

## 1 ☐ **Diseases/affective disorders**

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Affective (mood) disorders - a group of endogenous disorders in which mood, emotion and activity are periodically affected.

These disorders can manifest as depressive, hypomanic and manic syndromes, as well as mixed states.

## 3 ☐ **Division of mood disorders**

☐ F30 - Manic Episode

☐ F31 - Bipolar affective disorder ChAD I and ChAD II

☐ F32 - Depressive Episode

☐ F33 - Recurrent depressive disorder  
(unipolar affective disorder)

☐ F34 - Persistent mood (affective) disorders

☐ F34.0 - Cyclothymia

☐ F34.1 - Dysthymia

☐ F38 - Other mood (affective) disorders

☐ F39 - Mood (affective) disorders, not specified

☐ Poza the ICD-10 classification also  
distinguishes seasonal affective disorder.

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## 4 ☐ **Epidemiology Adam Bilikiewicz: *Psychiatry, Textbook for medical students. Warsaw,***

## PZWL

The risk of disease is:

- ☐ zaburzenie unipolar affective disorder: 10-25% (women), 5-12% (men)
- ☐ zaburzenie bipolar affective: 1%
- ☐ cyklotymia: 0.5-1%
- ☐ dystymia: 3-6%

### 5 ☐ **Manic episode**

- ☐ podwyższony or irritable mood, increased activity and talkativeness, distraction, difficulty concentrating, sleep disturbance (lowering), elevated libido, ease in relating to people, lack of detachment, reckless decisions, spending, etc.

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- ☐ Epizody manic with a more severe course is characterized by the presence of delusions and/or hallucinations in addition to elevated mood and increased drive.

- ☐ Treści delusions are primarily about one's own greatness; patients are then convinced of having extraordinary physical or mental powers, or a special mission for which they were created.

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- ☐ Czasem persecutory delusions appear or

religious.

- ☐ Klasyczne symptoms of psychomotor agitation and accelerated thinking can take a distinctly psychotic turn.
- ☐ Znaczenie psychotic symptoms in this disease are so great that it is sometimes difficult to distinguish mania with psychotic symptoms from schizophrenia.
- ☐ Krytycyzm sick pay is understated.

## 8 ☐ **Symptoms of mania summary**

- ☐ przyspieszony the train of thought, to the point of rushing and chasing thoughts,
- ☐ brak disease awareness,
- ☐ pobudzenie movement, hypervigilance,
- ☐ podwyższony mood, to the point of euphoria,
- ☐ zawyżona self-esteem or delusions of grandeur,
- ☐ obniżona need for sleep,
- ☐ przymus speaking, verbosity,
- ☐ niemożność focus of attention,
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- ☐ spadek self-criticism, recklessness of actions,
- ☐ poczucie power and energy growth,
- ☐ permissywność sexual,
- ☐ zachowania risky, e.g., making reckless purchases, having sex with different partners,
- ☐ poczucie carefree,

- ☐brak reactions to unpleasant events,
- ☐gniewliwość, verbal and/or physical aggression.

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## 10 ☐ **Diagnosis**

- ☐Objawy must last at least a week and/or require hospitalization of the patient.
- ☐Zaburzenia mood should be severe enough to cause significant interference with professional, social or interpersonal functioning.
- ☐Osoba in mania can also be dangerous to themselves or others due to the presence of psychotic symptoms (hallucinations and delusions).

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- ☐Objawy manic episodes cannot be the result of the use of psychoactive substances (e.g., drugs or medications) or the result of another somatic disease (e.g., Hypothyroidism) - this excludes the possibility of diagnosing a manic episode

## 12 ☐ **Types of manic disorders**

- ☐hipomania - a state of mild mania without hallucinations αdelusions. Symptoms do not cause impairment of social functioning, and may even stimulate activity favorably;
- ☐mania without psychotic symptoms;
- ☐mania with psychotic symptoms

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### 13 **Hypomania**

- ☐ mania of lesser severity, without delusions and hallucinations.
- ☐ Zmiany moods are too long-lasting to be considered a manifestation of cyclothymia.
- ☐ Przez at least a few days there is a mildly elevated mood, increased energy and activity, a distinctly good mood. There is also an increased number of contacts with the environment, talkativeness, socializing, good-natured sociability, reduced need for sleep, and sometimes straightforward behavior, the functioning of the individual does not interfere with social relations

### 14 **Non-psychotic mania**

- ☐ Epizod lasts at least a week, making it impossible to perform daily work and disrupting activities in the community
- ☐ Tok thoughts are tattered, mood inadequate to the situation
- ☐ niekontrolowane excitement, increased energy, excessive activity, wordiness, sleep deprivation (hyposomnia), abolition of inhibitions, significant absentmindedness, impaired concentration, inflated self-esteem, grandiose judgments, perceptual disturbances, uncritical optimism, extravagant exploits, flirtatiousness, irritability, suspiciousness

### 15 **Mania with psychotic symptoms**

- ☐ Epizod should be differentiated with schizophrenia
- ☐ Objawy: irritability, suspiciousness, delusions

grandiosity or religious messaging, persecutory delusions, racing thoughts and wordiness, aggressive or even violent behavior, auditory hallucinations

## 16 ☐ **Delusional disorders**

☐ Nie meet the axial criteria of schizophrenia. The main symptoms are delusions, or delusional syndromes, somewhat different from those in schizophrenia: delusions of persecution, grandiosity, hypochondria, marital infidelity, etc. The patient functions normally in the family, work, social group

## 17 ☐ **Schizoaffective disorder**

☐ zaburzenia occur as if at the junction of schizophrenic depressive psychoses. They meet the criteria for affective disorders (mania or depression).

☐ Spełniają also the criteria for schizophrenia (echoing thoughts, sending or taking away thoughts; delusions of influence or possessiveness; auditory hallucinations commenting on the patient's behavior, etc.).

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☐ rozpoznawane is when symptoms periodically appear that meet the criteria for a profound mood disorder and at least two major symptoms of schizophrenia E.g. hallucinations or delusions.

☐ Ponadto for a period of at least two weeks should have symptoms of schizophrenia without a clear mood disorder.

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- Wyróżnić there are three types of this disorder:
- a. Manic (schizophrenic symptoms and elevated mood and increased drive),
  - b. depressive (schizophrenic symptoms and lowered mood and reduced drive)
  - c. mixed

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- W Unlike schizophrenia, schizoaffective disorder is periodic, disease episodes usually pass, allowing patients to function relatively well during periods of remission

21 ☐ **Depressive disorders**

- Zespół depressive symptoms occurring in the course of affective diseases (also known as affective disorders, mood disorders).
- Zespoły are manifested by lowered mood, depression, low self-esteem, guilt, pessimism, in some patients suicidal thoughts, anhedonia, decreased psychomotor drive, arrhythmia
- Diurnal (insomnia/excessive sleepiness) or decreased (less often increased) appetite

22 ☐ **Traditional division**

- depresję endogenous - determined biologically (including genetically), no identifiable cause

external (e.g., stressful circumstances or experiences) and the usual high severity of complaints,

☐depresja exogenous, or reactive depression - related to psychosocial factors or preceded by stressful, overwhelming events such as loss of a loved one, life setbacks or other health problems.

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## 23 ☐ **ICD 10**

☐epizod depressive, otherwise known as an episode of major

Depression (F32) - a diagnosis used when a person experiences a set of depressive symptoms for the first time in his or her life that last at least 2 weeks,

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☐zaburzenia recurrent depressive (F33) - is diagnosed when the patient has had at least two episodes of major depression, while there were no manic symptoms, which would support a diagnosis of bipolar affective disorder,

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☐epizod depressive in the course of bipolar affective disorder (ICD-10: of severity



mild or moderate F31.3, high severity without psychotic symptoms F31.4, high severity with psychotic symptoms F31.5)



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☐ dystymia (F34.1) - a diagnosis used when depressive symptoms persist for more than 2 years, but of lesser severity than a depressive episode



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☐ depresja post-schizophrenic (F20.4) - is manifested by the onset of depressive symptoms after an episode of exacerbation of schizophrenia, while symptoms of psychosis may persist, but do not dominate the clinical picture,



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☐ organiczne depressive disorders (organic mood disorders F06.3) - can be caused by various conditions involving brain dysfunction caused by primary brain disease, systemic diseases, exogenous toxic or hormonal substances, endocrine diseases or other somatic diseases.



## 29 ☐ Breakdown by severity

- ☐ episode mild depression,
- ☐ episode moderate depression,
- ☐ episode severe depression without psychotic symptoms,
- ☐ episode depression severe with psychotic symptoms.

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## 30 ☐ Other types of depression

- ☐ *depresja anaclytis* (a.k.a. hospital illness) a disorder observed in some newborns and infants in response to isolation from the mother

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- ☐ *depresja anankastic* (depression with obsessions, depressive-anankastic syndrome)-accompanied by intrusive thoughts (obsessions, according to some authors ruminations) or intrusive activities (compulsions); patients' intrusive thoughts and impulses usually involve suicidal themes, sinfulness, guilt or shame

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- ☐ *depresja atypical* - preserved mood reactivity to current events, increased appetite, weight gain, hypersomnia, feelings of fatigue or heaviness, sensitivity to rejection
- ☐ *depresja depersonalization* (anesthetic, syndrome)

depressive-depersonalizing) - endogenous, proceeding with a state of deep indifference, a sense of loss of emotional contact with the social environment, loss of the ability to experience emotions not only satisfaction but also sadness, grief, anger, accompanied by an increased risk of suicide

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- ☐ *depresja hypochondriac* (depressive-hypochondriac syndrome) - the patient's anxiety about the state of his or her own health, usually somatic; distorted beliefs about health issues may reach delusional intensity,
- ☐ *depresja drug-resistant* - is defined as depression, in the course of treatment of which no improvement was obtained after using in the recommended doses and for an appropriate period of time two consecutive antidepressants from different groups, seismotherapy can be an effective treatment,
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- ☐ *depresja anxiety* (depressive-anxiety syndrome) - the dominance of mental, behavioral and vegetative symptoms, associated with a sense of danger, motor anxiety, often also with insomnia and a significant risk of suicide,
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- ☐ *depresja masked* - the patient's complaints are more specific to other diseases, including somatic diseases, such as.

Pain disorders, fatigue, pseudo-dementia, fear of other severe diseases, etc., relatively common in children and adolescents

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☐ *depresja melancholic* - symptoms of anhedonia, lack of energy, abulia, decrease in psychomotor drive,

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☐ *depresja* adolescent - occurs during adolescence, in the psychopathological picture, in addition to the typical symptoms of depression, often there are somatization symptoms, feelings of fatigue or tiredness, dysphoria, self-injurious behavior, belief in one's own inadequacy, fear of failure, fear of taking on tasks, school difficulties,

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☐ *depresja postpartum* - a form of depression that begins in a woman within a few weeks after the birth of her child, proceeding with a sense of not being a good enough mother, feeling overwhelmed by the situation of caring for the child, sometimes with thoughts of harming the child,

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☐ *depresja seasonal* -

Recurrent mild/moderate mood disorders, with symptoms occurring during late autumn, winter

or early spring, patients often have episodes of hypomania during the spring period, it is believed that an important factor in the onset of seasonal depression is the deficiency of sunlight, disturbed is the

Melatonin secretion and neurotransmission; prevalence is high in regions with little sunlight;

How treatment and prevention may include phototherapy;



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- ☐ *depresja delusional* (depressive-delusional syndrome) - a form of depression in which the axial depressive symptoms are accompanied by untrue beliefs that do not lend themselves to criticism (delusions), which may relate to impending material ruin, absurdly exaggerated guilt, impending punishment, somatic diseases; it is associated with an increased risk of suicide,



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- ☐ *depresja induced by the use of psychoactive substances* - such as dependence syndrome from alcohol can cause the occurrence of Depressive disorders during the withdrawal period,
- ☐ *depresja with inhibition* - psychomotor slowdown in extreme cases taking the form of immobility (stupor

depressive) accompanied by mutism,

- *depresja catatonica* - a severe form of depression with psychomotor inhibition (depressive stupor) and mutism, sometimes with periods of sudden motor agitation, i.e. catatonic symptoms, with patients often experiencing deep sadness, depressive delusions and high intensity anxiety,

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- *Zespół Cotarda* - a form of severe depression with psychotic symptoms in the form of nihilistic delusions (e.g., mistaken beliefs about non-existence, atrophy or decay of the body's internal organs, decay or death of the body, being dead, etc.).

Rarely occurring, nihilistic delusions with elaborate, absurd content (organ atrophy, disintegration of the body, belief in one's own death), psychomotor agitation, severe anxiety and decreased pain sensation and suicidal tendencies.

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## **Dysthymia**

- Typ depression with chronic (lasting a minimum of 2 years or longer) mood depression with a milder course than endogenous depression, about 2-5% of the general population show symptoms of
- Nieleczona can even last a lifetime. Usually, the patient becomes so accustomed to the constantly depressed mood that it seems to him or her

He is a normal part of his personality.



#### 40 **Symptoms**

Diagnosis of dysthymia - the presence of at least two symptoms, persisting for at least 2 years, and periods of remission, lasting no more than 2 months:

- ☐ zaburzenia cravings,
- ☐ zaburzenia sleep,
- ☐ uczucie fatigue,
- ☐ deficyt comments,
- ☐ trudności decision-making,
- ☐ niska self-assessment,
- ☐ poczucie hopelessness.

In children and adolescents, these symptoms must persist for a year. The main symptom may be general irritability and reluctance to act, not necessarily sadness.



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Often occur:

- ☐ częściowa anhedonia,
- ☐ ogólny lack of motivation,
- ☐ ograniczenie interests,
- ☐ niechęć to socialize,
- ☐ stałe feelings of meaninglessness and wasted time, boredom and inner emptiness,

☐czasem reduced attention to personal hygiene (in more severe cases).

## 42 ☐ **Cyclothymia**

☐ affective disorder, persistent mood and activity fluctuations in the form of mild episodes of subdepression and hypomania, occurring interchangeably usually unrelated to life events.

☐Objawy cyclothymia usually appears in late adolescence, although there are known cases of its appearance in adulthood. The prevalence is estimated at 3-5%

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Depressive phase

☐Problemy in decision-making; concentration problems; memory impairment; guilt; self-criticism; low self-esteem; pessimism; suicidal thoughts; constant feelings of sadness; apathy; feelings of hopelessness, irritability; lack of motivation; social withdrawal, appetite changes, lack of sex drive, fatigue or insomnia

☐Dobry mood or euphoria; inflated self-esteem; impaired judgment; rapid speech; racing thoughts, aggressive or hostile behavior; agitation; increased physical activity; risky behavior; increased



unreasonable spending; increased drive to perform tasks or achieve goals; increased sex drive, decreased need for sleep, tendency to be easily distracted



#### 44 **Bipolar affective disorder**

?grupa disorders with opposing mood and activity disorders: depressive and manic syndromes (ChAD type I) or depressive and hypomanic syndromes (ChAD type II)

?rozpozna je is also found in people who experience only manic episodes (episodes of mild depression may have gone unnoticed in them).

?U most patients' episodes of illness are separated by periods of health (intermissions), sometimes they immediately follow each other

#### 45 **Epidemiology**

?rozpowszechnienie 0.4% a 1.5%,

?zaburzenia type I is more common than type II, and cases of only mania relapses are rare.

?występuje almost as often in women as imen.

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?choroba bipolar affective type I - depressive episodes (usually numerous) are separated by at least one or more episodes of mania,

?choroba bipolar affective type II -.

Depressive episodes (usually even more frequent than in Type I of this disease) are separated by one or more episodes of hypomania,

- ☐choroba bipolar affective disorder type III - recurrent episodes of depression, manic or hypomaniacal states are triggered by too much antidepressant medication (they do not occur spontaneously),

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- ☐*typ I* - depressive and manic symptoms of high intensity and several months duration (CHAD I)
- ☐*typ II* - symptoms of depression and hypomania lasting up to three weeks (CHAD II)
- ☐*rapid cycling* - there are at least four different episodes of affective disorder within a year
- ☐*ultra rapid cycling* - some publications include this type of course as a distinction from rapid cycling when the number of episodes is greater, on the order of a dozen or so. Some authors even distinguish the course of *ultra-ultra-rapid cycling*
- ☐*typ seasonal* - depressive episodes occur in autumn and winter; mania episodes in spring and summer

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If the number of relapses is more than 4 in a year (bipolar affective disorder with rapid change

phases [*rapid cycling*]). Episodes can recur with very high frequency or can pass directly from one to another. A change in mood from depressive to manic (hypomaniacal) or vice versa can occur within a week, or even within a day, every few to several hours (bipolar affective disorder with ultra rapid phase change [*ultra rapid cycling*]).

#### 49 ☐ **ChAD type I**

- ☐ Nasilenie both disease poles can be strong. Depressions and full-blown manias occur.
- ☐ Długość mania is typically 2 weeks to 5 months, depressions are longer: 4-9 months.
- ☐ Między episodes are followed by periods of remission, ranging in length from several months to several years.
- ☐ Dobrą lithium carbonate can be therapeutically effective, with about 50% of those treated with lithium having their symptoms completely resolved

#### 50 ☐ **ChAD type II**

Depressions can be severe, but manias are always mild (hypomanias) and last a short time, up to three weeks. There are also distinct periods of full remission of symptoms. This form does not tend to transition into Type I and can, in a sense, be considered a separate disease from it. In some individuals, however, it can transition into ChAD with rapid phase change.

#### 51 ☐ **ChAD with rapid phase change (*rapid cycling*)**

- ☐ W there are 4 or more periods per year

Depression or mania. The different phases of the disease are preceded by very short periods of health or pass one into the other.

☐ Okresy remisji may not occur at all. This disease pattern occurs in several percent of people with bipolar disorder.

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☐ Choroba may follow this course from the very beginning (in 1/3 of patients), or it may appear after several or several years of the classical course (in 2/3 of patients).

☐ Przebieg ChAD with rapid phase change can also, after some time, especially during treatment, change to a classical course.

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☐ ChAD with rapid phase change is more common in women and in those with a previous type II course.

☐ Jeśli the disease runs like this from the beginning, especially in young people, it can be difficult to diagnose.

☐ Rozpoznawana erroneously as personality disorders or developmental problems.

54 ☐ **CHAD with very rapid phase change**

☐ Przebieg disease with an even faster, more frequent, change in disease phases.

☐ W 1996 introduced (Kramlinger and Post) the concept of

ChAD with *ultra-rapid cycling bipolar disorder*, when episodes of illness last a few days to a few weeks, and ChAD with *circadian cycling bipolar disorder*, when both poles of the illness manifest themselves, sometimes several times over a 24-48 hour period

## 55 ☐ **Affective disorder seasonal type**

Termin "seasonal" is now more commonly associated with depression (seasonally recurrent depression).

The seasonality phenomenon may apply to bipolar disorder.

Pierwszy historical description of seasonally recurrent affective disorder involved bipolar disorder, in which depressions occur regularly during the fall and winter months,  
And periods of increased well-being in spring and summer.

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## 56 ☐ **Inpatient treatment for**

zachowanie patient posing a danger to himself or others

występowanie aggravated psychotic symptoms

myśli self-destructive or aggressive towards others

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Inpatient treatment of depressive episodes in cases:

występowanie psychotic symptoms (delusions or hallucinations)

myśli or suicidal tendencies

☐zaniedbywanie own needs (starvation, dehydration)

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58 ☐ **Pharmacotherapy Alasdair D. Cameron: *Psychiatry*. 2nd ed. Wroclaw: Urban & Partner, 2005, pp. 7, 12- 15, 117-118, 121-123**

☐W treatment of mania includes mood-stabilizing drugs (lithium) and antiepileptic drugs (valproic acid, lamotrigine and carbamazepine).

☐W the initial phase of treatment uses antipsychotic drugs to prevent the behavioral disorders that occur in acute mania, and benzodiazepines to control excitement.

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When mood-stabilizing drugs begin to work, antipsychotics are discontinued and sedatives. In studies, atypical antipsychotics have been shown to be effective in preventing mania relapses (quetiapine, olanzapine and clozapine)

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☐Podczas treatment of a depressive episode be careful when using antidepressants, as they can trigger an episode of mania or hypomania in the patient, so during treatment with antidepressants the drug is administered simultaneously

mood stabilizers. Lithium, olanzapine and lamotrigine show some antidepressant properties.

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W bipolar affective disorder with *frequent phase change* is the most effective, according to some authors, carbamazepine. The standards recommended in Poland recommend valproic acid derivatives in monotherapy or in combination with lithium carbonate

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Zastosowanie seismoaterapy can trigger an episode of mania, but they are used for antimania treatment, and their effectiveness is higher than lithium.

Około 80% of patients achieve significant improvement after electroconvulsive therapy.

63 ☐ **Carrie Fisher (Stars Wars actress)**

Symptomy mania is sexual stimulation, uncontrolled spending and addiction to stimulants. It sounds like a fantastic weekend in Las Vegas; but there is another side to it - depression.

64 ☐ **I decided to take electroconvulsive therapy....**

Kiedy take a look at the list of people - Vivien Leigh, Yves Saint Laurent, Cole Porter - you get the idea that you've hit pretty good company....

Zdecydowałam to ride the lightning, rather than

extinguish the light of my life forever.