

UNDERSTANDING MOOD DISORDERS



A Patient Guide






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This booklet will help you learn about mood disorders. You will find out what causes them, how they are treated, and what you can do to feel better and live well. Remember: mood disorders are medical conditions, and effective treatments are available.

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WHAT ARE MOOD DISORDERS?



Mood disorders are medical conditions that affect how you feel emotionally. They cause changes in mood that are more intense and longer-lasting than normal ups and downs.

Everyone feels sad or happy sometimes. But with a mood disorder, these feelings become extreme, last for weeks or longer, and interfere with daily life.

Think of it this way: Your brain uses chemicals called neurotransmitters to regulate mood. In mood disorders, these chemicals become imbalanced, causing mood changes that are beyond your control. This is not a character flaw or weakness - it's a medical condition that can be treated.

Key Terms to Know

Mood Disorder: A mental health condition that primarily affects your emotional state.

Depression: A mood disorder causing persistent feelings of sadness and loss of interest.

Bipolar Disorder: A mood disorder causing extreme mood swings between highs (mania) and lows (depression).

Neurotransmitters: Chemical messengers in the brain that affect mood, including serotonin, dopamine, and norepinephrine.

References:

1. National Institute of Mental Health. "Mood Disorders." NIMH, NIH. <https://www.nimh.nih.gov/>
2. American Psychiatric Association. "What Are Mood Disorders?" [psychiatry.org](https://www.psychiatry.org/).
3. Mayo Clinic. "Mood Disorders." [MayoClinic.org](https://www.mayoclinic.org/).



TYPES OF MOOD DISORDERS



MAJOR DEPRESSIVE DISORDER (Depression)

Persistent feelings of sadness, hopelessness, and loss of interest.

- Symptoms last at least 2 weeks
- Affects about 1 in 6 adults at some point
- Can occur once or multiple times

BIPOLAR DISORDER

Extreme mood swings between emotional highs and lows.

Bipolar I: Manic episodes lasting at least 7 days, often with depressive episodes

Bipolar II: Less severe "hypomanic" episodes with depressive episodes

Cyclothymia: Milder mood swings over at least 2 years

PERSISTENT DEPRESSIVE DISORDER (Dysthymia)

A chronic, milder form of depression lasting 2 years or more.

SEASONAL AFFECTIVE DISORDER (SAD)

Depression that occurs at the same time each year, usually winter.

POSTPARTUM DEPRESSION

Depression occurring after childbirth, more severe than "baby blues."

TREATMENT-RESISTANT DEPRESSION

Depression that hasn't improved after trying multiple treatments.

References:

1. NIMH. "Depression." nimh.nih.gov.
2. NIMH. "Bipolar Disorder." nimh.nih.gov.



SIGNS & SYMPTOMS



<p>Depression Symptoms</p>	<ul style="list-style-type: none">• Persistent sad, anxious, or "empty" mood• Loss of interest in activities you once enjoyed• Fatigue and decreased energy• Difficulty concentrating or making decisions• Changes in sleep (too much or too little)• Changes in appetite or weight• Feelings of worthlessness or guilt• Thoughts of death or suicide• Physical aches and pains without clear cause
<p>Mania/Hypomania Symptoms (Bipolar)</p>	<ul style="list-style-type: none">• Feeling unusually "high," elated, or irritable• Decreased need for sleep• Racing thoughts, talking very fast• Increased activity or energy• Feeling unusually important or powerful• Poor judgment, risky behavior• Spending sprees, impulsive decisions
<p>When Symptoms Become a Disorder</p>	<p>Symptoms become a mood disorder when they:</p> <ul style="list-style-type: none">• Last for weeks or longer• Interfere with work, school, or relationships• Cause significant distress• Are not caused by substances or another medical condition

References:

1. American Psychiatric Association. Diagnostic and Statistical Manual (DSM-5).
2. NIMH. "Signs and Symptoms." nimh.nih.gov.



CAUSES AND RISK FACTORS

Mood disorders are caused by a combination of factors:

Brain Chemistry

- Imbalances in neurotransmitters (serotonin, dopamine, norepinephrine)
- Changes in brain structure and function
- Hormonal imbalances

Genetics

- Mood disorders often run in families
- Having a close relative with a mood disorder increases your risk
- Multiple genes are involved (not just one)

Life Events and Environment

- Trauma or abuse
- Major life changes or stressful events
- Loss of a loved one
- Chronic stress
- Social isolation

Risk Factors

- Family history of mood disorders
- Previous episode of depression or mania
- Chronic medical conditions
- Substance use
- Certain medications
- Major life transitions
- Lack of social support

Important: Mood disorders are not your fault. They are medical conditions caused by factors largely outside your control.

References:

1. NIMH. "Causes of Mood Disorders." nimh.nih.gov.
2. Harvard Health. "What Causes Depression?" health.harvard.edu.



How Are Mood Disorders Diagnosed?

There is no blood test for mood disorders. Diagnosis is based on a thorough evaluation:

Clinical Interview

Your doctor or mental health provider will ask about:

- Your symptoms and how long you've had them
- How symptoms affect your daily life
- Personal and family medical history
- Medications, alcohol, and substance use
- Sleep patterns, appetite, energy levels
- Thoughts of self-harm or suicide

Screening Tools

Questionnaires may be used to assess symptoms:

- PHQ-9 (Patient Health Questionnaire) for depression
- MDQ (Mood Disorder Questionnaire) for bipolar
- GAD-7 for anxiety (often occurs with mood disorders)

Physical Exam and Lab Tests

To rule out medical conditions that can cause similar symptoms:

- Thyroid function tests
- Vitamin deficiencies (B12, D)
- Complete blood count
- Other tests as needed

Diagnostic Criteria

Diagnosis is based on criteria from the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders). Different mood disorders have specific symptom requirements.

References:

1. American Psychiatric Association. DSM-5 Criteria.
2. NIMH. "Diagnosis." nimh.nih.gov.



TREATMENT OVERVIEW

Mood disorders are highly treatable. Most people improve with treatment.

Treatment Goals

- Reduce symptoms
- Improve daily functioning
- Prevent future episodes
- Improve quality of life

Main Treatment Approaches

1. Medication

- Antidepressants for depression
- Mood stabilizers for bipolar disorder
- Antipsychotics (sometimes used with mood stabilizers)
- Anti-anxiety medications (if needed)

2. Psychotherapy (Talk Therapy)

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Therapy (IPT)
- Dialectical Behavior Therapy (DBT)
- Other evidence-based therapies

3. Combination Treatment

For many people, a combination of medication and therapy works best.

4. Other Treatments

- Electroconvulsive Therapy (ECT) - for severe or treatment-resistant cases
- Transcranial Magnetic Stimulation (TMS)
- Ketamine/Esketamine (Spravato) - for treatment-resistant depression
- Light therapy - for seasonal affective disorder

Important: Finding the right treatment may take time. Work closely with your healthcare team.

References:

1. NIMH. "Treatment of Mood Disorders." nimh.nih.gov.



MEDICATION OPTIONS



FOR DEPRESSION

SSRIs (Selective Serotonin Reuptake Inhibitors)

Often first choice; increase serotonin levels

Examples: fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro)

SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors)

Increase serotonin and norepinephrine

Examples: venlafaxine (Effexor), duloxetine (Cymbalta)

Other Antidepressants

- Bupropion (Wellbutrin) - affects dopamine and norepinephrine
- Mirtazapine (Remeron)
- Tricyclic antidepressants (older, used less often)

FOR BIPOLAR DISORDER

Mood Stabilizers

- Lithium - the gold standard for bipolar
- Valproic acid (Depakote)
- Lamotrigine (Lamictal) - especially for bipolar depression
- Carbamazepine (Tegretol)

Atypical Antipsychotics

Often used with mood stabilizers

Examples: quetiapine (Seroquel), aripiprazole (Abilify), olanzapine (Zyprexa)

FOR TREATMENT-RESISTANT DEPRESSION

- Esketamine (Spravato) - nasal spray, given in a clinic
- Combination strategies

References:

1. American Psychiatric Association. "Practice Guidelines." psychiatry.org.



THERAPY AND OTHER TREATMENTS

PSYCHOTHERAPY (Talk Therapy)

Cognitive Behavioral Therapy (CBT)

- Identifies and changes negative thought patterns
- Develops coping skills
- Very effective for depression and anxiety

Interpersonal Therapy (IPT)

- Focuses on relationships and communication
- Helps resolve interpersonal conflicts

Dialectical Behavior Therapy (DBT)

- Teaches mindfulness and emotional regulation
- Helpful for intense emotions

BRAIN STIMULATION THERAPIES

Electroconvulsive Therapy (ECT)

- Brief electrical stimulation to the brain under anesthesia
- Very effective for severe depression
- Modern ECT is safe and well-tolerated

Transcranial Magnetic Stimulation (TMS)

- Uses magnetic pulses to stimulate brain areas
- Non-invasive, done in an office
- For depression that hasn't responded to medication

OTHER APPROACHES

- Light therapy (for SAD)
- Exercise (proven to help mood)
- Mindfulness and meditation
- Support groups

References:

1. NIMH. "Psychotherapies." nimh.nih.gov.
2. NIMH. "Brain Stimulation Therapies." nimh.nih.gov.



LIVING WITH A MOOD DISORDER

With treatment and self-care, you can live a full and meaningful life:

Build a Support System

- Stay connected with family and friends
- Join a support group
- Don't isolate yourself
- Consider telling trusted people about your condition

Healthy Lifestyle Habits

- Exercise regularly (even a daily walk helps)
- Keep a regular sleep schedule
- Eat a balanced diet
- Limit alcohol and avoid drugs
- Get sunlight exposure

Manage Stress

- Practice relaxation techniques
- Try mindfulness or meditation
- Set realistic goals
- Learn to say no

Track Your Mood

- Keep a mood diary
- Note triggers and warning signs
- Share patterns with your healthcare team

Create a Crisis Plan

- Know your warning signs
- Have emergency contacts ready
- Know when and where to get help

Stick with Treatment

- Take medication as prescribed
- Keep therapy appointments
- Don't stop treatment when you feel better



References:

1. NAMI. "Living with a Mental Health Condition." nami.org.



TIPS FOR TAKING YOUR MEDICATION



DO:

- Take medication at the same time every day
- Be patient - most medications take 2-6 weeks to work fully
- Tell your doctor about all medications and supplements
- Report side effects to your doctor
- Keep all follow-up appointments
- Continue medication even when you feel better
- Store medication properly

Common Side Effects

Side effects vary by medication. Many improve over time.

- Nausea, headache, dry mouth
- Drowsiness or insomnia
- Weight changes
- Sexual side effects

If You Miss a Dose

- Take it as soon as you remember (same day)
- If almost time for next dose, skip the missed one
- Never double up



DON'T:

- Stop medication suddenly (can cause withdrawal)
- Skip doses
- Double up if you miss a dose
- Share your medication with others
- Mix medication with alcohol
- Change your dose without talking to your doctor

For Lithium Users

- Regular blood tests are essential
- Stay hydrated
- Maintain consistent salt intake
- Report tremors, confusion, or excessive thirst

References:

1. NIMH. "Mental Health Medications." nimh.nih.gov.



WHEN TO SEEK HELP



⚠️ CRISIS - CALL 988 (Suicide & Crisis Lifeline) OR 911 IF::

- Thoughts of suicide or self-harm
- Plan or means to hurt yourself
- Feeling like you want to give up
- Severe hopelessness
- Psychotic symptoms (hallucinations, delusions)
- Dangerous behavior during mania

You are not alone. Help is available 24/7.



⚠️ CALL YOUR DOCTOR OR THERAPIST IF:

- Symptoms are getting worse
- New or worsening depression or anxiety
- Signs of mania (decreased sleep, racing thoughts)
- Medication side effects that concern you
- Sleep problems lasting more than a few days
- Increased irritability or agitation
- Difficulty functioning at work or home
- Increased use of alcohol or substances
- Questions about your treatment

Crisis Resources

988 Suicide & Crisis Lifeline: Call or text 988
Crisis Text Line: Text HOME to 741741
NAMI Helpline: 1-800-950-NAMI (6264)



GLOSSARY



ANTIDEPRESSANT	Medication used to treat depression
BIPOLAR DISORDER	Mood disorder with episodes of mania and depression
CBT	Cognitive Behavioral Therapy - a type of talk therapy
DEPRESSION	Mood disorder causing persistent sadness and loss of interest
ECT	Electroconvulsive therapy - brain stimulation treatment
HYPOMANIA	A milder form of mania
MANIA	Period of abnormally elevated mood and energy
MOOD STABILIZER	Medication that prevents mood swings
NEUROTRANSMITTER	Chemical messenger in the brain
PSYCHOTHERAPY	Talk therapy with a trained professional
REMISSION	Period when symptoms are minimal or gone
SSRI	Selective serotonin reuptake inhibitor - a type of antidepressant
TMS	Transcranial magnetic stimulation - brain stimulation treatment



Crisis Support:

- 988 Suicide & Crisis Lifeline: Call or text 988
- Crisis Text Line: Text HOME to 741741

Learn More:

- National Alliance on Mental Illness (NAMI): nami.org
- National Institute of Mental Health: nimh.nih.gov
- Depression and Bipolar Support Alliance: dbsalliance.org
- Mental Health America: mhanational.org
- American Foundation for Suicide Prevention: afsp.org
- Anxiety & Depression Association of America: adaa.org
- International Bipolar Foundation: ibpf.org
- Mayo Clinic - Mood Disorders: mayoclinic.org



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This booklet is for informational purposes only and is not intended to replace professional medical advice. Always consult your healthcare provider for diagnosis and treatment.

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