TABLE 109-3 MAJOR IDIOPATHIC (PRIMARY) DISORDERS OF MOOD, THOUGHTS, AND BEHAVIOR

MOOD DISORDERS	PERSONALITY DISORDERS
Depressive (Unipolar)	**Cluster A: Odd Eccentric**
Major depressive disorder Persistent depressive disorder (dysthymia)	Schizoid personality disorder (detachment from social relationships, restricted emotional expression) Schizotypal personality disorder (social and emotional deficits, cognitive or perceptual distortions, eccentric behavior) Paranoid personality disorder (pervasive distrust and suspiciousness)
Bipolar	
Bipolar disorder Cyclothymic disorder Bipolar II disorder (bipolar disorder not otherwise specified)	
ANXIETY DISORDERS	**Cluster B: Dramatic or Emotional**
Panic disorder (without or with agoraphobia) Generalized anxiety disorder Social phobia Specific phobia	Borderline personality disorder (instability of interpersonal relationships, self-image, and affects, and impulsivity) Narcissistic personality disorder (grandiosity, need for admiration, lack of empathy) Antisocial personality disorder (disregard for and violation of the rights of others) Histrionic personality disorder
OTHER CONDITIONS WITH ANXIETY AS A PROMINENT FEATURE	
Obsessive-compulsive disorder Acute stress disorder, posttraumatic stress disorder	
PSYCHOTIC DISORDERS	**Cluster C: Anxious or Fearful**
Schizophrenia Schizophreniform disorder Brief psychotic disorder Schizoaffective disorder Delusional disorder	Avoidant personality disorder (social inhibition, feelings of inadequacy, hypersensitivity to criticism) Dependent personality disorder (pervasive and excessive need to be taken care of, leading to submissive and clinging behavior and fears of separation) Obsessive-compulsive personality disorder (preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency)
SOMATIC SYMPTOM DISORDERS	
Somatic symptom disorder Illness anxiety disorder Conversion (functional neurologic symptom) disorder Psychological factors affecting physical condition Factitious disorder (i.e., Munchausen's syndrome)	

Data from American Psychiatric Association: Diagnostic and statistical manual of mental disorders, ed 5, Washington, D.C., 2013, American Psychiatric Association.

TABLE 109-4 PSYCHOTHERAPIES FOR DEPRESSION AND ANTIDEPRESSANT MEDICATIONS

NAME	APPROACH OR MECHANISM OF ACTION
PSYCHOTHERAPY	
Cognitive psychotherapy	Identify and correct negativistic patterns of thinking
Interpersonal psychotherapy	Identify and work through role transitions or interpersonal losses, conflicts, or deficits
Problem-solving therapy	Identify and prioritize situational problems; plan and implement strategies to deal with top-priority problems
COMMONLY USED ANTIDEPRESSANTS	
Selective serotonin reuptake inhibitors (SSRIs)	Inhibit presynaptic reuptake of serotonin
Citalopram and escitalopram	
Fluoxetine	
Paroxetine	
Sertraline	
Serotonin and norepinephrine reuptake inhibitors (SNRIs)	Inhibit presynaptic reuptake of serotonin and norepinephrine
Duloxetine	
Venlafaxine and desvenlafaxine	
Tricyclic antidepressants (TCAs)	Inhibit presynaptic reuptake of serotonin and norepinephrine (in various proportions depending on the specific TCA)
Amitriptyline	
Desipramine	
Doxepin	
Imipramine	
Nortriptyline	
Monoamine oxidase inhibitors (MAOIs)	Inhibit monoamine oxidase, the enzyme that catalyzes oxidative metabolism of monoamine neurotransmitters
Isocarboxazide	
Phenelzine	
Selegiline	Selective MAO-B inhibitor
Tranylcypromine	
Other drugs	
Bupropion	Unknown, although it is weak inhibitor of presynaptic reuptake of norepinephrine and dopamine
Mirtazapine	Serotonin (5-hydroxytryptamine [5-HT]) antagonist at α_2 and 5-HT2 receptors
Trazodone	Inhibits presynaptic reuptake of serotonin; antagonist at 5-HT2 and 5-HT3 receptors
Vilazodone	Inhibits presynaptic reuptake of serotonin; agonist at 5-HT1A receptors

manage psychosocial stressors and encourage medication compliance improve longer-term outcomes.

A spectrum of less severe bipolar disorders includes conditions marked by episodes of hypomania (i.e., low-level manic symptoms without psychosis or significant impairment in functioning). They include bipolar II disorder, characterized by episodes of hypomania and major depression, and cyclothymic disorder, characterized by hypomania and low-level depression not meeting criteria for major depression. Because patients with bipolar II disorder are most likely to seek care during depressive episodes, it is important to inquire about a history of manic symptoms to avoid precipitating mania with the use of antidepressant medications. The pathogeneses of these less severe mood disorders is unclear.

DISORDERS WITH ANXIETY AS A PROMINENT FEATURE

The idiopathic anxiety disorders manifest with troublesome thoughts and somatic symptoms (Table 109-5) along with the emotional sensation of anxiety. A panic attack is a transient episode of crescendo anxiety, catastrophic thoughts (e.g., fears of dying, going insane, losing self-control), and somatic symptoms. If panic attacks or other clinically significant anxiety symptoms occur only in predictable response to environmental stimuli, the anxiety disorder is known as a *phobia*, which may further be classified as agoraphobia (i.e., anxiety about being in places from which escape may be difficult or embarrassing such as being alone, in crowds, in tunnels, or on bridges), social phobia (i.e., anxiety in interpersonal situations); and specific phobia (i.e., anxiety provoked by other situations or objects such as blood, animals, or heights). Panic disorder manifests with recurrent panic attacks, some of which are unexpected and unpredictable, along with anticipatory anxiety (i.e., fear of having another attack) and avoidance behaviors (i.e., avoiding situations that