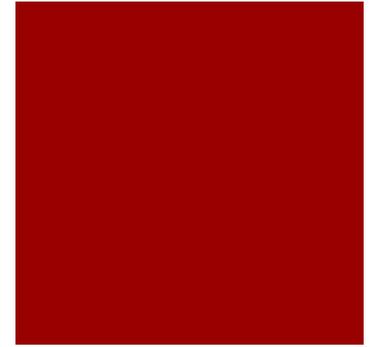


Mood Disorders

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Medical Director of 5West Med-Psych
University of Utah Hospitals and Clinics

Mood Disorders-Major Depression



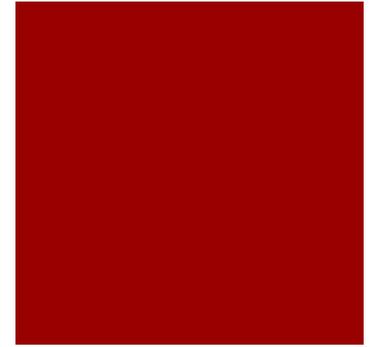
- Key Points for Major Depression Disorder (MDD) and Dysthymia:

1. Unipolar mood disorders especially MDD are prevalent conditions that are typically associated with significant suffering, high morbidity and mortality rates and psychological impairment.

2. Despite the availability of numerous effective treatments, these disorders are often under-recognized and undertreated in the community

3. The factors that contribute to the under-recognition of MDD include: stigma of MDD and the relative lack of systematic ascertainment of depressive symptoms by health care professional.

Mood Disorders-Major Depression



- Key Points for Major Depression Disorder (MDD) and Dysthymia:

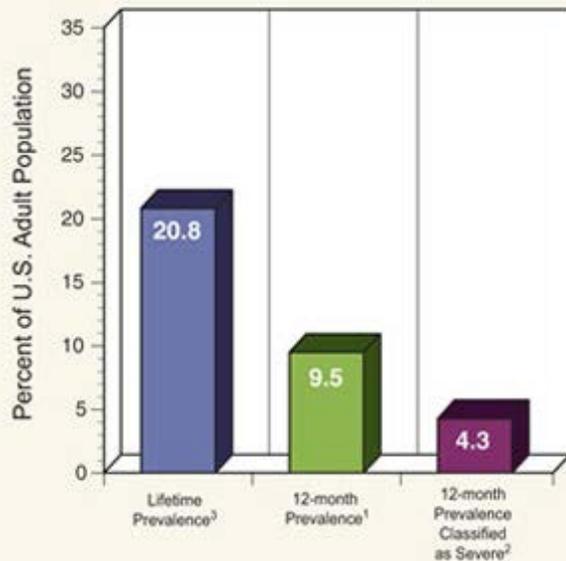
4. The public health significance of MDD is noteworthy: MDD affects the course and mortality risk associated with other diseases and patients affected by chronic medical illnesses have a higher risk for MDD compared to the general population.

5. MDD is also highly co-morbid with chronic medical diseases.

Epidemiology of MDD:

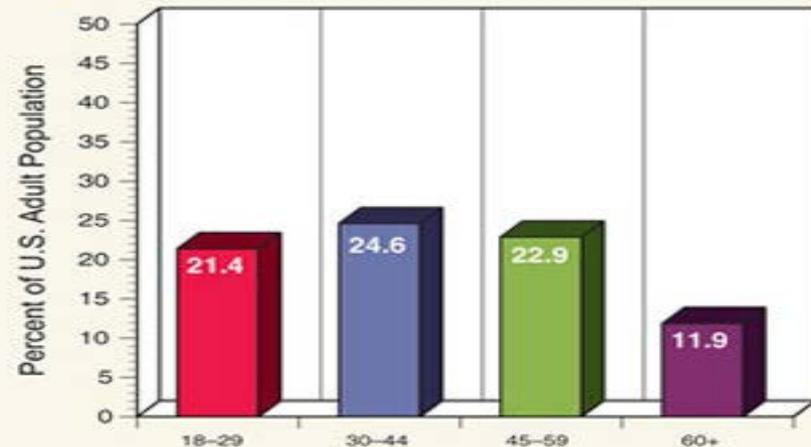
Prevalence

- **12-month Prevalence:** 9.5% of U.S. adult population¹
- **Severe:** 45.0% of these cases (e.g., 4.3% U.S. adult population) are classified as "severe"²

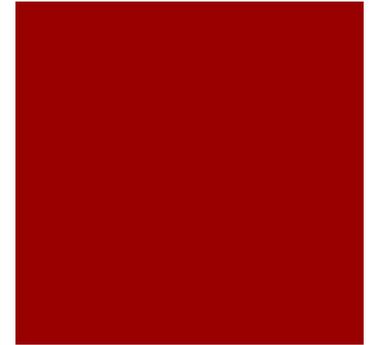


Demographics (for lifetime prevalence)⁵

- **Sex:** Women are 50% more likely than men to experience a mood disorder over their lifetime
- **Race:** Non-Hispanic blacks are 40% less likely, and Hispanics are 20% less likely, than non-Hispanic whites to experience a mood disorder during their lifetime
- **Age:**



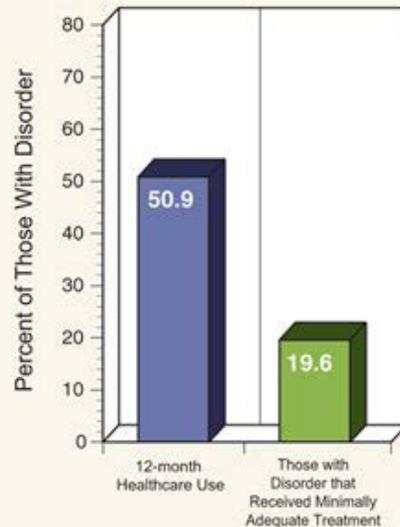
Epidemiology of MDD:



Treatment/Services Use⁶

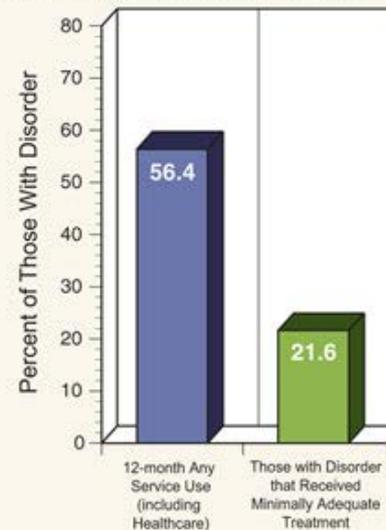
12-month Healthcare Use: 50.9% of those with disorder are receiving treatment

- **Percent Received Minimally Adequate Treatment:** 38.5% of those receiving treatment are receiving minimally adequate treatment (19.6% of those with disorder)



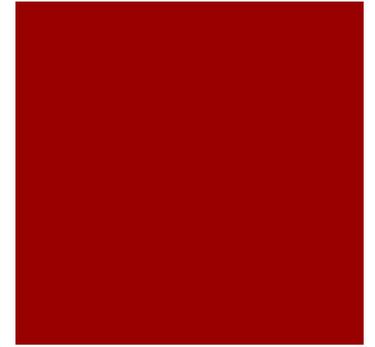
12-month Any Service Use (including Healthcare): 56.4% of those with disorder are receiving treatment

- **Percent Received Minimally Adequate Treatment:** 38.3% of those receiving treatment are receiving minimally adequate treatment (21.6% of those with disorder)



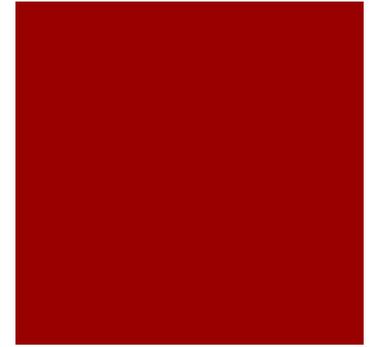
Major Depression

- Major Depression affects approximately 14.8 million American adults in the US population age 18 or older in a given year.
- Major Depression can develop at any age, the median age at onset is 32 in the US population.
- Major Depression is more prevalent in women than in men.
- As many as 1 in 33 children and 1 in 8 adolescents have Major Depression

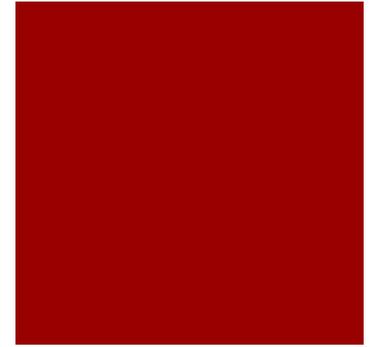


Major Depression

- Major Depression co-occurs with other illness:
- Cancer: 25% of cancer patients experience MDD
- Strokes: 10-27% of post stroke patient experience MDD
- Heart: People with MDD are 4 times as likely to develop a heart attack than those without a history of MDD. After a heart attack, those with MDD are at significant increased risk of death or a second heart attack. 1 in 3 heart attack survivors experience MDD

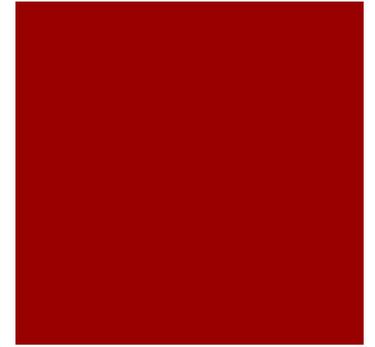


Major Depression



- Major Depression co-occurs with other illness:
- HIV: 1 in 3 HIV patients may experience MDD
- Parkinson's Disease: 50% of Parkinson's patients may experience MDD
- Eating Disorders: 50-75% of eating disorder patients (anorexia and bulimia) experience MDD
- Substance Use Disorders: 27% of patients with substance use disorders experience MDD
- Diabetes: 8.5-27% of diabetic patients experience MDD

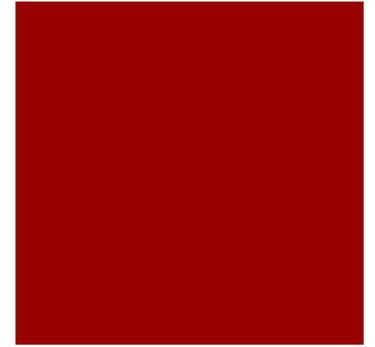
Major Depression



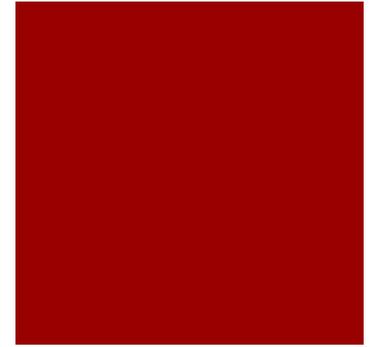
- Major Depression and the Elderly:
- About 6 million people over the age of 65 are affected by late life MDD but only 10% ever receive treatment
- 15-20% of US families are caring for an older relative. A survey of these caregivers found that 58% of these caregivers experience MDD

Major Depression

- Major Depression and Women:
- Women experience MDD at twice the rate of men. This 2:1 ratio exists regardless of racial or ethnic background or economic status.
- The lifetime prevalence of MDD is 20-26% of women and 8-12% of men.
- Postpartum mood changes can range from from transient “blues” immediately following childbirth to an episode of MDD or severe MDD with psychosis



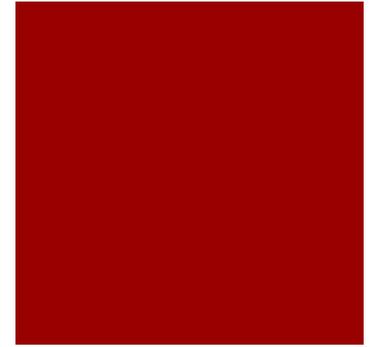
Major Depression



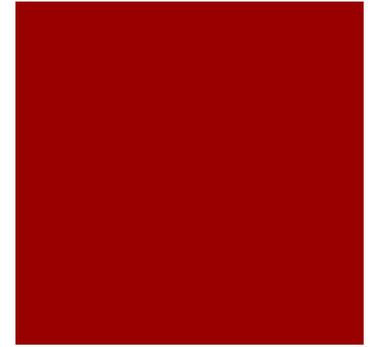
- Major Depression and Women:
- Studies suggest women who experience postpartum MDD after childbirth very often had prior episodes of MDD even though they may have not been diagnosed or treated
- MDD may increase a women's risk for a broken bones. The hip bone mineral density studies of women with a history of MDD was found to be 10-15% lower than normal for their age thus increasing their risk of hip fracture by 40% over 10 years.

Major Depression

- Economic Impact of MDD:
- MDD is the leading cause of disability in the US for ages 15-44
- MDD is the leading cause of disability worldwide among persons 5 and older
- MDD ranks among the top 3 workplace issues, following family crisis and stress



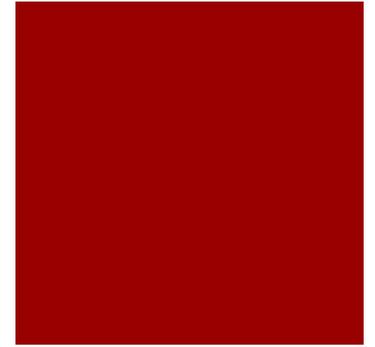
Major Depression



- Economic Impact of MDD:
- MDD's annual toll on US businesses amounts to about \$70 billion in medical expenses, lost productivity and other costs.
- MDD accounts for close to \$12 billion in lost workdays each year.
- MDD accounts for \$11 billion in other costs that accrue from decreased productivity due to symptoms of low energy, poor concentration, memory and decision-making which affect work habits.

Major Depression

- MDD and Suicide:
- The death rate from suicide (11.3 per 100,000) remains higher than the death rate for chronic liver disease, Alzheimer's, homicide, arteriosclerosis or hypertension.
- MDD is the cause of over 2/3 of the 30,000 reported suicides in the US each year
- For every 2 homicides in the US, there are 3 suicides
- The suicide rate for older adults is more than 50% higher than the rate for the nation as a whole. Up to 2/3 of older adult suicides are attributed to untreated or misdiagnosed MDD



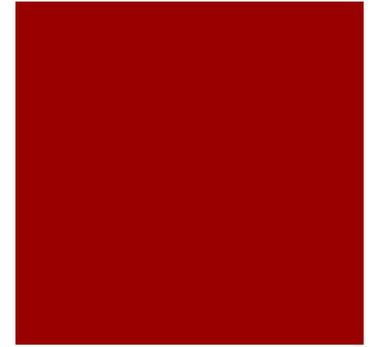
Major Depression

- MDD and Suicide:
- Untreated MDD is the number 1 risk for suicide among youth
- Suicide is the 3rd leading cause of death in 15-24 year olds
- Suicide is the 4th leading cause of death in 10-14 year olds
- Young male age 15-24 are the highest risk for suicide, with a ratio of males to females at 7:1

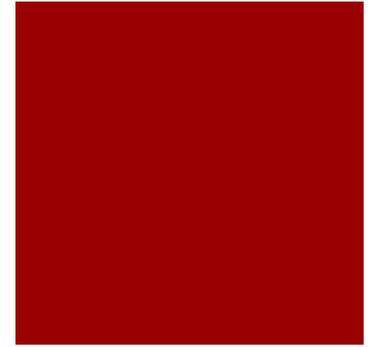


Major Depression

- Treatment for MDD:
- Up to 80% of those patients treated for MDD show an improvement in their symptoms generally within 4-6 weeks of beginning medication, psychotherapy, attending support groups or a combination of these treatments.
- Despite this high success rate for treatment of MDD, nearly 2 out of 3 people suffering from MDD do not seek nor receive proper treatment.

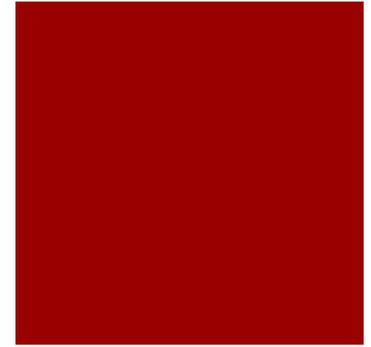


Major Depression



- Treatment for MDD:
- An estimated 50% of unsuccessful treatment for MDD is due to medical noncompliance. Patients may stop taking medication due medication side effects, financial issues, fear of addiction or improvement in symptoms with the patient having a believe that continuing treatment is no longer necessary
- Patients in therapy or support groups improve compliance with medication and reduce hospitalization

Mood Disorders-Bipolar

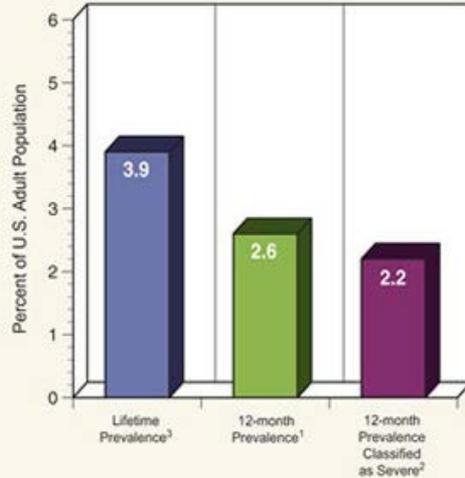


- Key points for Bipolar Affective Disorder (BAD):
 1. The lifetime prevalence of BAD is 2.6%.
 2. **BAD is associated with significant morbidity, including functional impairment and linked with significant risk for suicide (15%).**
 3. Diagnosis of BAD rests establishing current or prior episodes of mania, hypomania, mixed or depressive episodes (no easy task).
 4. Depressive episodes contribute substantially to the morbidity of BAD.
 5. Treatments with evidence of efficacy for prevention of recurrence of mood episode in BAD include: Lithium, Valproate, Lamotrigine, some atypical antipsychotics and psychological interventions.

Epidemiology of BAD

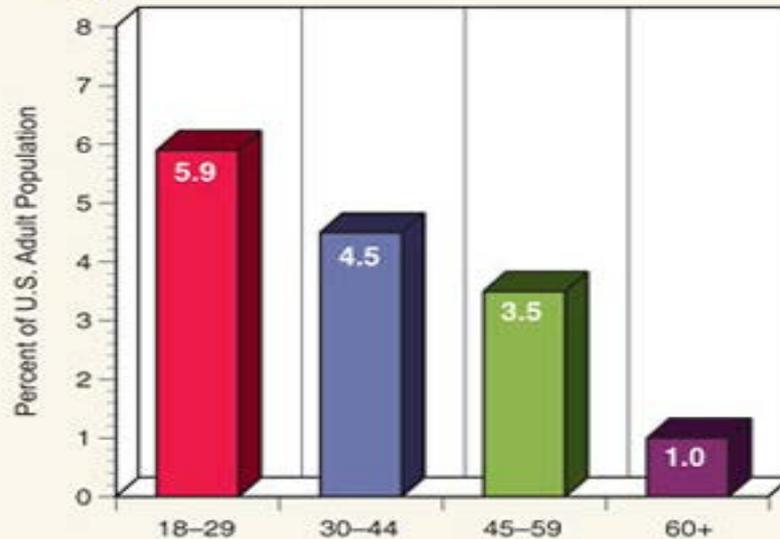
Prevalence

- **12-month Prevalence:** 2.6% of U.S. adult population¹
- **Severe:** 82.9% of these cases (e.g., 2.2% of U.S. adult population) are classified as "severe"²

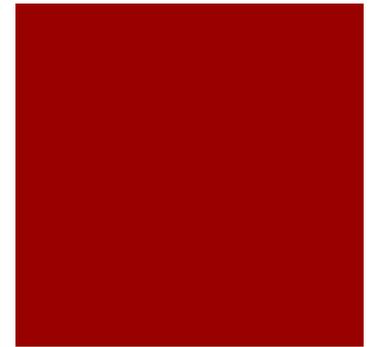


Demographics (for lifetime prevalence)⁵

- **Sex:** Not Reported
- **Race:** Not Reported
- **Age:**



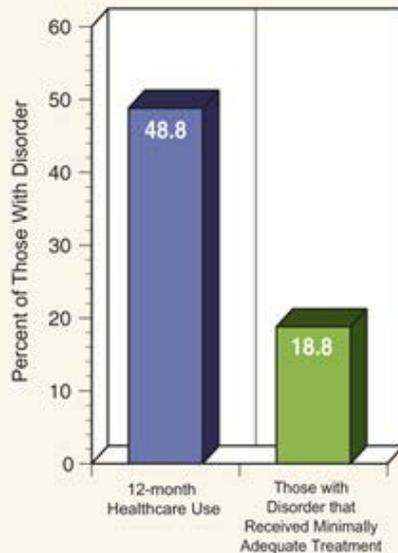
Epidemiology of BAD



Treatment/Services Use⁶

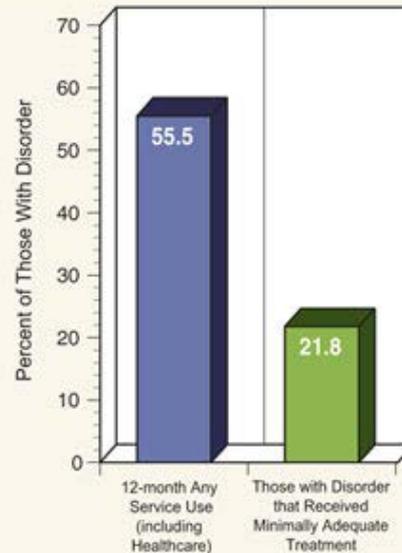
12-month Healthcare Use: 48.8% of those with disorder are receiving treatment

- **Percent Received Minimally Adequate Treatment:** 38.8% of those receiving treatment are receiving minimally adequate treatment (18.8% of those with disorder)



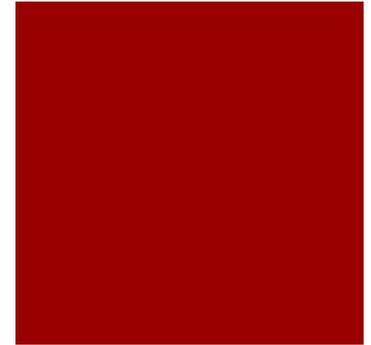
12-month Any Service Use (including Healthcare): 55.5% of those with disorder are receiving treatment

- **Percent Received Minimally Adequate Treatment:** 39.2% of those receiving treatment are receiving minimally adequate treatment (21.8% of those with disorder)



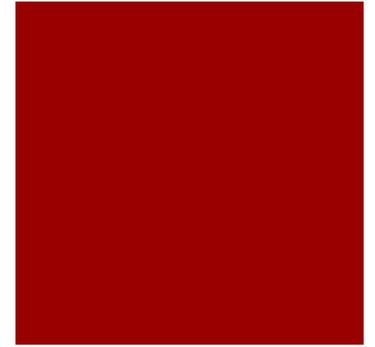
Bipolar

- Bipolar Disorder affects approximately 5.7 million adult Americans, or about 2.6% of the US population age 18 and older every year. Some studies that look at Bipolar Type I and Bipolar Type II, suggest a prevalence rate of 4.4% with this broader definition.
- The median age of onset for Bipolar Disorder is 25 year old, although the illness can start in childhood or as late as the 40s and 50s.
- An equal number of men and women develop Bipolar Disorder and it is found in all ages, races, ethnic groups and social classes.



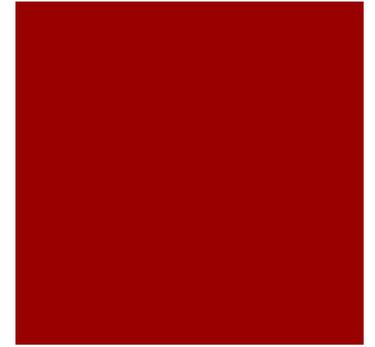
Bipolar

- More than 2/3 of people with Bipolar Disorder have at least one close relative with the illness or with MDD, indicating this disorder has an inherited component.
- Patients with a first degree relative (parent or sibling) with Bipolar Disorder have a risk of 5-10 times higher than the general population.
- Patients with a first degree relative (parent or sibling) with Bipolar Disorder have a two fold increase risk for MDD

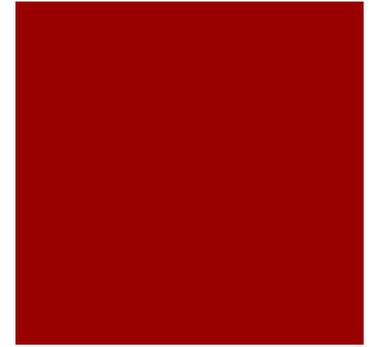


Bipolar

- Other risk factors for Bipolar Disorder include:
- Pregnancy or obstetrical complications
- Season of birth (winter or spring birth may indicate a maternal exposure to infection)
- TBI
- Multiple Sclerosis
- Epilepsy



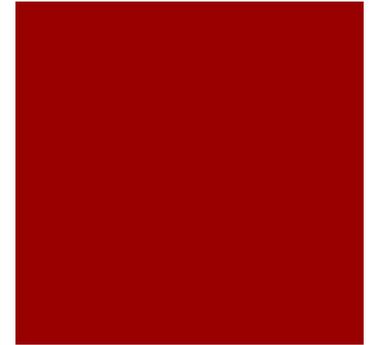
Bipolar



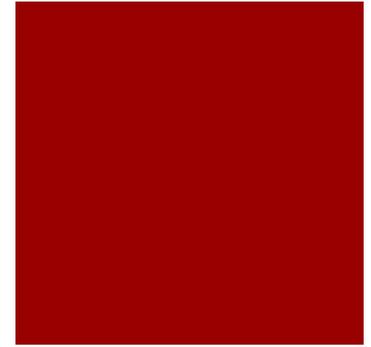
- Bipolar Disorder and Women:
- Although Bipolar Disorder is equally common in women and men, research indicates that 3 times as many women as men experience rapid cycling
- Research also suggest that women with Bipolar Disorder have more depressive episodes and more mixed episodes than men with the illness
- Bipolar disorder and Economic Factors:
- Bipolar disorder is the 6th leading cause of disability in the world

Bipolar

- Bipolar disorder and Suicide:
- Bipolar disorder results in 9.2 years reduction in expected life span
- As many as 1 in 5 patients with Bipolar Disorder completes suicide (20% suicide risk).
- In one large cohort of Bipolar I and II patients, between 25-50% report at least one lifetime suicide attempt
- In population-based studies, risk of suicide among Bipolar patients is estimated at 10-25 times that of the general population.

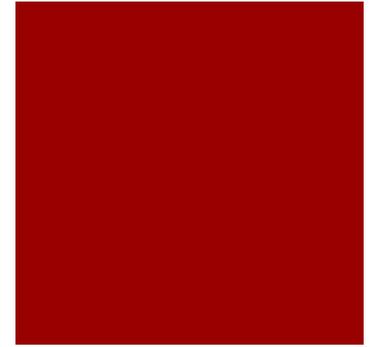


Bipolar



- Bipolar disorder and Treatment:
- Patients with Bipolar Disorder face up to 10 years of coping with symptoms before getting an accurate diagnosis, with only 1 in 4 receiving an accurate diagnosis in less than 3 years
- A gender bias exists in the diagnosis of Bipolar Disorder: women are far more likely to be misdiagnosed with depression and men are far more likely to be misdiagnosed with schizophrenia
- Seasonal qualities to moods with two predominant patterns: Depression in fall/winter with elevation in the spring/summer or spring/summer depression with fall/winter mania

Bipolar



- Bipolar disorder and Treatment:
- Side effects with medication remain a major problems with compliance
- Individual psychotherapy and bipolar support groups improve compliance and ability to cope with Bipolar Disorder ad may reduce inpatient hospitalizations
- Lithium response rates are only 40-50%
- Antidepressant-induced mania/hypomania typically occur early within two weeks of beginning treatment