

# Major Disorders of Mood, Thoughts, and Behavior



Jeffrey M. Lyness

## CLASSIFICATION OF MENTAL DISORDERS

Mental (psychiatric) disorders are alterations in thoughts, feelings, or behaviors that produce substantive subjective distress or affect the patient's functional status. Many mental disorders are caused by the direct effects of drugs, systemic disease, or neurologic disease on brain physiology. They may be broadly considered as secondary psychiatric disorders, as opposed to the primary or idiopathic psychiatric disorders. The distinguishing feature of neurocognitive disorders is impairment in intellectual functions such as level of consciousness, orientation, attention, or memory; however, these disorders also often include disruption of mood, thoughts, and behaviors similar to that seen in other psychiatric syndromes. Neurocognitive disorders are the focus of [Chapters 105 and 108](#).

The noncognitive secondary syndromes by definition cause psychiatric phenomena similar to their idiopathic counterparts. During the evaluation of any patient with new or worsened psychiatric symptoms, it is essential to conduct a thorough evaluation for other medical causes, including a careful history and physical examination (with a screening neurologic examination) that often are supplemented by laboratory evaluations. [Table 109-1](#) outlines important causes of psychiatric syndromes. Although some conditions are likely to produce certain psychiatric syndromes, many manifest as any of several psychiatric syndromes. Conversely, a psychiatric syndrome may be caused by any of a wide range of conditions.

Because the cause of primary psychiatric disorders is unknown, approaches to classification depend on reliable empirical observations of phenomena clustered into recognizable syndromes. [Table 109-2](#) shows the most important psychiatric syndromes

and the disorders in which they may manifest. [Table 109-3](#) shows the major idiopathic disorders, excluding addictive disorders (see [Chapter 126](#)). Many psychiatric disorders manifest with multiple syndromes. For example, major depression with psychotic features manifests with a depressive syndrome and a psychotic syndrome. In evaluating a patient with new or worsened psychiatric symptoms, the clinician must construct a differential diagnosis based on syndromes alongside the differential diagnosis based on potential secondary causes.

## DEPRESSIVE AND BIPOLAR DISORDERS

Depressive and bipolar disorders are characterized by idiopathic episodes of depression alone (i.e., unipolar) or mania and depression (i.e., bipolar). The core symptoms of depressive episodes include emotional symptoms (e.g., dysphoria, irritability, anhedonia, loss of interests), ideational symptoms (e.g., thoughts with hopeless, worthless, guilty, or suicidal themes), and neurovegetative symptoms and signs (e.g., anergia; psychomotor slowing or agitation; decreased concentration; altered sleep, appetite, and weight).

Major depressive disorder is defined by episodes of a least five symptoms, including depressed mood, anhedonia, or loss of interests, that occur almost every day for at least 2 consecutive weeks, sufficient to cause significant distress and affect functional status. Other prominent symptoms may include associated anxiety, somatic worry, or new somatic symptoms, and in the most severe cases, psychotic symptoms, including nihilistic or self-deprecatory (i.e., mood-congruent) delusions.

Major depression is common, with a 12-month prevalence of approximately 7% and a lifetime prevalence of up to 10% among men and 20% to 25% in women. New depressive episodes have an annual incidence of approximately 3%. First onset may occur at any age but is most common in the third through fifth decades of life. Whereas most episodes of major depression fully remit spontaneously or with treatment, the lifetime risk of recurrence is at least 50% to 70%, and up to 20% of patients may experience chronic symptoms over many years. Major depression is a leading correlate of disability worldwide, is an important determinant of death by suicide, and is associated with increased risk of death from comorbid physical illnesses. Persistent depressive disorder (i.e., dysthymia) is a condition defined by chronic depressive symptoms, often of insufficient severity to meet criteria for major depression.

Depressive disorders are heterogeneous, with many potential pathogenic mechanisms. Genetic factors, such as polymorphisms

**TABLE 109-1** IMPORTANT CAUSES OF PSYCHIATRIC SYNDROMES

CENTRAL NERVOUS SYSTEM CONDITIONS	SYSTEMIC DISEASES
Tumor	Cardiovascular diseases
Toxins	Pulmonary diseases
Vascular disorders	Cancer
Seizure	Infection
Infection	Nutritional disorders
Genetic disorders	Endocrine disorders
Congenital malformation	Metabolic disorders
Demyelinating conditions	<b>DRUGS</b>
Degenerative conditions	Drug intoxication
Hydrocephalus	Drug withdrawal