#### September 25, 2012

Hoarding is by itself under DSM-V instead of with OCD

* Criteria for Hoarding under DSM-V
  + Persistent difficulty discarding or seperating from possessions
  + Difficulty is due to strong urges to save items or distress associated with discarding them
  + Symptoms result in accumulation in a large number of possessions

# OCD: Causes

* Biological
  + Generalized Vulnerability
    - For anxiety
  + Low Serotonin Activity
* Psychological
  + Operant conditioning with reinforcement
    - Let’s say that you are in class, it’s test day, I see one of you has a cold. They’re coughing, sneezing, etc all over your test and you see it. Once you give the test back the teacher sprays it with lysol, you were anxious about the germs on the test and then I did something to have the anxiety disapate (lysol). That reduced the anxiety. If confronted with germs again you’ll spray it with lysol again, and the cycle repeats
  + Some thoughts are unacceptable or dangerous
    - Someone raised in a Christian household will be told that sexual thoughts are bad and they’ll have raised anxiety. When they have this anxiety they’ll do something to reduce it (compulsion)
    - **Enhanced thought-action fusion**
      * The belief thinking a thought is as bad as doing whatever that thought is

# OCD: Treatments

* Biological
  + SSRI’s
    - Increases serotonin in the system
    - Examples: Prozac and Zoloft
* Psychological
  + Exposure with responsive prevention
    - Expose them to their feared situation and keeping them from doing their compulsion
  + Cognitive Restructuring
    - Want to address and adjust those maladaptive thoughts the person has. If the person thinks thinking something is just as bad as doing it. You’ll say everyone has thoughts sexual and aggressive in nature. How can those be fleeding thoughts, don’t equate to action, etc. If it’s contamination you’ll talk about the actual probailities of getting sick from touching things. Getting the person to view the way consistent with the real world.

# Overview of Mood Disorders

* Disorders with depressed mood
  + Major depressive disorder
  + Dysthymic (“of the mind”) Disorder
* Disorders with elevated, expansive, or irritable mood
  + Bipolar Disorder
    - Bipolar I Disorder
    - Bipolar II Disorder
  + Cyclothymic Disorder

# Major Depressive Episode

## At least 5 of the below, almost everyday all day **for at least 2 weeks**. Must have one of first two symptoms listed. Green are related to behavioral and psyological, blue is cognitive, red is emotion/motivational component

### Depressed mood most of the day

### Diminished interest or pleasure in activities most of the day

### Significant appetite/weight changes

### Sleep problems

### Psychomotor agitation or retardation (just slow)

### Fatigue, loss of energy

### Feelings of worthlessness, intense inappropriate guilt

### Unable to concentrate or make decisions

### Recurrent thoughts of death, suicidal ideation, or suicide attempt

## Significant distress or impairment; Not due to substance or medical condition; Not better accounted for by bereavement (response to significant death).

# Manic Episode

## A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least one week.

## During this period, 3 or more of the following present to significant degree:

### Inflated self-esteem or grandiosity (superpowers, smartest person on earth, etc)

### Decreased need for sleep (one or two hours a night for example, **don’t feel tired**!)

### Talkative, pressured speech (rapid speech, mile a minute like kaul)

### Flight of ideas, racing thoughts

### Distractible

### Increase in goal directed activity or psychomotor agitation

### Excess of fun but risky activity (promiscuous behavior, making risky business ventures, shopping sprees, etc)

## Distress or impairment; Not due to substance or medical condition.

# Mixed Episode

## Meets criteria for both Manic Episode and Major Depressive Episode nearly **every day for at least one week**

## Mood disturbance causes significant impairment

## Not due to substance or medical condition

# Hypomanic Episode

## Distinct period of elevated, expansive, or irritable mood, lasting **at least 4 days**

## Same type of symptoms as in manic episode

## *NOT severe enough to cause marked impairment or to necessitate hospitalization*

Can be seen with depression at the same time. Hypomanic by themselves aren’t awful, they just ten to turn into manic episodes

# Episodes 🡪 Disorders

# Major Depressive Disorder

## Presence of a Major Depressive Episode

## Never been a Manic, Mixed, or Hypomanic Episode

## Either single episode or recurrent