Depression, Anxiety, & Agitated Depression

Depression

According to the DSM-IV-TR criteria for diagnosing a major depressive disorder (cautionary statement) one of the following two elements must be present for a period of at least two weeks:

• Depressed mood, or
• Anhedonia

It is sufficient to have either of these symptoms in conjunction with five of a list of other symptoms over a two-week period. These include:

• Feelings of overwhelming sadness and/or fear, or the seeming inability to feel emotion (emptiness).
• A decrease in the amount of interest or pleasure in all, or almost all, daily activities.
• Changing appetite and marked weight gain or loss.
• Disturbed sleep patterns, such as insomnia, loss of REM sleep, or excessive sleep (Hypersomnia).
• Psychomotor agitation or retardation nearly every day.
• Fatigue, mental or physical, also loss of energy.
• Intense feelings of guilt, helplessness, hopelessness, worthlessness, isolation/loneliness and/or anxiety.
• Trouble concentrating, keeping focus or making decisions or a generalized slowing and obtunding (to dull or blunt, especially sensation or pain) of cognition, including memory.
• Recurrent thoughts of death (not just fear of dying), desire to just "lay down and die" or "stop breathing", recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
• Feeling and/or fear of being abandoned by those close to one.

Other symptoms often reported but not usually taken into account in diagnosis include: self-loathing; a decrease in self-esteem; inattention to personal hygiene; sensitivity to noise; physical aches and pains, and the belief these may be signs of serious illness; fear of 'going mad'; change in perception of time; periods of sobbing; possible behavioral changes, such as aggression and/or irritability.

In psychology, anhedonia (< an- + Greek ἥδονή pleasure) is a patient's inability to experience pleasure from normally pleasurable life events such as eating, exercise, and social/sexual interactions.
Anxiety

According to the *Diagnostic and Statistical Manual IV-Text Revision* (DSM IV-TR), the following criteria must be met for a person to be diagnosed with Generalized Anxiety Disorder.

- Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).
- The person finds it difficult to control the worry.
- The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). Note: Only one item is required in children.
  1. restlessness or feeling keyed up or on edge
  2. being easily fatigued (difficulty concentrating or mind going blank)
  3. irritability
  4. muscle tension
  5. sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
  6. excessive sweating
- The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g., the anxiety or worry is not about having a panic attack (as in panic disorder), being embarrassed in public (as in social phobia), being contaminated (as in obsessive-compulsive disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in anorexia nervosa), having multiple physical complaints (as in somatization disorder), or having a serious illness (as in hypochondriasis), and the anxiety and worry do not occur exclusively during posttraumatic stress disorder.
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.

Agitated Depression and Other Mixed States

- In the context of mental illness, a mixed state (also known as dysphoric mania, agitated depression, or a mixed episode) is a condition during which symptoms of mania and depression occur simultaneously (e.g., agitation, anxiety, fatigue, guilt, impulsiveness, insomnia, irritability, morbid and/or suicidal ideation, panic, paranoia, pressured speech and rage). Typical examples include tearfulness during a manic episode or racing thoughts during a depressive episode. Mixed states can be the most dangerous period of mood disorders, during which substance abuse, panic disorder, suicide attempts, and other complications increase greatly.

Diagnostic criteria

- As affirmed by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), a mixed state must meet the criteria for a major depressive episode and a manic episode nearly every day for at least one week. However, mixed episodes rarely conform to these qualifications; they may be described more practically as any combination of depressive and manic symptoms (Akiskal & Pinto, 1999; Goldman, 1999; Perugi et al., 1999). The Merck Manual of Diagnosis and Therapy (MMDT) splits the DSM-IV diagnosis into dysphoric mania and a depressive mixed state.

- A depressive mixed state is a "major depressive episodes with superimposed hypomanic symptoms" (Benazzi, 2000). Mixed episodes in which major depression is the primary state, concurrent with atypical manic features were described in two studies (Benazzi & Akiskal, 2001; Perugi et al., 2001). A study by Goodwin and Ghaemi (2003) reported manic symptoms in two-thirds of patients with agitated depression, which they suggest calling "mixed-state agitated depression".

From the Wikipedia article on mixed state (psychiatry) at:
accessed 11/7/2006