

# POST TRAUMATIC STRESS DISORDER

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- PTSD Is defined as Individuals who have been exposed to traumatic event in which person experienced, witnessed a death, serious injury or threat to physical integrity of self.



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# CHARACTERISTICS

- Experience of a traumatic event leading to the **development of the condition**
  - The traumatic **event may be** life-threatening, such as **combat**, a **natural disaster a car accident**, or **sexual assault**
  - But sometimes the event is not **necessarily a dangerous** one. For example, the **sudden, unexpected death of a loved one** can also cause PTSD.
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# Psychological factors

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- Traumatic events that can lead to PTSD include:
- War
- Natural disasters
- Car or any other crashes
- Terrorist attacks
- Childhood neglect
- Kidnapping
- Rape
- Physical abuse
- Sexual abuse





## Biological factors

- Low secretion of cortisol
- Reduced size of hippocampus

# Signs and symptoms

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- Intrusive or upsetting memories
- Nightmares
- Feeling of intense distress when reminded of the trauma
- Intense physical reactions to reminders of the event (increased heart rate, rapid breathing, nausea, sweating)
- Avoiding activities, places thoughts or peoples that remind the trauma
- Loss of interest in activities life in general
- Feeling of detachment from others, family and friends
- Difficulty in falling asleep
- Irritability
- Difficulty in concentration
- Hopelessness



# Diagnostic Guidelines Acc. to DSM-5

A - Exposure to a traumatic event in 1 of the following ways:

- Directly experiencing the traumatic event(s)
- Witnessing, in person, the event(s) as it occurred to others.
- Traumatic event(s) occurred to a close family member or close friend.
- Experiencing repeated exposure to aversive details of the traumatic event



# Diagnostic Guidelines Acc. to DSM-5

B - Presence of one (or more) of the following intrusion **symptoms** associated with the traumatic event:

- **Distressing memories** of the traumatic event
- **Dreams** related to traumatic event
- **Occurrences of Flashbacks**
- Distress due to **resemblances of traumatic events**
- **Physiological reactions** to resemblances of traumatic events



**Nightmares.**



**Flashbacks.**



# Diagnostic Guidelines Acc. to DSM-5

C - Avoidance of 1 of the following:



- Distressing memories
- External reminders like places

# Diagnostic Guidelines Acc. to DSM-5

D - Negative changes in thoughts and mood as evidenced by 2 of the following:

- Forgetting important aspects of the traumatic event
- Distorted thoughts about consequence
- Lack of interest in activities
- Detachment from others
- Inability to experience positive emotions



**Forgetting important aspects of the traumatic event.**



**Unable to experience positive emotions.**



**Negative thoughts about yourself or others.**

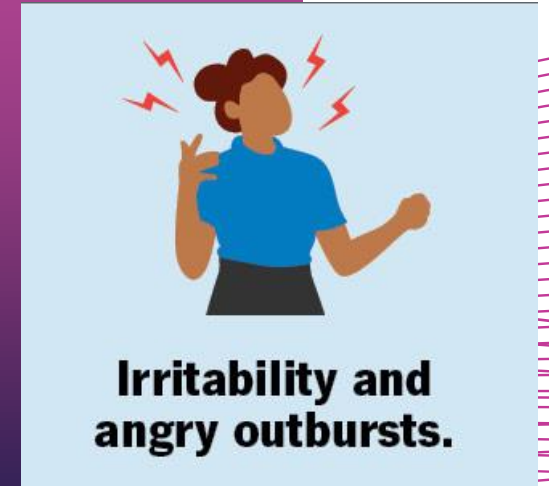
# Diagnostic Guidelines Acc. to DSM-5

E - Marked **changes in arousal and reactivity** associated with the traumatic event as evidenced by 2 of the following:

- **Irritable behaviour and anger outbursts**
- Self **destructive behavior**
- Problems with co**ncentration**
- **Sleep disturbance**



Trouble  
falling asleep



**Irritability and  
angry outbursts.**

# Diagnostic Guidelines Acc. to DSM-5

F - Duration of disturbance more than 1 month

G - Clinically significant impairment in functioning

H - Not due to effects of substance or another medical condition



# Pharmacological treatment

01

Antidepressants

02

Anti anxiety

# Psychosocial treatment

01

## Trauma focused CBT

- It involves carefully and gradually exposing client to thoughts, feelings and situations that remind the trauma
- Identifying upsetting thoughts about traumatic event and helping to address those thoughts

02

## Exposure therapy

- It involves gradually facing the thoughts and memories of the traumatic event or situations that one anxious
- This can be done using imaging techniques or by actually returning to the place where one had an accident
- Exposure should be done gradual and done with the help of an experienced clinician



# Psychosocial treatment

03

## Cognitive restructuring therapy

- Cognitive restructuring aims at replacing dysfunctional thoughts with more realistic and helpful ones
- Eg: I will never be normal again
- Replace: I will get better, it will just take time

02

## Self help treatment for PTSD

- Reachout to others for support
- Avoid alcohol and drugs
- Challenge your sense of helplessness

# References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>



# DEPRESSION

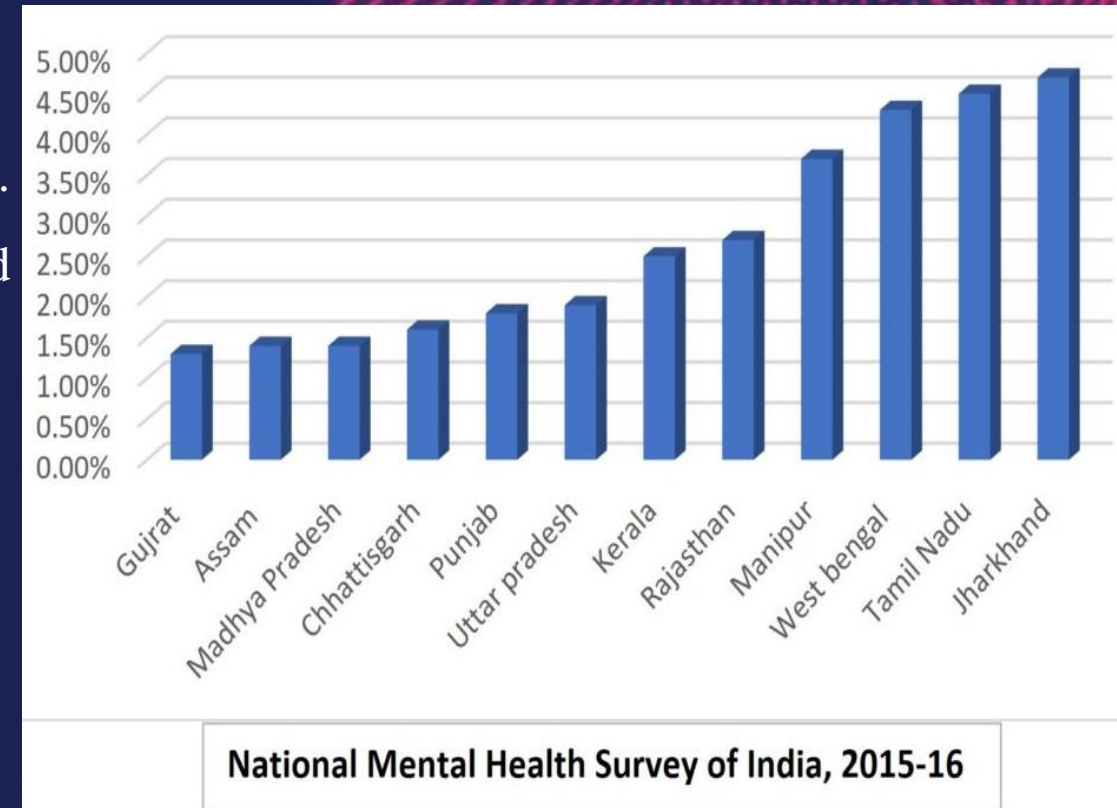
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- Depression is also called **clinical depression** or major **depressive disorder**.
  - Its much **more than simple unhappiness**
  - Depression is a **common** and **long lasting mood disorder** that **affects** how you **think, feel** or **behave** and lead to variety of **emotional and physiological difficulties**
  - When people are in depression, they experience **intense sadness**, including feelings of **worthlessness, hopelessness** and **helplessness** which lasts for **weeks** or even **months and** interferes with your everyday **functioning**
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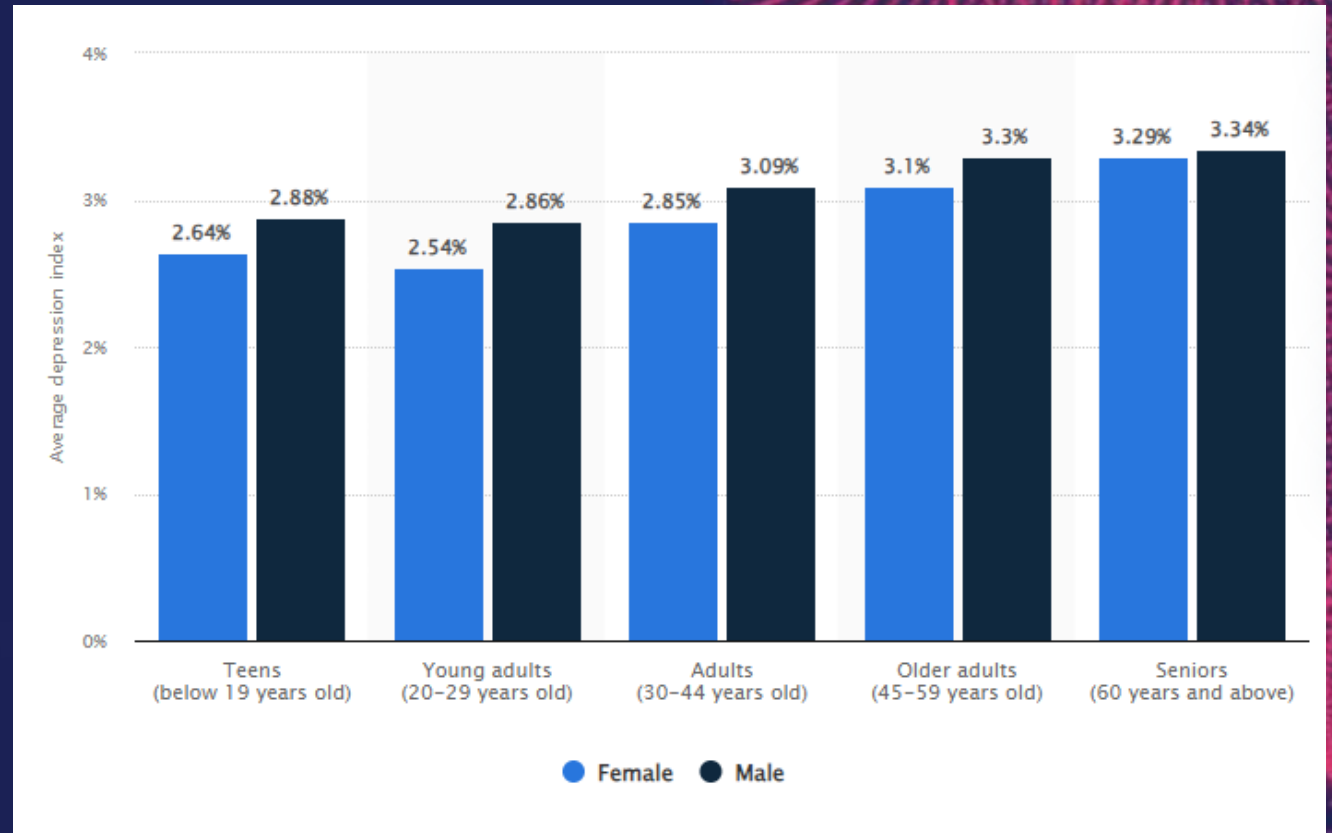
# PREVALENCE

- Worldwide prevalence as of March, 2023 –
  - Approximately **280 million people** (3.8%) in the world have depression (WHO, 2023).
  - Including **5% of adults** (**4% among men** and **6% among women**) (WHO, 2023).
  - **5.7%** of adults older than **60 years** (WHO, 2023).
- Nationwide prevalence - According to the 2015 **NHMS** survey, **one in every 20** Indians was found to have suffered from **depressive** disorders at some point in their lives (NIMHANS, 2015)



# PREVALENCE - GENDER

- Worldwide prevalence - Depression is about **50% more common among women** than among men (WHO, 2023).
- Nationwide prevalence based on age and gender (Manya, 2023)





# PREVALENCE – SOCIODEMOGRAPHICS

## (ARVIND ET AL., 2019)

### Place of residence –

- **Rural – 2.15%** had depressive disorders
- Cities with population <1 million – **1.90%** had depressive disorders
- Cities with population >1 million – **5.17%** had depressive disorders

### Occupation –

- **Working – 2.70%** had depressive disorders
- Not **working – 2.66%** had depressive disorders
- Marital status –
  - Never married – **1.70%** had depressive disorders
  - Married – **2.75%** had depressive disorders
  - Widowed/divorced/separated – **5.23%** had depressive disorders

# SIGNS AND SYMPTOMS

## How you might behave

- Not able to **concentrate**
- **Withdrawing** from close family and friends
- No longer **finding enjoyment** in things that used to bring pleasure
- **Not getting things done** at school/work
- Relying on **alcohol or sedatives**

## How you might think

- “I’m **a failure**”
- “No one **likes me**”
- “Things will **never get better**”
- “I’m **worthless**”
- “I can’t be **bothered**”
- “Others would be **better off without me**”



# SIGNS AND SYMPTOMS

How you might **feel**

- **Low**/sad/unhappy
- **Overwhelmed**
- Low patience/**irritable**
- **Upset**
- **Tearful**
- Hopeless

How your body might **respond**

- **Tiredness**/lack of energy
- **Poor memory**
- **Decreased pain tolerance**
- **Sleep problems**
- **Changes in appetite** or weight



# COMMON MYTHS ABOUT DEPRESSION

## MYTH 1: You can simply 'snap out of it'

- Reality: **No one chooses** to be depressed. Someone who is depressed **can't just shut it off.**
- Depression is a **psychological, social, and biological condition.**
- If you suspect you are experiencing depression, **contact** your **therapist** or make an appointment with an experienced practitioner.



# COMMON MYTHS ABOUT DEPRESSION

MYTH 2: Talking about it only makes it worse



- Reality: Being **alone** with your thoughts can be **much more harmful than letting them out.**
- Talking to a **supportive, empathic, and non-judgmental listener** has been shown to **help a lot of people.**
- An **accredited therapist** is best equipped to **provide constructive support.**

# COMMON MYTHS ABOUT DEPRESSION

MYTH 3: Others are better at dealing with their lives, I'm just weak

- Reality: It may be because when you are feeling low, you tend to compare yourself with people who appear to be doing better.
- In reality, depression is not a sign of weakness or laziness. It has social, psychological and biological origins and can be treated in a variety of ways.
- Believing that you cannot cope is a common symptom of depression and does not mean you are weak.

# COMMON MYTHS ABOUT DEPRESSION

## MYTH 4: Depression is always triggered by something bad happening

- Reality: Sometimes it is difficult to understand how depression has developed. A lot of different factors can increase the likelihood of someone developing depression, including traumatic events such as big life changes, loss, and accidents.
- However, although traumatic events can be a potential trigger for depression, they are not the root cause of it. Depression may arise suddenly, even when things seem to be going well.
- In almost every case, an outsider like a therapist can help people identify possible factors contributing to depression and help them to stop blaming themselves for feeling that way.



# COMMON MYTHS ABOUT DEPRESSION

MYTH 5: Depression is **biological**, there is **nothing you can do about it**

- Reality: Biology does **play a role in the development of** depression, but usually alongside a combination of other **psychological and environmental factors**.
- Even if it is **partly biological**, depression is **treatable** and there are many things that can be done about it.
- By making **changes** in the **way** you **think and behave**, you may be able to **disrupt the vicious cycle of depression**.
- Additionally, talking **therapy** does **help many people** and **combining medication** with talking therapy is a **common treatment strategy for depression**.





# CAUSES

## LIFE EVENTS:

- Early childhood trauma and losses
- Stressful adult life events (such as divorce, loss of a job, death of a loved one, family conflict, retirement)
- Experiencing several prolonged and severe difficult life events increases the likelihood for a person to develop a depressive disorder.

# CAUSES

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## THINKING STYLES:

- Cognitive theory suggests that the way we think and how we interpret events and situations impacts how we feel and can lead to depression
- Overstressing the negative
- Thinking that you know what others are thinking and that they are thinking badly of you. we commonly think about things in a negative manner and this has a negative impact on our mood.



# CAUSES

## LIFESTYLE FACTORS:

- Not engaging in enough physical exercise
- Being over or underweight
- Having fewer social relationships
- Prolonged exposure to ordinary stress such as ongoing problems at work, difficulties in a relationship, or loneliness.



# CAUSES

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## BIOLOGICAL FACTORS:

- Family history of depression are more vulnerable developing depression at some stage in their lives.
- Neurotransmitter imbalance



### Situation

Samantha makes a mistake at work that costs her company a client

### Thoughts

- I'm a failure
- I'm not good at anything
- Nothing will ever get better

### Feelings

- Sad
- Upset
- Hopeless

### Behaviour

- Stays in bed
- Can't concentrate
- Withdrawing from friends

### Physiology

- Tiredness and lack of energy
- Sleep problems
- Poor appetite

## WHAT CAUSES DEPRESSION GOING?

- When someone is depressed, they experience many **changes**. Often, these changes develop into a **vicious cycle which keeps depression going**.
- The vicious cycle of depression **consists** of a combination of **thoughts, feelings, behaviours, and bodily sensations**.
- a specific **event** triggered the **cycle of negative thoughts**.
- People who are depressed have a tendency to **interpret** events in a **negative fashion**.
- The **negative interpretation** of events is one of the **important factors of keeping depression going**.

# WHAT CAUSES DEPRESSION GOING?

- In the above example, we can see how the **clients thoughts** about being a failure and not good at anything led to a **change in her behaviour**.
- She started staying in bed most of the time, had **difficulty concentrating** and began to **withdraw from her friends**.
- This **further fueled her cycle of depression** as it led to her **feeling sad, upset, and hopeless** about the situation.
- Her **body also reacted** to all these **changes** and she **experienced tiredness** and **lack of energy**, started having **sleep problems** and developed a **poor appetite**.
- Looking at this example more closely, we can see how Samantha's **thoughts, behaviours, feelings** and **bodily sensations** all **interacted and combined** to keep her **depression going**

# Categories of Depression based on severity

01

Mild depression

02

Moderate depression

03

Severe depression with or  
without psychotic  
symptoms



# Diagnostic Guidelines Acc. to ICD-10

## Mild Depressive episode

- At least two of:
  - a) Depressed mood
  - b) loss of interest and enjoyment
  - c) Increased fatiguability
- At least two of:
  - (a) reduced concentration and attention;
  - (b) reduced self-esteem and self-confidence;
  - (c) ideas of guilt and unworthiness;
  - (d) bleak and pessimistic views of the future;
  - (e) ideas or acts of self-harm or suicide;
  - (f) disturbed sleep
  - (g) diminished appetite.
- Minimum duration of 2 weeks
- Some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely.





# Diagnostic Guidelines Acc. to ICD-10

## Moderate Depressive episode

- At least two of:
  - a) Depressed mood
  - b) loss of interest and enjoyment
  - c) Increased fatiguability
- At least three (preferably four) of:
  - (a) reduced concentration and attention;
  - (b) reduced self-esteem and self-confidence;
  - (c) ideas of guilt and unworthiness;
  - (d) bleak and pessimistic views of the future;
  - (e) ideas or acts of self-harm or suicide;
  - (f) disturbed sleep
  - (g) diminished appetite.
- Minimum duration of 2 weeks
- Considerable difficulty in continuing with social, work or domestic activities.



# Diagnostic Guidelines Acc. to ICD-10

## Severe Depressive episode

- All of **these three**:
  - a) Depressed mood
  - b) loss of interest and enjoyment
  - c) Increased fatiguability
- **Atleast four** of these **with severe intensity**:
  - (a)reduced concentration and attention;
  - (b)reduced self-esteem and self-confidence;
  - (c)ideas of guilt and unworthiness;
  - (d)bleak and pessimistic views of the future;
  - (e)ideas or acts of self-harm or suicide;
  - (f)disturbed sleep
  - (g)diminished appetite.
- Minimum duration of **2 weeks**, but if the symptoms are **particularly severe and of very rapid onset**, it may be justified to make this diagnosis **after less than 2 weeks**.
- Significant **difficulty in continuing with social, work or domestic activities**.



# SUICIDE

(WHO, 2023)

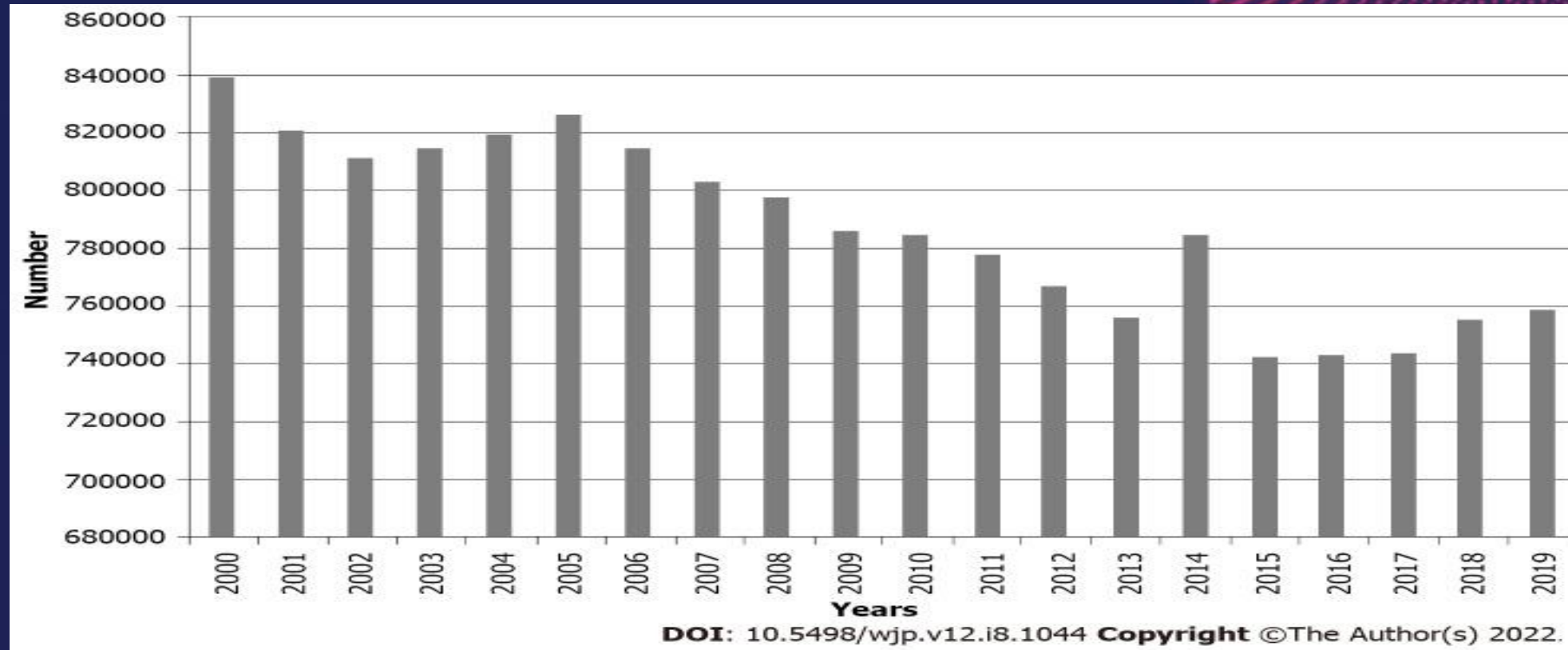
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- Every year 7,00,000 people take their own life and there are many more people who attempt suicide.
- Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind.
- Suicide occurs throughout the lifespan and was the fourth leading cause of death among 15–29-year-olds globally in 2019.
- Seventy-seven per cent of global suicides occur in low- and middle-income countries.



# PREVALENCE - WORLDWIDE

- Global suicide deaths, 2000-2019.

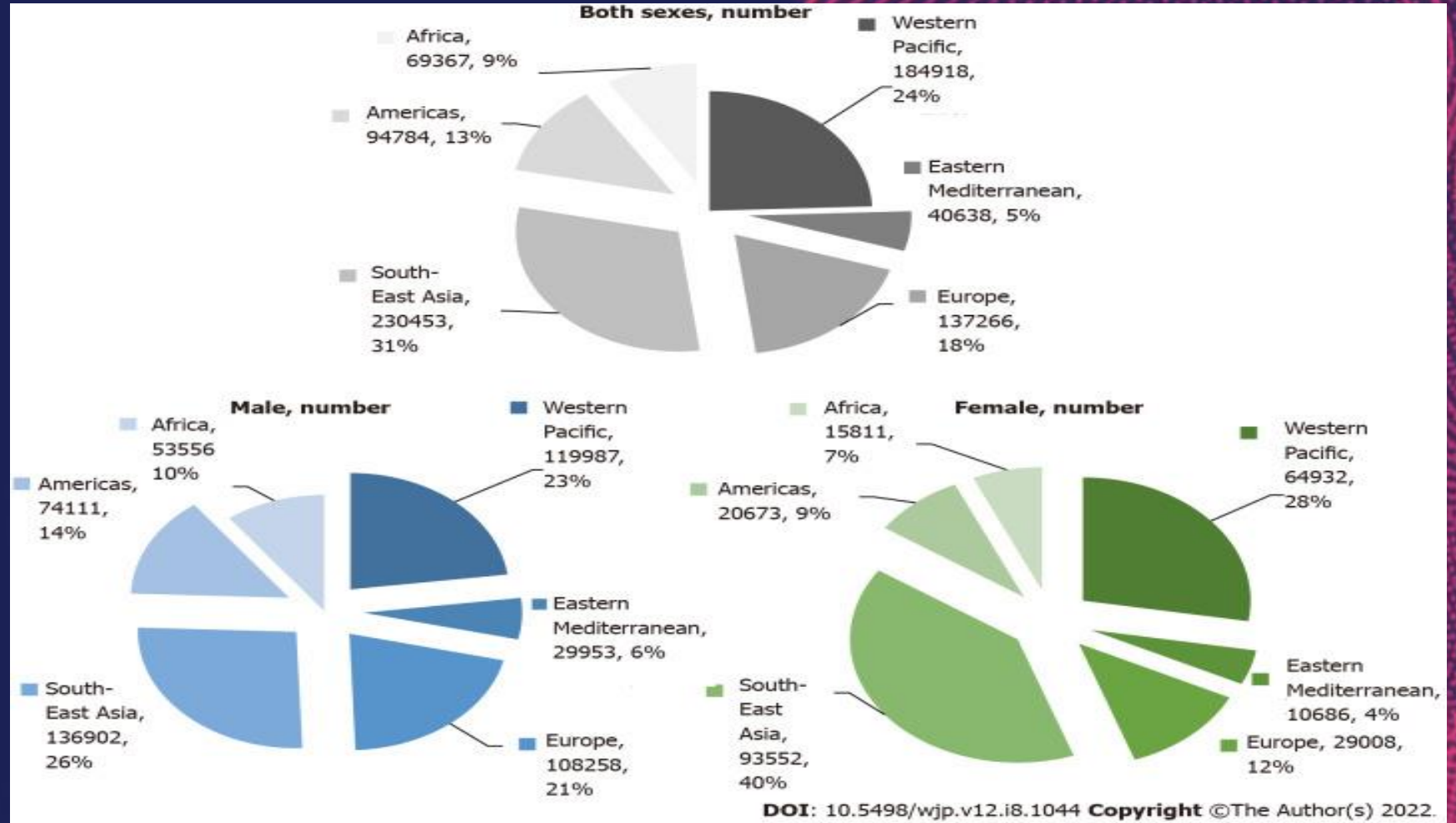


Source: World Health Organization and Global Burden of Disease estimates



# PREVALENCE – GENDER (2019)

The data points out that **around 26% of male in southeast Asian** countries had committed suicides and for female this number is **around 40%**



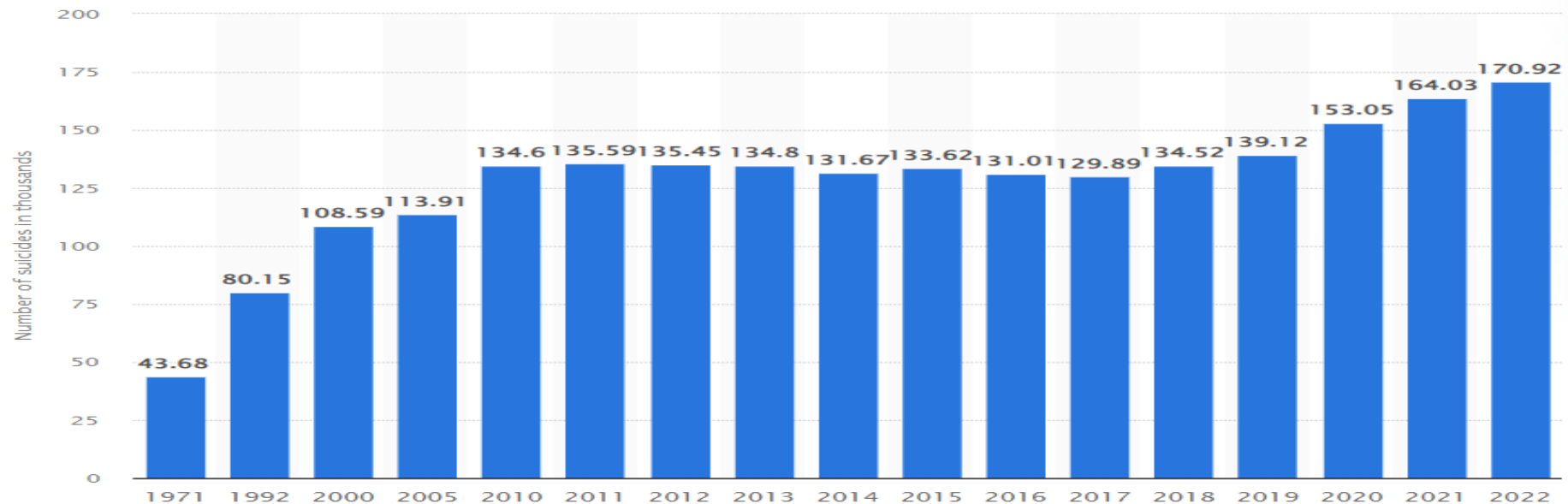
Source: World Health Organization and Global Burden of Disease estimates.

# PREVALENCE – NATIONWIDE

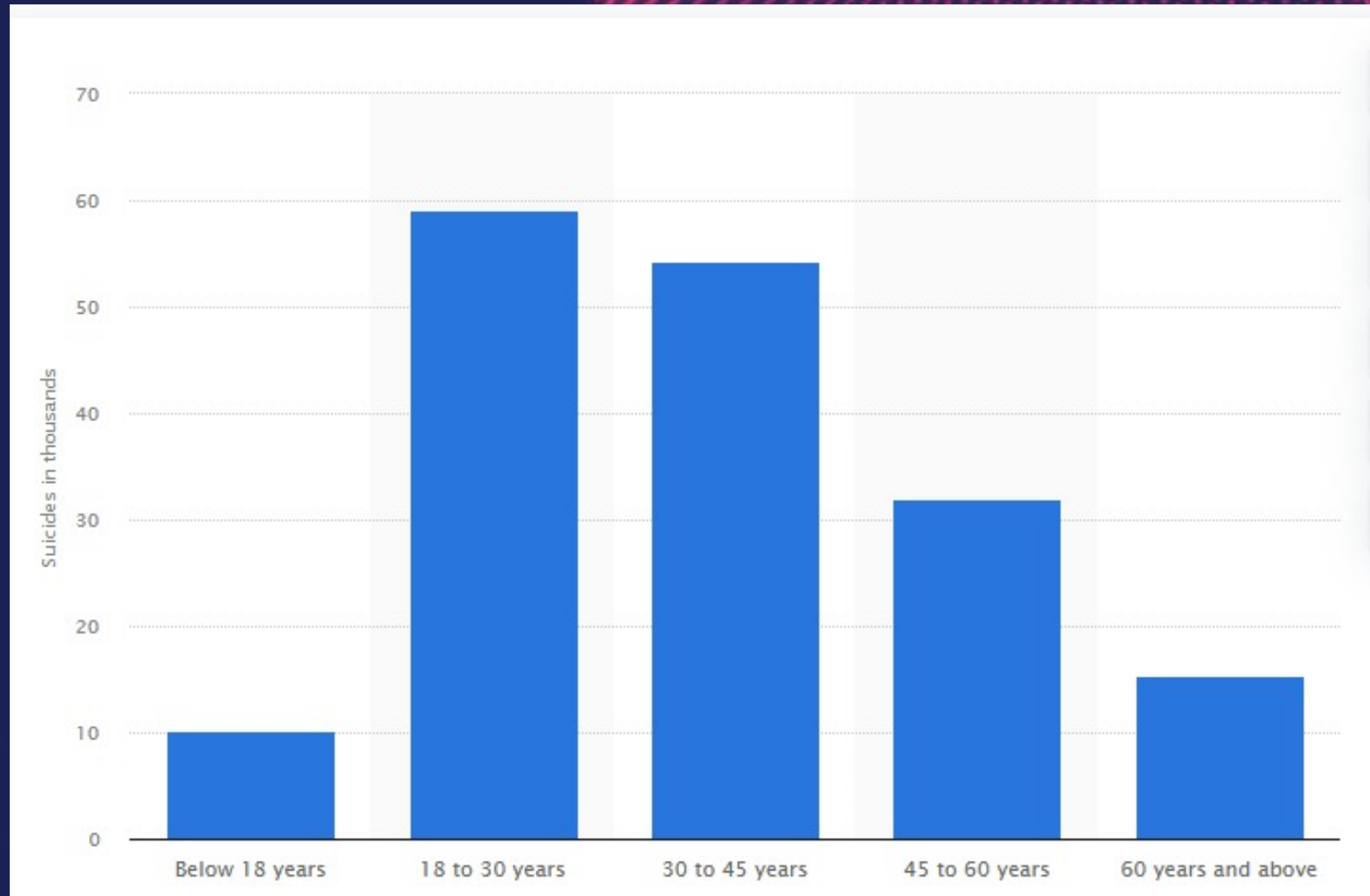
- There were 2,30,314 (95% UI 194 058–250 260) suicide deaths in India in 2016.
- India's contribution to global suicide deaths increased from 25.3% in 1990 to 36.6% in 2016 among women, and from 18.7% to 24.3% among men.

Number of suicides in India from 1971 to 2022

(in 1,000s)



# PREVALENCE – NATIONWIDE BASED ON AGE





# PREVALENCE – STATEWISE

States by Suicide Rate [\[ edit \]](#)

Rank <span>↕</span>	State <span>↕</span>	Suicide Rate (Per 1 Lakh) 2020 <sup>[4]</sup> <span>↕</span>	Suicide Rate (per 1 Lakh) 2015 <sup>[5]</sup> <span>↕</span>
1	<a href="#">Sikkim</a>	42.5	37.5
2	<a href="#">Chhattisgarh</a>	26.4	27.7
3	<a href="#">Kerala</a>	24.0	21.6
4	<a href="#">Tamil Nadu</a>	22.2	22.8
5	<a href="#">Telangana</a>	21.5	27.7
6	<a href="#">Tripura</a>	20.9	19.6
7	<a href="#">Goa</a>	19.9	15.4
8	<a href="#">Karnataka</a>	18.4	17.4
9	<a href="#">Madhya Pradesh</a>	17.4	13.3
10	<a href="#">Maharashtra</a>	16.1	14.2
11	<a href="#">Haryana</a>	13.7	13.0
12	<a href="#">West Bengal</a>	13.4	15.7
13	<a href="#">Andhra Pradesh</a>	13.4	12.1
14	<a href="#">Odisha</a>	12.2	9.7
15	<a href="#">Gujarat</a>	11.6	11.6
16	<a href="#">Himachal Pradesh</a>	11.6	7.7
17	<a href="#">Arunachal Pradesh</a>	10.5	10.4
18	<a href="#">Assam</a>	9.3	10.0
19	<a href="#">Mizoram</a>	8.9	11.7
20	<a href="#">Punjab</a>	8.7	3.6
21	<a href="#">Uttarakhand</a>	8.3	4.5
22	<a href="#">Rajasthan</a>	7.2	4.8
23	<a href="#">Meghalaya</a>	6.9	6.2
24	<a href="#">Jharkhand</a>	5.6	2.5
25	<a href="#">Nagaland</a>	2.2	0.9
26	<a href="#">Uttar Pradesh</a>	2.1	2.0
27	<a href="#">Manipur</a>	1.4	1.4
28	<a href="#">Bihar</a>	0.7	0.5
UT1	<a href="#">Andaman and Nicobar Islands</a>	45.0	28.9
UT2	<a href="#">Puducherry</a>	26.3	43.2
UT3	<a href="#">Delhi</a>	15.5	8.8
UT4	<a href="#">Dadra and Nagar Haveli and Daman and Diu</a>	15.0	25.4
UT5	<a href="#">Chandigarh</a>	10.7	6.9
UT6	<a href="#">Ladakh</a>	4.0	3.0
UT7	<a href="#">Lakshwadeep</a>	2.9	6.3
UT8	<a href="#">Jammu and Kashmir</a>	2.2	3.0



# SIGNS AND SYMPTOMS



- Talking about suicide — for example, making statements such as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born."
- Getting the means to take your own life, such as buying a gun or stockpiling pills.
- Withdrawing from social contact and wanting to be left alone.
- Having mood swings, such as being emotionally high one day and deeply discouraged the next
- Being preoccupied with death, dying or violence

# SIGNS AND SYMPTOMS



- **Feeling trapped or hopeless** about a situation
- Increasing **use** of **alcohol or drugs**
- **Changing** normal **routine**, including **eating** or **sleeping** patterns
- Doing **risky or self-destructive things**, such as using drugs or **driving recklessly**
- **Giving away belongings** or **getting affairs** in order when there's no other logical explanation for doing this.

# SIGNS AND SYMPTOMS

- **Saying goodbye** to people as if they won't be seen again.
- Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above.

**Warning signs** aren't **always obvious**, and they may vary from **person to person**.

Some people make their **intentions clear**, while **others keep suicidal thoughts and feelings secret**.



# Who is at greater risk?

- The link between suicide and mental disorders (in particular, depression and alcohol use disorders) and a previous suicide attempt is well established in high-income countries
- Many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness.
- In addition, experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behaviour.
- Suicide rates are also high amongst vulnerable groups who experience discrimination, such as refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTI) persons; and prisoners.



## DEPRESSION - PSYCHOTHERAPY



The aim of talking therapy is to relieve psychological distress through expressing your feelings and discussing your thoughts with a therapist.

It will help you better understand your own difficulties and guide you as you begin to identify and plan different ways and strategies for overcoming depression.

They may be delivered one-to-one or in a group, with your family, or with your partner, delivered face-to-face, online or over the phone.

## DEPRESSION - PSYCHOTHERAPY

Research has found the following therapies to be effective in treating depression:

- Cognitive-Behavioural Therapy or CBT
- Counselling
- Psychodynamic Therapy
- Mindfulness Based Therapy
- Interpersonal Therapy
- Problem-Solving Therapy



It is important to understand that, whichever model of therapy is used, it normally takes some time before you begin to notice any changes.

# DEPRESSION - MEDICATION

01

Selective serotonin  
reuptake inhibitors  
(SSRIs)

02

Serotonin and  
Norepinephrine  
reuptake inhibitors  
(SNRIs)

03

Tricyclics and  
Tricyclic-Related  
drugs

04

Monoamine Oxidase  
Inhibitors (MAOIs)

# SUICIDE – PREVENTION & CONTROL

## WHO GUIDELINES

01

Limit access to the means of suicide (e.g. pesticides, firearms, certain medications)

02

Interact with the media for responsible reporting of suicide

03

Foster socio-emotional life skills in adolescents

04

Early identify, assess, manage and follow up anyone who is affected by suicidal behaviors.



# SUICIDE – PREVENTION & CONTROL

Those measures need to go hand-in-hand with the following foundational pillars:

- Situation analysis
- Multisectoral collaboration
- Awareness raising
- Capacity building
- Financing
- Surveillance
- Monitoring and evaluation.

# CHALLENGES & OBSTACLES

## Stigma and taboo

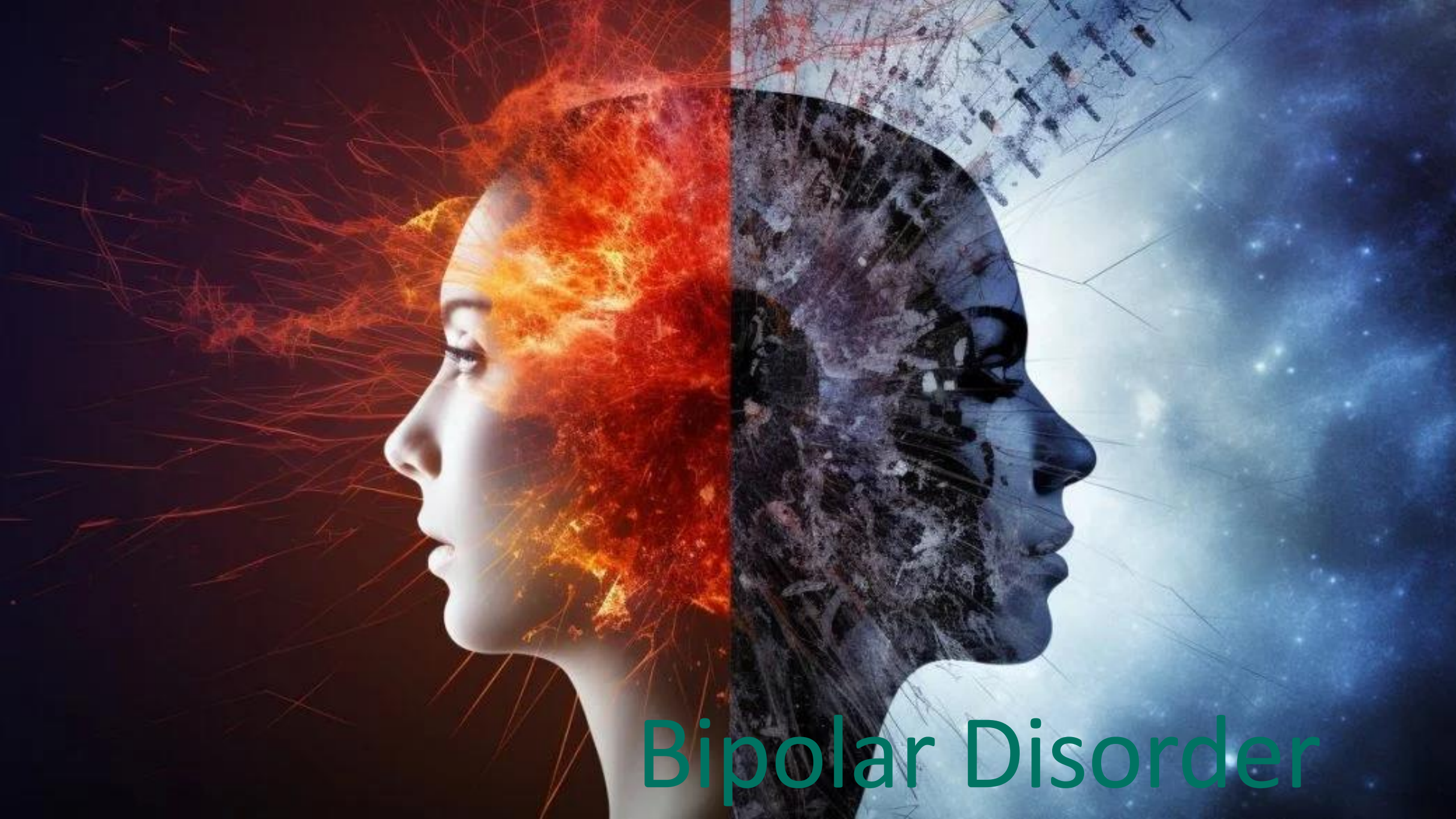
- Stigma, particularly surrounding mental disorders and suicide - Many people thinking of taking their own life or who have attempted suicide are not seeking help and are therefore not getting the help they need.
- The prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major public health problem and the taboo in many societies to openly discuss it.

# CHALLENGES & OBSTACLES

## Stigma and taboo

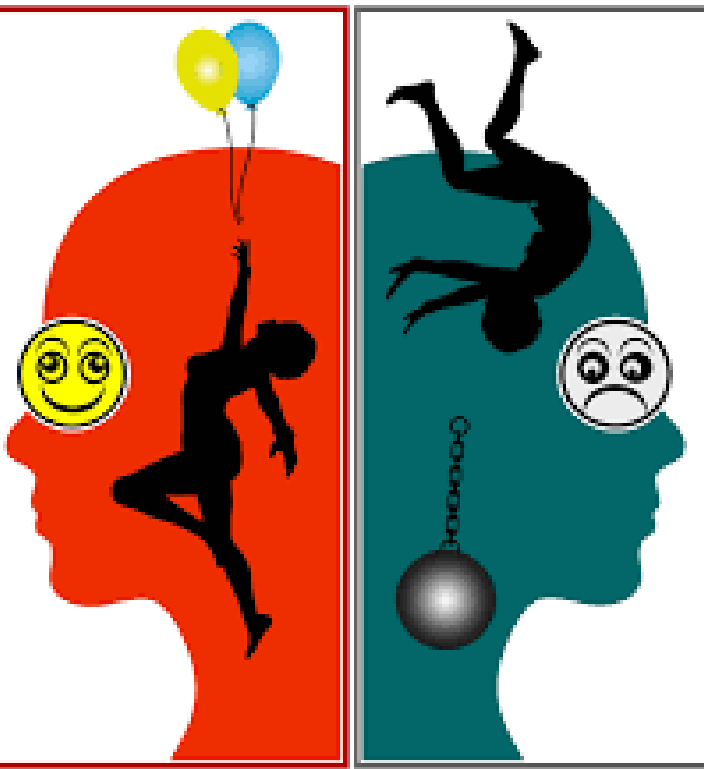
- To date, only a few countries have included suicide prevention among their health priorities and only 38 countries report having a national suicide prevention strategy.
- Raising community awareness and breaking down the taboo is important for countries to make progress in preventing suicide.





# Bipolar Disorder





It is as if my life were magically run by two electric currents: joyous positive and despairing negative - whichever is running at the moment dominates my life, floods it

Sylvia Plath (2000) The Unabridged Journals of  
Sylvia Plath, 1950-1962 New York: Anchor Books

# What is bipolar disorder?

Bipolar disorder, also known as **manic-depressive illness**, is a brain disorder that causes **unusual shifts in mood**, energy, activity levels, and the ability to **carry out day-to-day tasks**

Bipolar mood is characterized by **recurrent episodes of mania** and **depression** in the same patient at **different times**. • Earlier known as **manic depressive psychosis (MDP)**



ell

# Types



Bipolar I - Characterized by episodes of severe mania and severe depression.



Bipolar II - Characterized by episodes of hypomania (not requiring hospitalization) and severe depression.



# Depression phase



- Without treatment, a person with bipolar disorder may have intense episodes of depression.
- Symptoms include sadness, anxiety, loss of energy, hopelessness, and trouble concentrating.
- They may lose interest in activities that they used to enjoy.
- It's also common to gain or lose weight, sleep too much or too little, and even think about suicide



# Symptoms of Depression



- Prolonged sadness or unexplained crying spells
- Loss of appetite and changes in sleep patterns with sleeping far too much
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference, defeat
- Loss of energy
- Feelings of guilt, worthlessness
- Having problems focusing, remembering, and making decisions
- Unable to enjoy things anymore, social withdrawal and isolation
- Unexplained aches and pains
- Suicidal thoughts or attempting suicide.

# Manic phase



- During this phase, people feel **super-charged** and think they can do **anything**.
- Their **self-esteem** soars out of control and it's **hard** for them to **sit still**.
- They **talk more**, are easily **distracted**, their thoughts **race**, and they don't **sleep enough**.
- It often leads to **reckless behavior**, such as **cheating**, **fast driving**, and **substance abuse**.
- Three or more of these symptoms nearly **every** day for **a week** accompanied by **feelings of intense excitement** may **signal a manic episode**.

# Symptoms of Mania



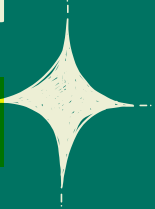
- Excessive energy, racing thoughts and rapid talking
- Denial that anything is wrong
- Easily irritated or distracted
- Decreased need for sleep – possibly days with little or no sleep without feeling tired
- Unrealistic beliefs in one's ability and powers
- Unusually poor judgment
- Abuse of drugs and alcohol
- Provocative, intrusive, or aggressive behavior

## Diagnostic Guidelines acc to DSM - 5



For a diagnosis of bipolar I disorder, it is **necessary to meet the following criteria** for a manic episode.

The manic episode may have been **preceded** by and may be followed by **hypomanic** or **major depressive episodes**.





# Diagnostic Guidelines acc to DSM - 5

## Manic Episode

A. A distinct **period of abnormally** and persistently elevated/**irritable** mood and increased activity/energy, lasting at **least 1 week** and present most of the day, nearly every day

B. During the period of mood disturbance and **increased energy** or activity, three (or more) of the following symptoms

1. Inflated **self-esteem** or grandiosity.
2. Decreased **need for sleep** (e.g., feels rested after only 3 hours of sleep).

## Diagnostic Guidelines acc to DSM - 5

3. More **talkative** than usual or pressure to keep talking.
4. **Flight of ideas** or subjective experience that thoughts are racing.
5. **Distractibility** as reported or observed.
6. Increase in **goal-directed activity** (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).
7. Excessive involvement in activities that have a **high potential** for **painful** consequences

## Diagnostic Guidelines acc to DSM - 5

C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization

D. The episode is not attributable to the physiological effects of a substance or another medical condition.

# Diagnostic Guidelines acc to DSM - 5

## Major Depressive Episode

A. Five (or more) of the following symptoms have been present during the same **2 week** period and represent a change from previous functioning; at least one of the symptoms is either **(1) depressed** mood or **(2) loss of interest** or pleasure.

1. Depressed **mood m**ost of the day, nearly every day, as indicated by either subjective report or observation made by others



## Diagnostic Guidelines acc to DSM - 5

2. Markedly diminished **interest** or pleasure in all, or almost all, activities most of the day, nearly every day
3. Significant weight loss when not dieting or **weight** gain or decrease or increase in appetite nearly every day.
4. Insomnia or **hypersomnia** nearly every day.
5. Psychomotor agitation or retardation nearly every day
6. Fatigue or loss of energy nearly every day.
7. Feelings of **worthlessness** or excessive or inappropriate guilt nearly every day

## Diagnostic Guidelines acc to DSM - 5

- 8. Diminished ability to think or **concentrate**, or indecisiveness, nearly every day
- 9. Recurrent thoughts of death, recurrent **suicidal ideation** with/without a specific plan, or a suicide attempt
- B. The symptoms cause clinically significant **impairment** in social, occupational functioning.
- C. The episode is not attributable to the **physiological effects** of a substance or another medical condition.

# Therapy



1. Cognitive Behavioral Therapy (CBT) - Helps people with bipolar disorder learn to change harmful or negative thought patterns and behaviors.
  - Its a short-term psychotherapeutic individual intervention designed for treating depression.
  - It is based on cognitive restructuring and is aimed at decreasing depressive symptoms and improving self-esteem.
  - It includes self-monitoring and self-regulation, by means of managing and dealing with automatic, dysfunctional thoughts, and usually includes behavioral techniques for decreasing environmental stress & promote social adaptation .
  - There is substantial evidence for the effectiveness of CBT for depression.
  - The application of this theory for bpd derives from this research.
  - There is evidence that improvements in mood and social functioning have been made with individual CBT.

# Therapy



## 2. Family-focused interventions:

It addresses **enhancing communication** and **copied skills**, as well as the role of expressed emotion amongst families.

Studies seem to indicate **some decreases in relapse** rates.





# Therapy

3.

## Interpersonal and Social Rhythm Therapy -

It helps people with bipolar disorder improve their relationships with others and manage their daily routines.



# Therapy

## 4. Schema-focused therapy -

- Schemas are core beliefs/pervasive themes regarding oneself and others.
- They are self-perpetuating, with an individual tending to distort information to maintain its validity.
- The modified schema-focused cognitive therapy incorporates schemas associated with adaptability to illness and adaptability styles.



# Therapy

## 5. Psychoeducation -

- Usually **done in a group**, teaches people about the illness and its treatment.
- Can help to recognize **signs of an impending mood swing** so treatment can be sought early, before a **full-blown episode occurs**.
- It may also be **helpful for family members** and caregivers
- It tends to include **2-9 sessions** that are mainly informative about the disease and its **pharmacological treatment**.
- Its goal is to define **BP illness** as a **biological disturbance** and to focus treatment on **pharmacological measures**.



# Medications



There is no one medication for bipolar disorder. Depending on the person, various combinations of these or similar drugs might be prescribed.

- Mood stabilizers:
- Antidepressants:



# References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>

