

# *Psychotic and Mood Disorders*

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# Diagnostic Hierarchy

**Cognitive**

**Delirium/  
Dementia**

**Affective**

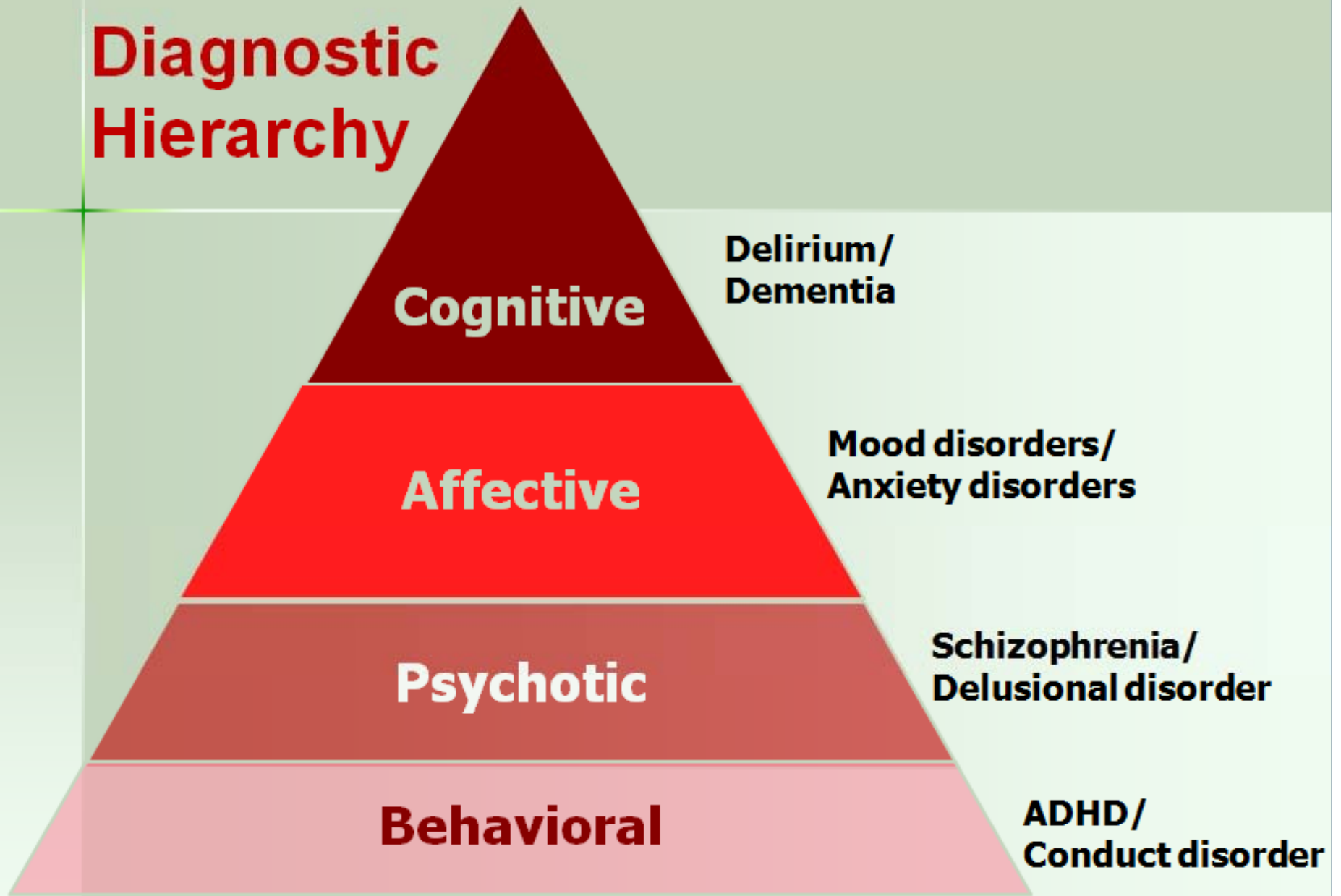
**Mood disorders/  
Anxiety disorders**

**Psychotic**

**Schizophrenia/  
Delusional disorder**

**Behavioral**

**ADHD/  
Conduct disorder**



# Symptoms

Mood	Anxious	Psychotic	Non-specific
Depressed mood	Anxiety/Worry	Delusion	Aggression
Loss of interest	Phobia	Hallucination	Agitation/Restlessness
Elevated mood	Rumination	Disorganized speech	Irritability
Hopelessness	Avoidance	Disorganized behavior	Impulsivity
Worthlessness	Safety behaviors		Mood swing
Helplessness	Hypervigilance		Talkativeness
Guilt feeling	Panic attack		Grandiosity
Attempted suicide	Safety behaviors		Difficulty concentrating
Overactivity	Restlessness		Self-injury
Overfamiliarity	Exaggerated startle response		Insomnia
			Being easily fatigued

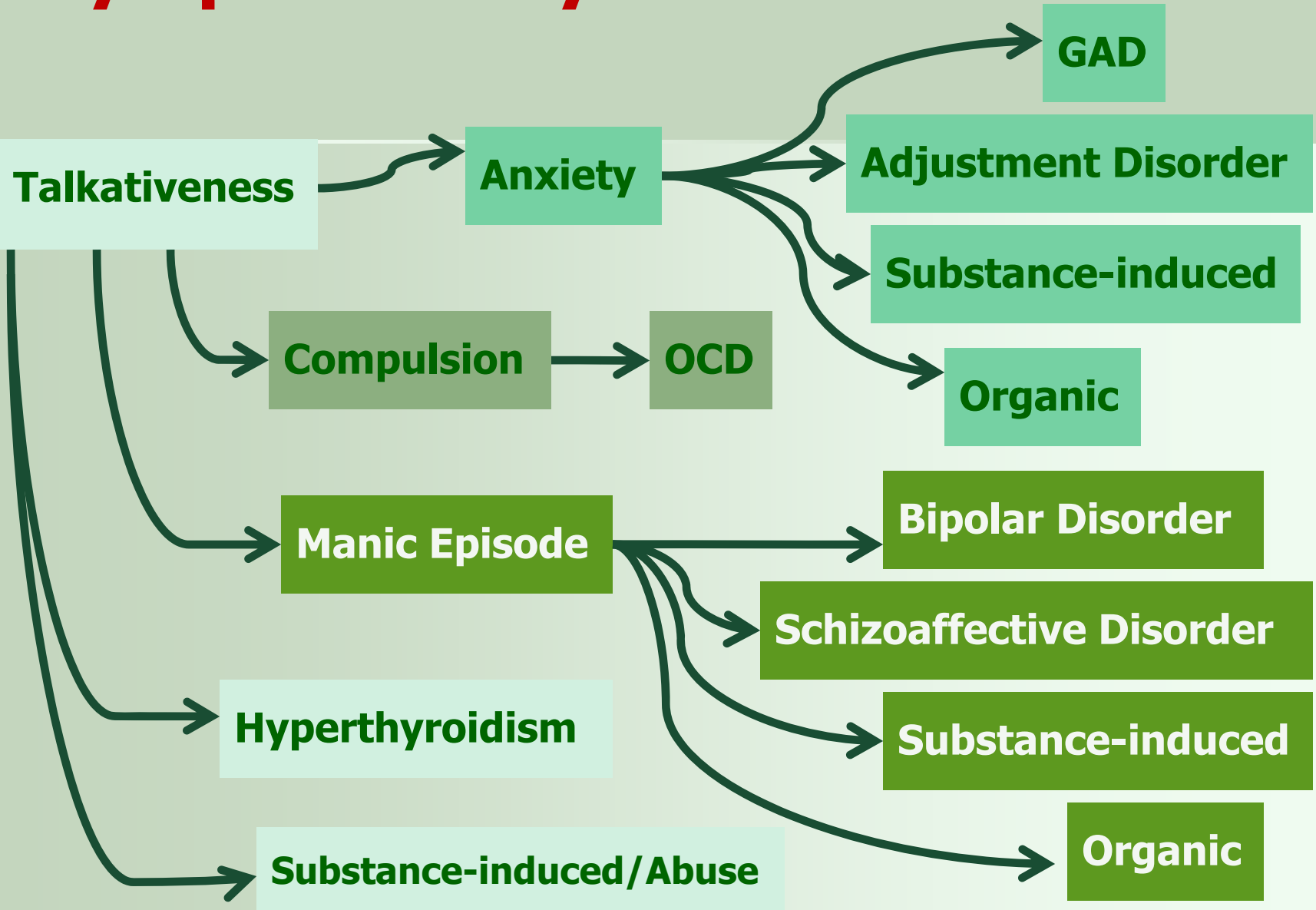
# Symptom → Syndrome

- Depressed mood + Loss of interest +  
Insomnia + Low self-esteem + Hopelessness

- Major Depressive Episode



# Symptom → Syndrome



# Mood

- **Depressed mood/ Loss of interest**
- **Elevated/ Expansive mood**
  - Irritable mood (Less specificity)
  - Affective instability (Less specificity)

Adjustment

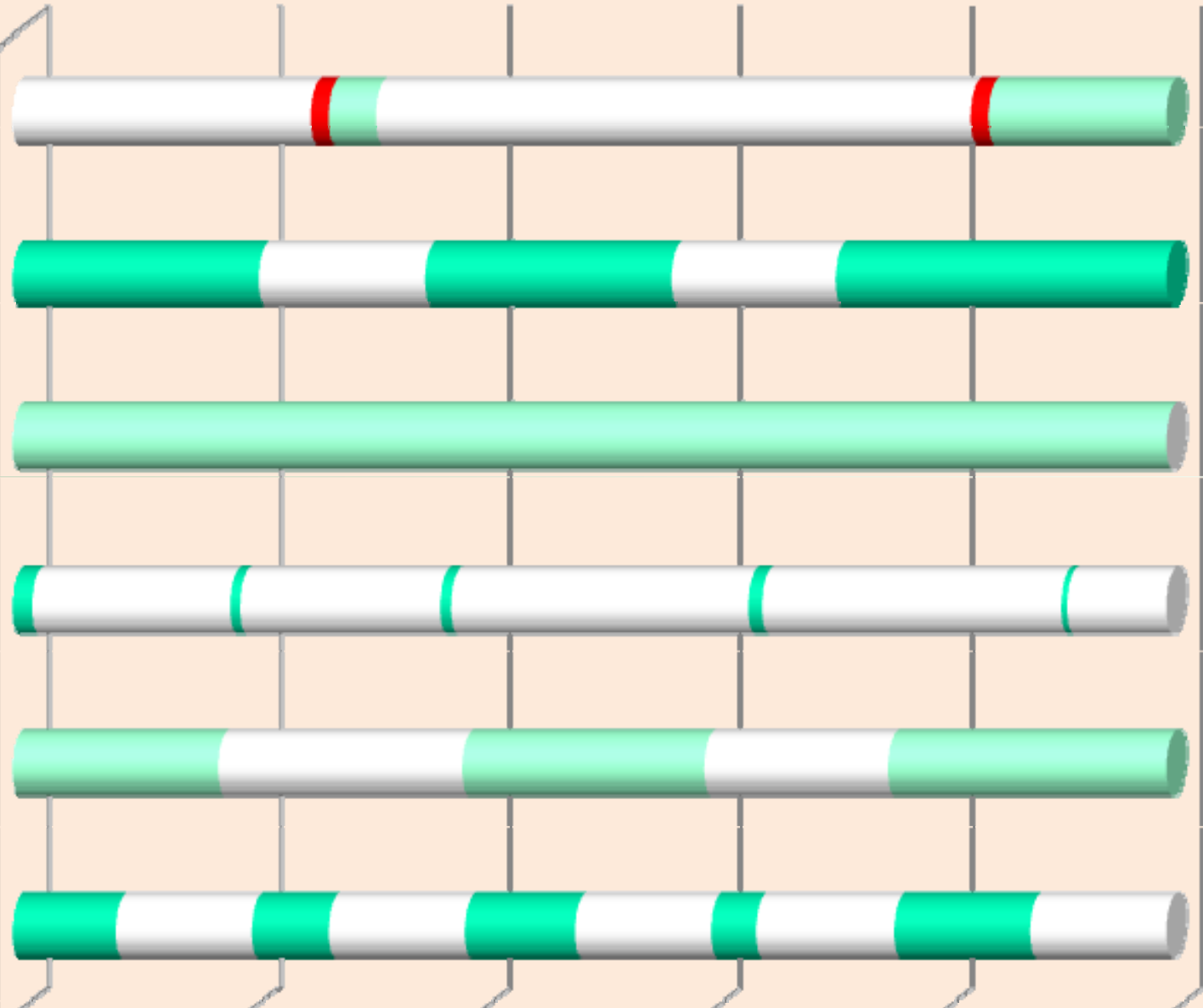
MDD

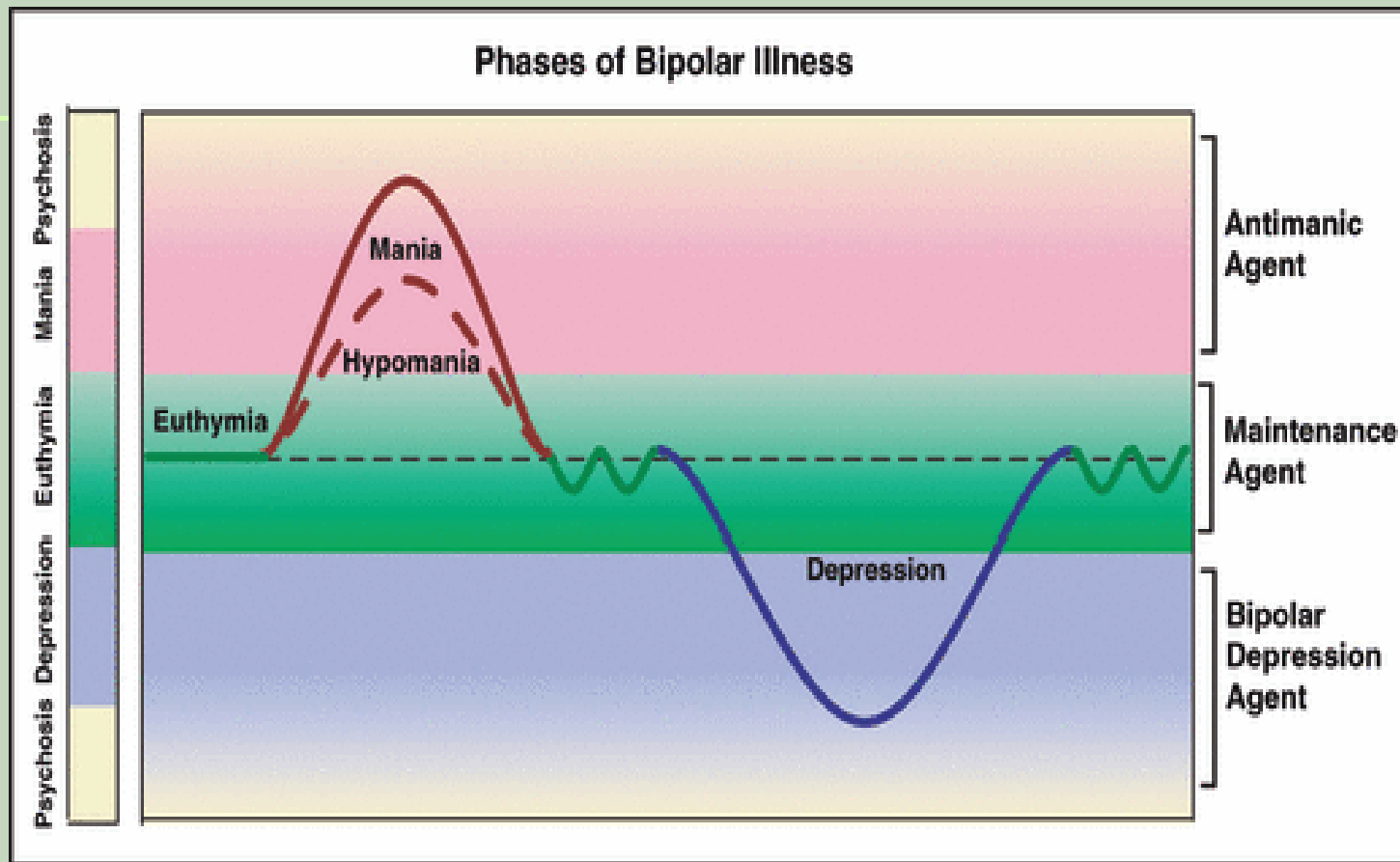
Dysthymic

Rec Brief

Minor dep

Bip dep

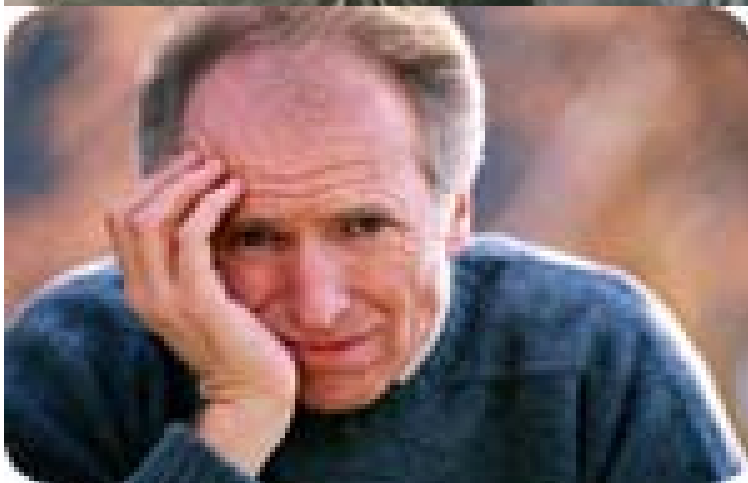






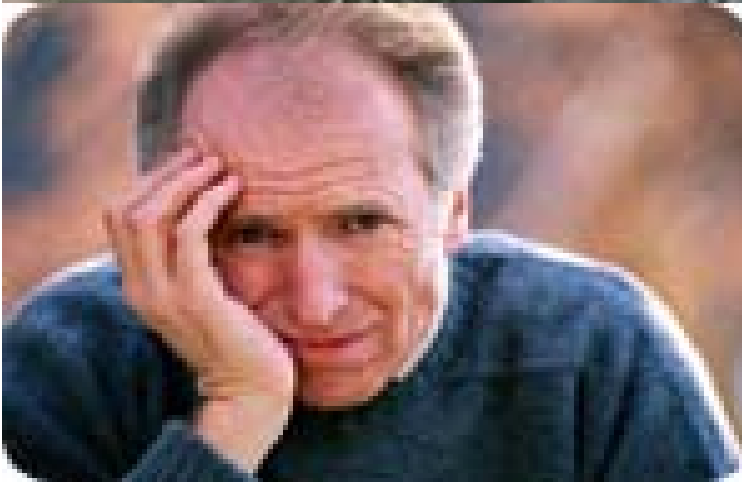
# نشانه‌های کلیدی اختلال دوقطبی

- **D**epressed mood
- **L**oss of interest
- **E**uphoria
- **I**rritability
- **O**veractivity



# ویژگی‌های اختلال دوقطبی

- Highly **recurrent**
- **Familial** [etiology]
- **Hypo/mania:** Hallmark
- **Depression:** **Predominant** affect  
Profound disability
- **Suicide:** a major outcome
- **Subsyndromal** symptoms:  
Predominant features
- **Comorbidity** is the **rule** rather than exception.



**In the clinic:**

**depression/anxiety** symptoms >  
**mania/hypomania** symptoms

# Bipolar **I** Disorder

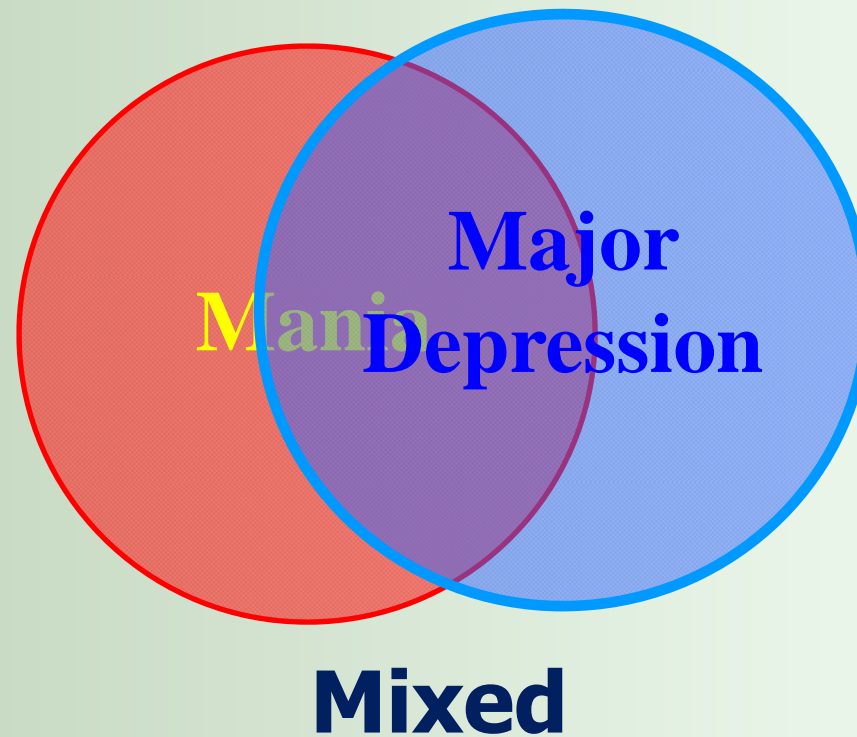


The diagram consists of two circles on a light green background. The left circle is red with a red outline and contains the word 'Mania' in yellow. The right circle is blue with a blue outline and contains the words 'Major Depression' in blue. A thin white vertical line is on the left side of the circles, and a thin white horizontal line is at the top of the circles, intersecting at the top-left corner of the diagram area.

**Mania**

**Major  
Depression**

# Bipolar **I** Disorder

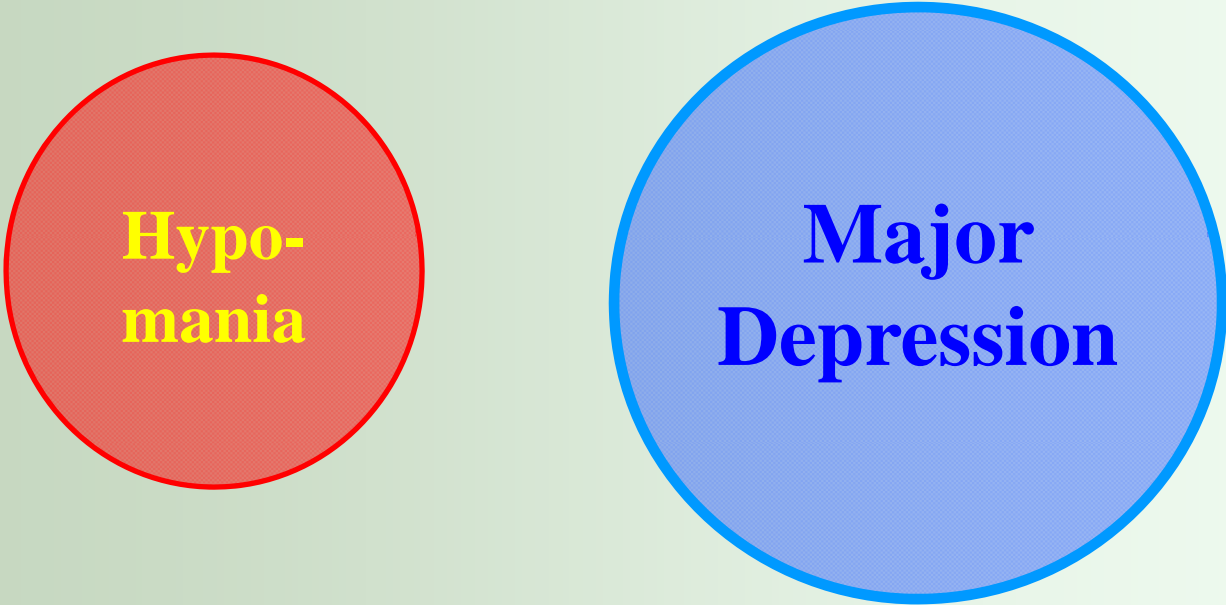


# Bipolar **I** Disorder



	<b>Mania</b>	<b>Hypomania</b>
<b>Psychosis</b>	+	—
<b>Dysfunction</b>	+	—
<b>Significant aggression</b>	+	—
<b>Duration</b>	≥ 7 days or any if aggression	≥ 4 days

# Bipolar **II** Disorder



The diagram consists of two circles on a light green background. The left circle is red with a red outline and contains the text 'Hypo-mania' in yellow. The right circle is blue with a blue outline and contains the text 'Major Depression' in blue. A thin white vertical line is on the left side of the circles.

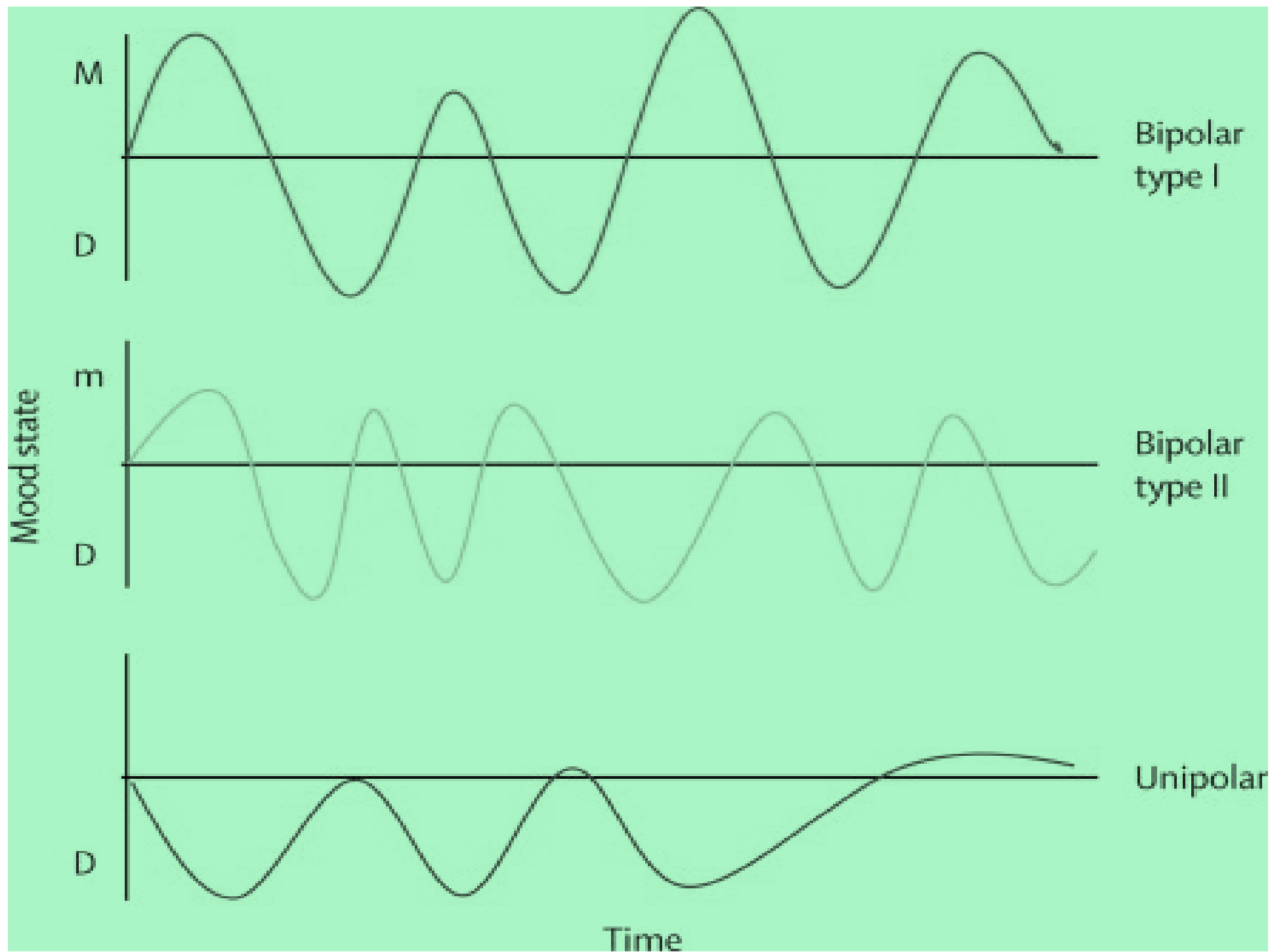
**Hypo-  
mania**

**Major  
Depression**



# Bipolar **II** Disorder



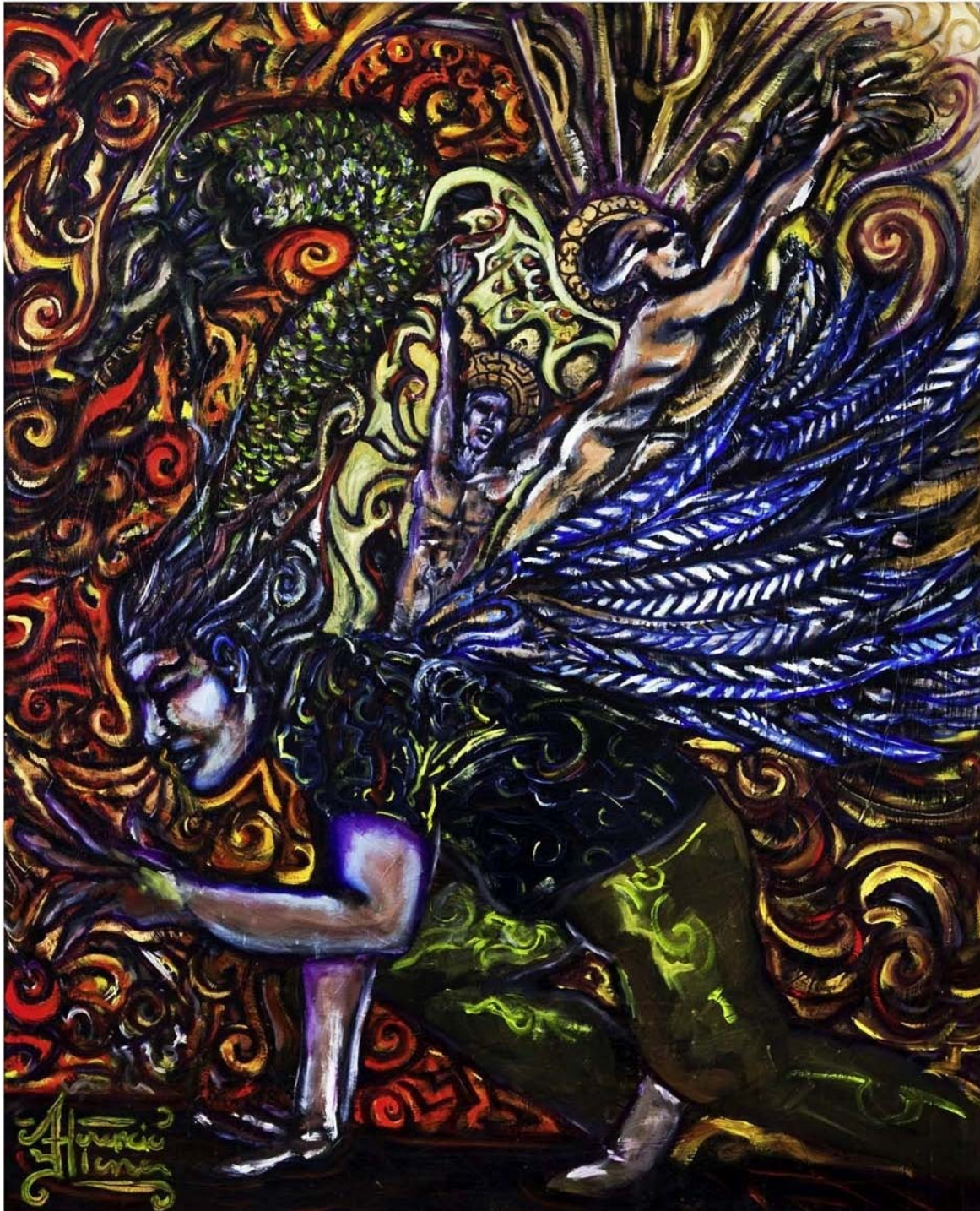


# Psychosis

- **Delusion**
- **Hallucination**
- **Disorganized speech**
- **Disorganized behavior**



**Bryan Charnley, 1991**

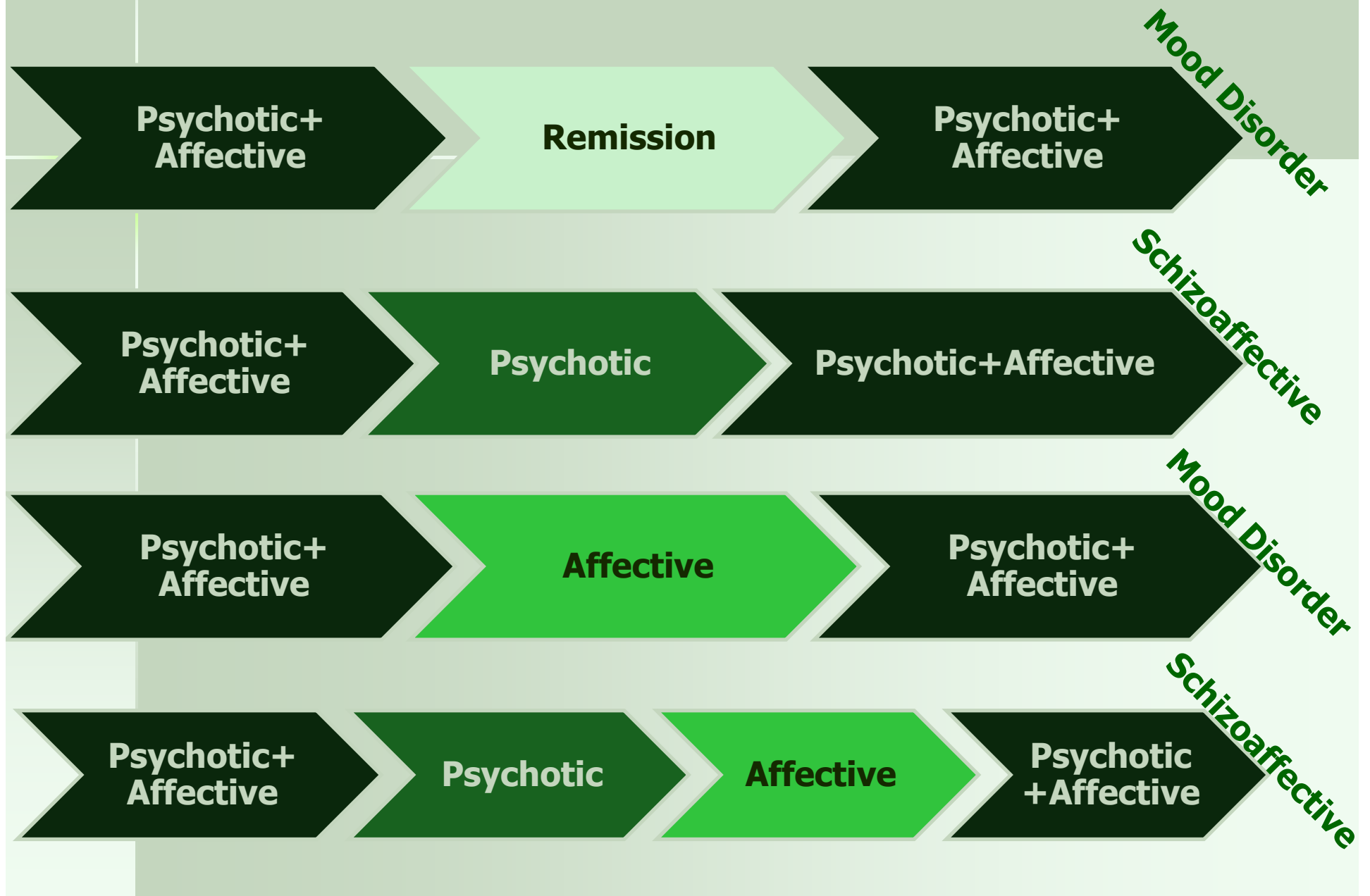


“**Mania**” whose author is **Florencio Yllana**, a contemporary artist of Philippine origin (born 1977), presently living in Brazil. The painting was done in 2001 following the acute manic episode in the course of BD in the artist. *(Rybakowski JK, 2010)*

# Psychotic Disorders

- Schizophrenia
- Schizoaffective Disorder
- Delusional Disorder
- Brief Psychotic Disorder
  - Another Medical Condition
  - Substance-induced

# Psychotic+Affective





# Treatment Options

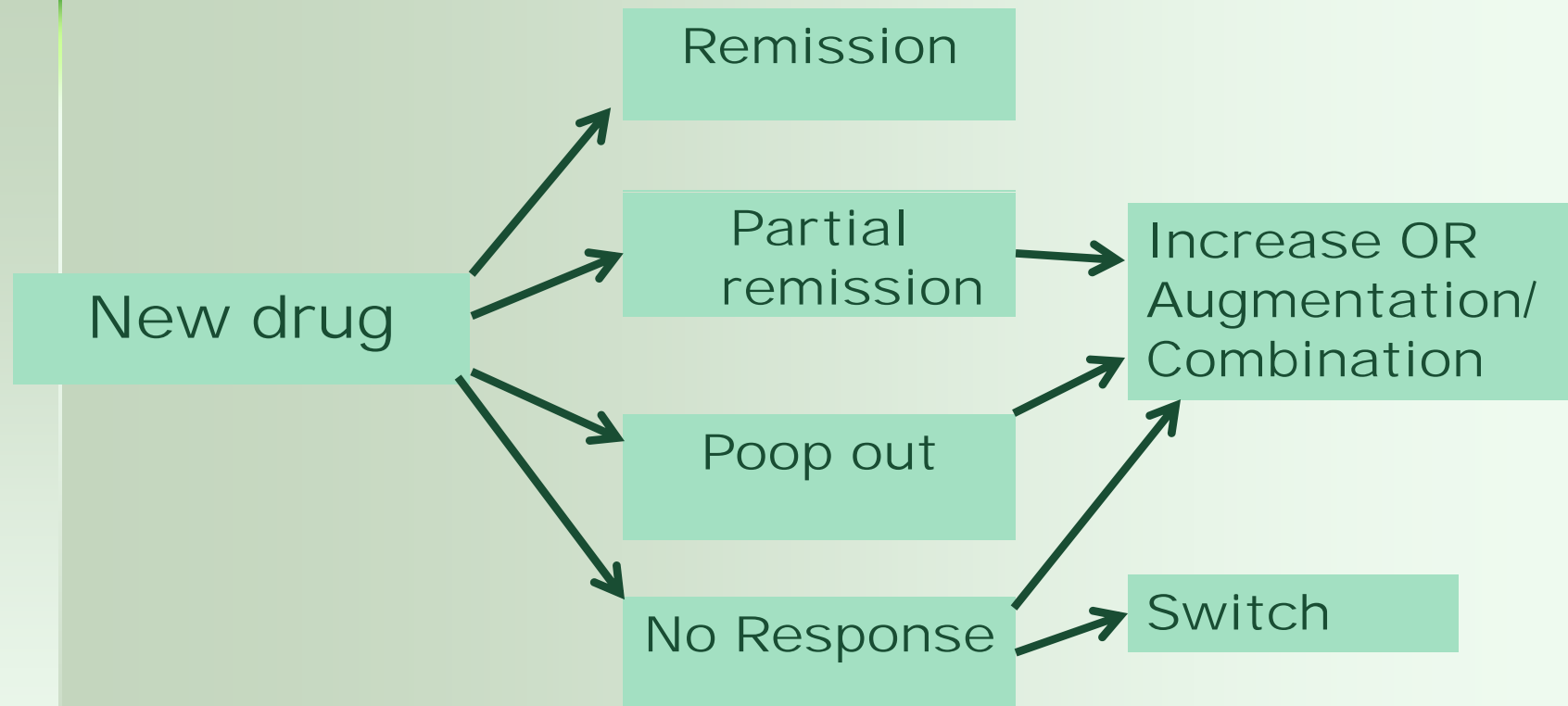
- **Placebo; Sham ECT**
- **Medications**
- **Psychotherapy**
- **ECT**
- **rTMS**
- **VNS**



## **Antidepressants:**

- 1) TCAs (imipramine)**
- 2) Atypical TCAs (mianserin)**
- 3) MAOIs (tranylcypromine)**
- 4) RIMAs (moclobemide)**
- 5) SSRIs (fluoxetine)**
- 6) SNRIs (venlafaxine)**
- 7) NRIs (reboxetine)**
- 8) SARIs (trazodone)**
- 8) NDRI (bupropion)**
- 10) NASSAs (mirtazapine)**
- 11) MASSAs (agomelatine)**
- 12) SSREs (tianeptine)**
- 13) Serotonin Modulator and Stimulator (vortioxetine)**
- 14) SRI+5HT<sub>1a</sub>PA (vilazodone)**
- 15) Herbal: St. John's wort**
- 16) SNDRI (amitifadine)**

# Treatment algorithm



**Poop out = losing the efficacy**

## **Augmentation agents:**

- 1) Folic acid**
- 2) Omega-3 fatty acids**
- 3) Buspirone**
- 4) SGAs**
- 5) Stimulants**
- 6) Liothyronine**
- 7) Lithium**
- 8) Wake-promoting agents:**  
**modafinil**
- 9) Dopamine agonists:**  
**pramipexole**

## Major side effects

<b>Lithium</b>	<b>Renal failure</b>	<b>Toxicity</b>	<b>Diabetes insipidus</b>
<b>Valproate</b>	<b>Teratogenicity</b>	<b>Hepatotoxicity</b>	
<b>Lamotrigine</b>	<b>Serious rash</b>		
<b>Atypical antipsychotics</b>	<b>Diabetes mellitus</b>	<b>Hyperlipidemia</b>	<b>Weight gain</b>

	<b>Strengths</b>	<b>Weaknesses</b>
<b>Lithium</b>	<b>Antisucide</b>	<b>Toxicity</b>
<b>Valproate</b>	<b>High tolerance</b>	<b>For women in fertility ages</b>
<b>Lamotrigine</b>	<b>High tolerance No weight gain Low teratogenicity</b>	<b>Titration No antimanic Serious rash</b>
<b>Atypical antipsychotics</b>	<b>Antipsychosis</b>	<b>Metabolic syndromes</b>

