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CHAPTER

3 Bipolar Mood Disorders

Term manic depressive psychosis is coined by Emil Kraepelin.

DEFINITION

Mood: Persistent and pervasive emotion or feeling tone which is experienced internally and colors persons way of behaving and perceiving.
Affect: Emotional feeling tone which is expressed externally on face during interview.
Anhedonia: Loss of interest in things/ activities which were previously pleasurable.
Euphoria: Overly cheerful mood
Elation or Elated mood: Euphoria + Increased Activity (psychic as well as motor)
Exaltation: Elation + Delusion of grandiosity.
Types of mood disorder:

Unipolar	Bipolar
Only depression (Major depressive disorder)	Mania, Mania + Depression, Hypomania + Depression, etc.

Note: *Mania does not classified as Unipolar disorder.*

MAJOR DEPRESSIVE DISORDER

Life time prevalence of depression is **5–17%** (Which is highest among all psychiatric disorder, so it is **most common** psychiatric disorder).
Male : Female = 1:2 **(2 times more common in females)**
Genetics:
If 1 parent is suffering from depression— 10–25% chance in their children.
If both parents suffers from depression then— 20–50% chance in their children.
Dizygotic twin of depressed patient have— 15–35% chance.
Monozygotic twin has— 50–90% (Average 70%) chance.
CREB-1 cAMP response element binding protein 1 on chromosome no.2 is associated with Unipolar depression.
Neurotransmitters involved in Depression:

1. *Nor-epinephrine:* Down regulation or decreased sensitivity of Beta adrenergic Receptors and clinical antidepressant response.
   Activation of pre synaptic Beta-2 adrenergic receptor in depression results in Decreased amount of Nor epinephrine and serotonin.

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2. *Serotonin:* Decreased serotonin.
   Patient with suicidal impulses have decreased CSF Serotonin levels.
3. *Dopamine:* Decreased dopamine levels. Mesolimbic dopamine pathway may be Dysfunctional in Depression and that the D1 receptor may be hypo functional.

Clinical Features of Depression

(Classical triad of symptoms of Depression is depressed mood, psychomotor retardation, slowed down thinking)
Diagnostic criteria According to DSM V.
Five or more symptoms (1 major + 4 minor) for period of 2 weeks.

Major Criteria:

1. Depressed mood most of the day nearly every day.
2. Markedly diminished interest or pleasure in all most all routine activities most of the day nearly every day.

Minor Criteria:

3. Increase or decrease Appetite/weight.
4. Insomnia or Hypersomnia nearly every day.
5. Psychomotor retardation or agitation.
6. Fatigue or loss of energy.
7. Feeling of worthlessness or excessive inappropriate guilt.
8. Diminished ability to think or concentrate.
9. Recurrent thoughts of death and recurrent suicidal ideation.

Note: *If 2 to 4 symptoms present for 2 weeks then it is Minor Depression.*

A common physical sign associated with depression is:
OTTO VERAGUTH'S FOLD: A peculiar triangular shaped fold in nasal corner of upper eyelid.
Aaron T Beck: given 'Cognitive Theory of Depression'.
Presence of depressogenic cognitive schemata (Basic way of thinking):
Consists of

1. Negative view about Self—Worthlessness.
2. Negative view about Environment—Helplessness.
3. Negative view about Future—Hopelessness.

That is there is "**Learned Helplessness**" due to these cognitive distortions.

Specifiers of Depression

(They specify the type of depression)

1. **Endogenous vs Exogenous Depression:** Depression is categorized as endogenous or exogenous depending up on the source of causative factors and symptoms manifested.

Exogenous (neurotic or reactive): Exogenous depression is precipitated by external events or stressor leading to depressive state with responsive mood according to stressor. There are very mild biological symptoms.
Endogenous (melancholic depression): It is thought to be caused by internal factors and produce biological symptoms of depression i.e. insomnia, loss of appetite, weight loss. There may be Psychotic features.

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Melancholic features:

a. *One out of two*
   1. Loss of pleasure in almost all activities.
   2. Loss of reactivity to pleasurable stimuli.

b. *3 out of following:*
   3. Distinct quality of depressed mood called as 'Empty Mood'.
   4. Depression that is regularly worse in the morning.
   5. Early morning awakening (at least 2 hours before usual time).
   6. Marked **psychomotor agitation** or retardation
   7. Significant anorexia or weight loss.
   8. Excessive or inappropriate guilt.

When these Melancholic features occur with Depression in Involutional period of life (40-65 year) it is called as **'INVOLUTIONAL MELANCHOLIA'**.

There may be psychotic features i.e. Delusion of persecution, sin, poverty.

2. **Atypical Depression or Reverse vegetative symptoms or Hysteroid dysphoria:**
   a. Mood reactivity (i.e. mood brightens in response to positive events).
   b. *Two or more of the following:*
      1. Significant increase in appetite or weight gain.
      2. Hypersomnia.
      3. Leyden paralysis (i.e. heavy, Leyden feeling in arms and legs)
      4. Interpersonal rejection sensitivity. (T/t of choice/DOC for Atypical Depression-MAO-A inhibitors: Clorgiline and Moclobemide)

3. **Seasonal affective disorder (SAD):** Patient with mood disorder tends to experience depressive episode during a particular season most commonly during winter for 2 continuous years during same season.
   Treatment of SAD- (a) Phototherapy- Patient is exposed to light 1–2 hours before dawn or in early morning each day. Exposing the patient to Bright light in the range of 1500 to 10,000 lux or more.
   (b) Bupropion is the drug of choice.

Important Causes of Depression

Family history of depression, hypothyroidism, hyperthyroidism, adrenal disorders.
Drugs: Methyldopa, beta blockers, corticosteroids, levodopa, oral contraceptive pills.
Depression is 'most common' psychiatric disorder in- AIDS patient, Postpartum period, After SURGERY, after attack of myocardial infarction.

Suicide in Depression

Depression is **most common** cause of suicide.
Risk factors for suicide: Advanced age > 45 years, Living alone (unmarried/divorced/widowed), male sex, Child with conduct disorder, Family history of suicide, Presence of psychotic symptoms i.e. endogenous depression and involutional melancholia. **Emile Durkheim** studied the social factors associated with suicide. According to NCRB (national crime record bureau) 2014, suicide rate in India is 10.6/lakh and most common method is hanging. Low CSF levels of 5 HIAA (5-hydroxy indole acetic acid), a metabolite of serotonin is seen in suicidal patients.

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Bipolar Mood Disorder Mania

Life time prevalence is 0.8–1%. This disorder occurs in episodes. 2nd most heritable psychiatric disorder 60-80% heritability

Classical triad of mania is:

Elated mood, increased Psychomotor activity, Pressure of speech.

Diagnostic criteria:

Major criteria:

a. A distinct period of abnormally and persistently elevated, expansile or irritable mood present most of the day nearly every day lasting at least 1 week/7 days (4 days in case of hypomania)

'OR'

Symptom of any duration if hospitalization is necessary.

Minor criteria:

b. Inflated self esteem or grandiosity
c. Decreased need for sleep (feels rest only after 3 hours of sleep)
d. Over talkativeness
e. Flight of ideas
f. Distractibility (i.e. attention too easily drawn to unimportant or irrelevant external stimuli)
g. Increased in goal directed activity (either socially, at work, school or sexually)
h. Excessive involvement in activities that have high potential for painful consequences (i.e. doing foolish business investment, buying costly car, etc.)

Mnemonic: Expensive and Irritable to DIGFAST

1 Major + 3 Minor 'OR' 1 Major + 4 Minor if mood is irritable for 7 days (4 days in case of hypomania)

Types of Mood disorder:

Bipolar ½ Schizo-Bipolar
Bipolar 1 Single episode of mania OR mania + depression
Bipolar 1 ½ Depression with protracted hypomania
Bipolar 2 hypomania + depression
Bipolar 2 ½ depression superimposed on cyclothymic temperament
Bipolar 3 Antidepressant induced switch to hypomania or mania

Rapid cycling Mood/Bipolar Mood disorder:

It refers to 4 or more episodes of either depression or/and mania or hypomania in 12 month/1 year period, either less than 2 weeks of normal mood in between the episodes or a switch directly from one pole to other with no intervening period of normal mood.
More common in females.

Neurotransmitters:

❖ Increased nor epinephrine (mainly) as well as Dopamine in brain

Genetics:

❖ If 1 parent is suffering from Mania or Bipolar Mood Disorder than risk of development of Mania in their children is 27% risk.

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- If both parents suffering from Mania/ Bipolar Mood Disorder 74% risk in their children.
- **Chromosome associated with Bipolar Mood Disorder** Chr-18, 21q, 22q (22q Associated with breakpoint cluster region).

Treatment of Depression

Drug to be chosen on the basis of side effect profile least objectionable to a given persons physical status, temperament and life style.

a. Tricyclic Anti Depressant (TCA):

They increases level of nor epinephrine and serotonin in brain.

Increases nor-epinephrine	Increases nor-epinephrine + Increases serotonin
Nortriptyline	Amitriptyline
Protriptyline	Clomipramine (maximum 5HT reuptake)
Desipramine	Dothiepin
	Doxepin
	Imipramine

Side effect of T.C.A—Anti-Cholinergic Toxicity

{Mnemonic = A.C.T reverse of T.C.A}

Dryness of mouth, urinary retention, arrhythmia (**wide QRS complexes and right axis deviation for t/t Na Bicarbonate is used**), constipation, sedation, hypotension, weight gain, blurred vision (due to pupillary dilatation that is why tca's C/I in angle closure glaucoma because it increases intra ocular tension,

b. **S.S.R.I (selective serotonin reuptake inhibitor):**

- Fluoxetine
- Fluvoxamine
- Citalopram
- Sertraline
- Escitalopram

Side effect: Weight gain, sedation, anxiety symptoms, and sexual dysfunction i.e. delayed ejaculation (so used for premature ejaculation), erectile dysfunction.

Serotonin Syndrome: Concurrent administration of an SSRI with an MAOI, L-tryptophan or Lithium can raise plasma concentration of Serotonin to toxic levels, producing a group of symptoms called as *serotonin syndrome.* This serious and possibly fatal syndrome of serotonin overstimulation comprises, in order of appearance as the condition worsens, 1) Diarrhea; 2) Restlessness; 3) Extreme **agitation**; hyper-reflexia, **tremors** and autonomic instability with possible rapid fluctuations in vital signs; 4) Myoclonus, seizure**, hyperthermia**, uncontrollable shivering and rigidity; and 5) Delirium, coma, status epilepticus, **cardiovascular collapse** and death.

T/t of serotonin syndrome: Removing the offending agent and promptly instituting comprehensive supportive care with nitroglycerine, Cyproheptadine, cooling blanket, benzodiazepine, chlorpromazine, mechanical ventilation and paralyzing agent **(Dantrolene has no role)**.

Note: *SSRIs do not have abuse liability*

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c. **S.N.R.I (serotonin nor-epinephrine reuptake inhibitor):**
   - Venlafaxine
   - Desvenlafaxine
   - Duloxetine

Venlafaxine in higher dose increases B.P. but not C/I in hypertension.

d. **N.D.R.I (nor-epinephrine dopamine reuptake inhibitor):**
   - Bupropion (Bup RO रोको → पनि को PI ← नो बोलो ON)

It is also used in smoking cessation

Side effect is seizure so c/i in seizure disorder.

e. **N.R.I (selective nor-epinephrine reuptake inhibitors):**
   - Atomoxetine
   - Reboxetine

f. **S.A.R.I (serotonergic antagonistic and reuptake inhibitor):**
   Weak inhibitor of 5HT reuptake and 5HT2a, 5HT2c Antagonist
   - Trazodone
   - Nefazodone

   Side effect— Priapism so not used in younger males.

g. **Na.S.S.A (nor-adrenergic specific serotonergic agonist):**
   - Mirtazapine
   - Blocks alfa 2 auto-receptors and increases nor-adrenaline and increases 5HT.

h. **Newer antidepressants:**
   - Agomelatine— Agonist at MT1 and MT2 (melatonin receptors) and 5HT antagonist.
   - S.P.A.R.I (serotonergic partial agonist and reuptake inhibitor):

Vilazodone
   - *Omega 1 agonist:* Opipramol
   - *Vortioxetine:* Serotonin reuptake inhibitor with 5HT1A/1B agonism, 5HT3, 5HT1D and 5HT7 antagonist.
   - Natural/Herbal medicine: ***St. John's Wort*** (Hypericum Perforatum)

a. Active component is hypericum and hyperforin
b. It is reported to inhibit reuptake of serotonin, nor epinephrine, dopamine, GABA, and L-glutamate.
c. May increase 5HT receptors also
d. **Dose:** 300 mg of standardized 0.3 % hypericin taken 3 times a day.

C/I: pregnancy, Alzheimer's disease, Schizophrenia and Bipolar disorder (case reports of switch to hypomania).

E.C.T is the treatment of choice— Depression with suicidal ideas, Depression with psychotic features, stuporous depression. 'Subcallosal cingulate gyrus **DEEP BRAIN STIMULATION** and r-TMS (repetitive transcranial magnetic stimulation) is used for **treatment resistant** depression".

Cognitive behavior therapy is **Evidence Based** psychological therapy of choice for depression.

Treatment of bipolar mood disorder/Mania: **Psycho education** is must along with medication to patient as well as relatives for better compliance of medication (AIIMS NOV 2015)

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Mood stabilizer:

- Lithium
- Valproate
- Carbamazepine
- Lamotrigine
- Topiramate

Lithium

Salt: Li-Carbonate.

- Not bound to plasma protein excreated unchanged by Kidney.
- Mechanism of Action- Affects Na+K+ATPase and accumulates intracellularly, inhibits adenylyl cyclase and decrease cAMP intracellularly, inhibits catecholamine release at synapse.

Indication:

- Acute Mania
- Family H/O Bipolar disorder whether family used lithium or not
- High suicidal risk
- Bipolar depression

Dose: 900–1200 mg

Li+ has narrow therapeutic INDEX serum levels:

Acute mania: 0.8–1.2 mEq/L

Maintenance phase: 0.4–0.8mEq/L

Treatment done in 2 phase:

- **Acute phase:** Li plus Atypical + Antipsychotics + Benzodiazepines.
- **Maintenance phase:** Mood stabilizer.

Side effect of Li+:

1. *G.I. side effect:* Nausea, vomiting.
2. *Renal:* Block ADH so, causes diabetes insipidus (nephrogenic)
   DOC for Li+ induced D.I. is amiloride (AIPGMEE2014), spironolactone.
3. *Neurological Side effect:* Fine tremors 8–12 Hz treatment beta # i.e. Propranolol.
4. *Endocrine:* Decreases concentration of thyroid hormone resulting in hypothyroidism (sometime causes hyperthyroidism)
5. *Cardiac:* Hypokalemia (T wave inversion/flattening)due to replacement of intracellular K+ by Li+.
6. *Dermatological:* Acne, worsening of psoriasis.
7. *Teratogenicity:* Li+ is C/I in 1st trimester of pregnancy because it causes Ebstein's Anomaly, risk is 1:1000, so risk of teratogenicity is lower than valproate or carbamazepine

So drug of choice in pregnancy with Mania— Lithium (***Note:*** First generation antipsychotic like haloperidol has no role in Mania)

Lithium Toxicity*:* Due to dehydration (either due to vomiting or diarrhea)

Drug interaction: Diuretic (thiazide), levels >2.5 mEq/L sever toxicity and >4 mEq/L hemodialysis.

Signs and symptoms of Lithium toxicity: Ataxia, dizziness, abdominal pain, lethargy, **hyperactive deep tendon reflexes**, **convulsions,** delirium, stupor, coma **oliguria** (decreased urine output), GTCS, death.

T/t: Stop Lithium, gastric lavage, oral sodium polystyrene sulfonate or poly ethylene glycol solution, S.Li levels > 4.0 mEq/L hemodialysis.

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Before starting Li+: Blood investigation to be done ECG, RFT, and Thyroid Profile.

Na+ Valproate (sodium valproate):

Indication:

1. DOC for rapid cycling bipolar mood disorder
2. DOC for Irritable/ dysphoric mania

Mechanism of Action: Modulation of GABA and voltage sensitive Na+ channels.
Therapeutic level— 50–125 ug/mL
Side effect: Thrombocytopenia, alopecia, deranged L.F.T, hyperammonemia, agranulocytosis, rarely- Steven Johnson syndrome, PCOD (gender specific side effect of Valproate), SIADH.
Teratogenicity: Na+ ValproaTe → Neural Tube defect (risk 1-4-%).
(N is capital and T is also capital its mnemonic)
Vit-B_{12}, B_6, folic acid supplement necessary.
Carbamazepine:
Mechanism of action: Blockage of Na+ channels.
Indication: Acute mania.
Side effect: SIADH, so hyponatremia, teratogenicity— Craniofacial Abnormality, spina bifida, finger nail hypoplasia.
It is enzyme inducer so causes auto induction so ↑es its own metabolism so start the drug gradually.
Oxcarbazepine: It is not enzyme inducer.
Lamotrigine: Effective in Bipolar depression, not used in Acute mania.
Side effect: Steven Johnson syndrome, Dizziness.
Teratogenicity: Cleft lip and palate.
Topiramate: Selective inhibition of AMPA receptor
Side effect: Weight loss.
Quetiapine: Monotherapy in bipolar depression.

Other "Mood Disorder"

Dysthymia 'or' persistent depressive disorder 'or' neurotic depression.
Presence of low mood that last most of the day & is present almost consistently.
Duration- 2 years, patient has brooding nature, subdued form of depression
Criteria:

a. Depressed mood or low mood most of the day either subjective or observation made by others for continuous 2 years.
   Plus 2 of the following
b. Poor appetite or overeating
c. Insomnia or Hypersomnia
d. Low self esteem
e. General dissatisfaction in every thing
f. Poor Concentration
g. Feeling of hopelessness or lack of interest in surrounding

Note: *There is no Increased Libido*

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This during 2 year period of disturbance the individual has never been without symptoms for more than 2 month.
Double Depression - Major depression superimposed on dysthymia
T/t— Anti Depressant

Cyclothymia

It is symptomatically a mild form of bipolar 2 mood disorder
Characterized by numerous episodes of Hypomania+ Mild Depression
(Not major depression)
Duration of symptom is for 2 years.
T/t— Mood stabilizer

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QUESTIONS

1. **True about major depression includes following, *except*:**
   a. Two times more common in males
   b. Incidence increases with increasing age
   c. In females affected age is young adulthood
   d. Is genetic origin
2. **Classical triad of symptoms of 'Depression' includes all, *except*:**
   a. Depressed mood
   b. Slowed thinking
   c. Distractibility
   d. Psychomotor retardation
3. **Which of the following is not a part of cognitive triad of Beck?**
   a. Hopelessness
   b. Worthlessness
   c. Helplessness
   d. Excessive Guilt
4. **DSM V criteria for depression is:**
   a. 2 weeks
   b. 3 weeks
   c. 4 weeks
   d. 1 week
5. **Depression is unwanted effect of:**
   a. Cocaine
   b. Methyldopa
   c. Nitrazepam
   d. Contraceptive pills
6. **Dysthymia is:**
   a. Chronic mild depression
   b. Chronic severe depression
   c. Bipolar disorder
   d. Personality disorder
7. **Intense nihilism, Somatization and agitation in old age are the hallmark symptoms of:**
   a. Involutional melancholia
   b. Atypical depression
   c. Somatized depression
   d. Depressive stupor
8. **Neurotransmitters in mania:**
   a. Increased dopamine
   b. Decreased dopamine
   c. Increased nor-epinephrine
   d. Decreased nor-epinephrine
9. **Acute mania is managed by:**
   a. ECT b. Lithium
   c. Diazepam d. Amitriptyline
10. **Pathognomonic of manic episode:**
    a. Elevated mood
    b. Grandiosity
    c. Decreased appetite
    d. Increased sleep
11. **Chromosome associated with bipolar disease:**
    a. 17 b. 19
    c. 21 d. 23
12. **DOC for dysphoric/irritable mania:**
    a. Valproate b. Lithium
    c. Carbamazepine d. Diazepam
13. **Most common type of post puerperal psychosis is:**
    a. Depression b. Anxiety
    c. Mania d. Suicide
14. **Suicidal tendencies are most common in:**
    a. Involutional depression
    b. Reactive depression
    c. Psychotic depression
    d. Childhood depression
15. **Which is not a serotonin nor-epinephrine reuptake inhibitor?**
    a. Paroxetine b. Mirtazapine
    c. Escitalopram d. Venlafaxine
16. **Tricyclic antidepressant are contraindicated in:**
    a. Glaucoma
    b. Brain tumor
    c. Bronchial asthma
    d. Hypertension

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17. Suicidal tendencies are seen in:
a. Depression
b. Post-traumatic stress disorder
c. Schizophrenia
d. Substance abuse
e. Anxiety

18. The clinical effects of the antidepressant drugs is mainly based on:
a. Change in neurotransmitter receptor sensitivity
b. Decreased levels of neurotransmitters
c. Change in efficacy of neurotransmitters
d. None of the above

19. Stimulation of which of the following nerve cause elevation of mood?
a. Olfactory nerve
b. Optic nerve
c. Trigeminal nerve
d. Vagus nerve

20. Most commonly depression is seen in:
a. Middle aged Men
b. Middle aged female
c. Young girl
d. Children

21. A woman has mild depressive symptoms after few days of delivery which disappeared after 2 weeks in postpartum period. The most likely cause is:
a. Postpartum blue
b. Mania
c. Postpartum depression
d. Mild depression
e. Postpartum psychosis

22. True about major depressive disorder:
a. Abnormally diminished activity in prefrontal cortex
b. Lesion of corticospinal tract
c. Monoaminergic system disturbances
d. Genetic predisposition is present

23. A 40-year-old female patient presents with history of depressed mood, loss of appetite, insomnia and lack of interest in surrounding for past one year. These symptoms followed soon after a business loss one year back. Which of the following statements is true regarding the management of this patient?
a. No treatment is necessary as it is due to business loss
b. SSRI is the most effective treatment
c. Antidepressant treatment is based on the side effect profile of the drugs
d. Combination therapy of two antidepressant should be given

24. Which of the following symptoms must be present for the diagnosis of major depressive disorder?
a. Loss of interest or pleasure
b. Recurrent suicidal tendencies
c. Insomnia
d. Indecisiveness

25. Emile Durkheim is linked with work on which of the following conditions in psychiatry?
a. Obsessive compulsive disorder
b. Schizophrenia
c. Suicide
d. Anxiety disorder

26. A young female on antidepressant presents to the emergency department with altered sensorium and hypotension. ECG reveals wide QRS complexes and right axis deviation. What is the next best step?
a. Sodium bicarbonate
b. Fomepizole
c. Hemodialysis
d. Flumazenil

27. Which of the following is not a symptom of mania?
a. Distractibility
b. Elated Mood
c. Delusion of Grandeur
d. Increased sleep

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28. A male patient with bipolar disorder is controlled on medication. Symptoms of mania start to appear whenever he himself tapers down the drugs. What type of treatment can improve compliance in this patient?
a. CBT
b. Supportive psychotherapy
c. Psycho education
d. Insight oriented psychotherapy

29. All of the following is/are included in bipolar mood disorders:
a. Hypomania
b. Cyclothymia
c. Paranoid disorder
d. Kleptomania
e. Hyperthymia

30. A 30-year-old pregnant woman comes to your clinic with decreased sleep, increased appetite and hyperactivity for last 2 weeks. A diagnosis of mania is made. Past history reveals three episodes of major depression and one episode of mania in the past two years. What drug will you prescribe to this patient?
a. Lithium b. Haloperidol
c. Promethazine d. Clonazepam

31. Bipolar II includes:
a. Cyclothymia
b. Dysthymia
c. Single manic episode
d. Major depression and hypomania

32. Which of the following drugs is/are used in treatment of acute mania?
a. Lithium
b. Oxacarbazepine
c. Risperidone
d. All the above

33. A patient comes in stuporous condition. Patient's relatives give history of patient being continuously sad and suicidal, not eating and sleeping most of the time. The treatment is:
a. ECT
b. Anti- Depressant
c. Antipsychotics
d. Benzodiazepines

34. Following drugs has abuse liability, *except*:
a. Alprazolam
b. Fluoxetine
c. Buprenorphine
d. Dextropropoxyphene

35. Incidence of suicide in India is:
a. 8–10/100 population
b. 8–10/ 1000 population
c. 8–10/ 10000 populations
d. 8–10/ 100000 populations

36. A patient is brought to casualty in the state of altered sensorium. He was on Lithium treatment for affective disorder and has suffered through an attack of epileptic fits. On examination he has increased DTR's, worsening tremors and incontinence of urine. He has also undergone an episode of severe gastroenteritis 2 days ago. The serum Lithium was found to be 1.95 mEq/L. The probable cause for his present state is:
a. Lithium toxicity
b. Dehydration
c. Manic episode
d. Depressive stupor

37. The period of normalcy is seen between two psychosis. The diagnosis is:
a. Schizophrenia
b. Manic depressive psychosis
c. Alcoholism
d. Depression

38. The clinical features of mania includes:
a. Anhedonia
b. Elated mood
c. Avolition
d. Delusion of grandiosity
e. Distractibility

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39. A patient is depressed for past 3 years, does not go out of his house much and is cut off from the society. But with normal sleep and normal weight. Most probable diagnosis is:
a. Chronic fatigue syndrome
b. Dysthymia
c. Major depression
d. None

40. The evidence-based psychological therapy of choice for depression is:
a. Group discussion
b. Cognitive behavior therapy
c. Counselling
d. Psychological psychotherapy

41. Mechanism of action of Bupropion is:
a. Increased levels of GABA
b. Increased levels of nor-epinephrine in the synaptic cleft
c. Increased levels of Dopamine in synapse
d. Both B & C

42. A 20-year-old man has presented with increased alcohol consumption and sexual indulgence, irritability, lack of sleep, and not feeling fatigued even on prolonged periods of activity. All these changes have been presented for 3 weeks. The most likely diagnosis is:
a. Alcohol dependence
b. Schizophrenia
c. Mania
d. Impulse control disorder

43. Phototherapy is used to treat which of the following psychiatric condition?
a. Depression
b. Mental retardation
c. Obsessive compulsive disorder
d. Schizophrenia

44. Persistent feeling of guilt is seen in:
a. Obsessive compulsive disorder
b. Mania
c. Depression
d. Schizophrenia

45. Depression is seen in:
a. Hyperthyroidism
b. Hypoglycemia
c. Adrenal disorder
d. Pheochromocytoma

46. Treatment of bipolar mood disorder includes:
a. Lithium
b. ECT
c. Antidepressant drugs
d. Aversion therapy

47. Increased suicide tendency is associated with:
a. Increased nor adrenaline
b. Decreased serotonin
c. Decreased dopamine
d. Increased GABA

48. Basanti, 26-year-old female has been diagnosed to be suffering from depression. Now for the past 2 days she has suicidal tendency, thought and ideas. The best treatment is:
a. Amitriptyline
b. Selegiline
c. ECT
d. Haloperidol + Trihexyphenidyl

49. Tricyclic antidepressant has all of the following action, *except*:
a. Anti-cholinergic action
b. Anti MAO action
c. Causes sedation
d. Blocks 5HT and nor epinephrine uptake

50. Nihilistic delusions are seen in:
a. Endogenous depression
b. Double depression
c. Depression in involutional stage
d. Cyclothymia
e. Dysthymia

51. A patient presents with depressed mood, loss of sleep, loss of hope, feeling of worthlessness and diminished concentration for last 1 month. Which of the following is the drug of choice in this patient?

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a. SSRI
b. Atypical antidepressant
c. Lithium
d. Tricyclic antidepressant

52. Drug of choice for Lithium induced Diabetes Insipidus?
a. Thiazide diuretic
b. Diazepam
c. Amiloride
d. None

53. Neurotransmitters involved in depression are:
a. GABA and Dopamine
b. Serotonin and Nor epinephrine
c. Serotonin and Dopamine
d. Nor epinephrine and GABA

54. An 18-year-old student complains of lack of interest in studies for last 6 months. He has frequent quarrels with his parents and has frequent headaches. The most appropriate clinical approach would be:
a. Leave him as normal adolescent
b. Rule out depression
c. Rule out migraine
d. Rule out an oppositional defiant disorder

55. A patient on treatment for psychiatric disorder takes overdose of a drug, develops tachycardia, hypotension, decreased sweating and salivation. The likely drug is:
a. Amitriptyline
b. Selegiline
c. Amphetamine
d. Lithium

56. Risk factor for suicide in depression are all, *except*:
a. Female
b. Male > 40 year
c. Child with conduct disorder
d. Family history of suicide

57. A 40-year-old male with a past history of a manic episode presents with an illness of one month duration characterized by depressed mood, anhedonia and profound psychomotor retardation. The most appropriate management strategy is prescribing a combination of:
a. Antipsychotics and antidepressants
b. Antidepressants and mood stabilizers
c. Antipsychotics and mood stabilizers
d. Antidepressants and benzodiazepines

58. All of the following are mood stabilizer in bipolar mood disorder *except*?
a. Lamotrigine
b. Carbamazepine
c. Valproate
d. Lithium
e. Clonazepam

59. All of the following included in diagnosis of bipolar mood disorder *except*?
a. Mania alone
b. Depression alone
c. Mania and depression
d. Hypomania and depression

60. Prophylactic maintenance serum lithium level is:
a. 2.0–2.5 mEq/L
b. 0.7–1.2 mEq/L
c. 0.4–0.8 mEq/L
d. 1.2–2.0 mEq/L

61. Best use of Lithium is in:
a. Treatment of schizophrenia
b. Prevention of recurrence in bipolar mood disorder
c. Treatment of first depressive episode
d. Treatment of recurrent depression

62. According to the ICD 10 revision, for establishing a diagnosis of mania, the symptoms should persist for at least:
a. 4 weeks
b. 1 week
c. 2 weeks
d. 3 weeks

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63. A 60-year-old lady is brought in by her 6 children saying that she has gone senile. Six month after her husband's death she has become more religious, spiritual and gives lots of money in donation. She is occupied in too many activities and sleeps less. She is now believes that she has goal to change the society. She does not like being brought to the hospital and is argumentative on being questioned on her doings. The diagnosis is:
a. Mania
b. Schizophrenia
c. Impulse control disorder
d. OCPD

64. A 40-year-old lady presented with a history of ache and pains all over the body and generalized weakness for four years. She cannot sleep because of the illness and has lost her appetite as well. She has lack of interest in work and doesn't like to meet friends and relatives. She denies feeling of sadness. Her most likely diagnosis is:
a. Somatoform pain disorder
b. Major depression
c. Dissociative amnesia
d. Somatic symptom disorder

65. True about major depressive disorder:
a. Family history of depression
b. Commonly seen in females
c. Recovery is complete after treatment
d. Associated with hypothyroidism

66. A 45-year male presents with a three year history of irritability, low mood, lack of interest in surrounding and general dissatisfaction with everything. There is no significant disruption in sleep and appetite. He is likely to be suffering from?
a. Chronic fatigue syndrome
b. Major depression
c. Dysthymia
d. None of the above

67. Features of serotonin syndrome associated with SSRI's and MAOI are all, *except*:
a. Hypothermia
b. Agitation
c. Cardiovascular collapse
d. Tremors

68. Following are the somatic therapies used in depression, *except*:
a. rTMS
b. ECT
c. Deep brain stimulation
d. Ultrasound brainstem stimulation

69. True about Lithium treatment in mania:
a. Toxic level is > 1.5 mEq/ L serum level
b. Commonest side effect is tremors
c. Amiloride is the DOC for Li induced diabetes Insipidus
d. Lithium is 90% protein bound
e. Tremor is treated with propranolol

70. Repetitive transcranial magnetic stimulation (rTMS) which is approved by USFDA for the treatment of:
a. Resistant schizophrenia
b. Obsessive compulsive disorder
c. Acute psychosis
d. Depressive disorder

71. Not true regarding serotonin syndrome is:
a. Hypertension, hyperthermia and hyper-reflexia are seen
b. I/V Dantrolene is the treatment of choice
c. SSRI and MAOIs causes it
d. It is predictable and not idiosyncratic

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ANSWERS WITH EXPLANATION

1. **Ans. (a) Two times more common in males**
2. **Ans. (c) Distractibility**
3. **Ans. (d) Excessive Guilt**
4. **Ans. (a) 2 weeks**
5. **Ans. (b) Methyldopa**
6. **Ans. (a) Chronic mild depression**
7. **Ans. (a) Involutional melancholia**
8. **Ans. (c) Increased nor-epinephrine**
9. **Ans. (b) Lithium**
10. **Ans. (a) Elevated mood**
11. **Ans. (c) 21**
12. **Ans. (a) Valproate**
13. **Ans. (a) Depression**
14. **Ans. (a) Involutional depression, (c) Psychotic depression**
15. **Ans. (a) Paroxetine, (b) Mirtazapine, (c) Escitalopram**
16. **Ans. (a) Glaucoma**
17. **Ans. (a) Depression, (c) Schizophrenia, (d) Substance abuse**
18. **Ans. (a) Change in neurotransmitter receptor sensitivity**
19. **Ans. (d) Vagus nerve**
20. **Ans. (b) Middle aged female**
21. **Ans. (a) Postpartum blue**
22. **Ans. (a) Abnormally diminished activity in prefrontal cortex, (c) Monoaminergic system disturbances, (d) Genetic predisposition is present**
23. **Ans. (c) Antidepressant treatment is based on the side effect profile of the drugs**
24. **Ans. (a) Loss of interest or pleasure**
25. **Ans. (c) Suicide**
26. **Ans. (a) Sodium bicarbonate**
27. **Ans. (d) Increased sleep**
28. **Ans. (c) Psycho education**
29. **Ans. (a) Hypomania, (b) Cyclothymia, (e) Hyperthymia**
30. **Ans. (a) Lithium is the answer don't get confused with pregnancy because Lithium is safe in 2nd and 3rd trimester of pregnancy, as question does not mention the weeks of pregnancy, and lady require mood stabilizer as there is no definitive long term role of haloperidol in Mania.**

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31. Ans. (d) Major depression and hypomania
32. Ans. (a) Lithium
33. Ans. (a) ECT
34. Ans. (b) Fluoxetine
35. Ans. (d) 8–10/ 100000 populations
36. Ans. (a) Lithium toxicity
37. Ans. (b) Manic depressive psychosis
38. Ans. (b) Elated mood, (c) Avolition, (e) Distractibility
39. Ans. (b) Dysthymia
40. Ans. (b) Cognitive behavior therapy
41. Ans. (d) Both B & C
42. Ans. (d) Impulse control disorder
43. Ans. (a) Depression
44. Ans. (c) Depression
45. Ans. (a) Hyperthyroidism, (c) Adrenal Disorder
46. Ans. (a) Lithium, (b) ECT, (c) Antidepressant drugs
47. Ans. (b) Decreased serotonin
48. Ans. (c) ECT
49. Ans. (b) Anti MAO action
50. Ans. (a) Endogenous depression, (b) Double depression, (c) Cyclothymia
51. Ans. (a) SSRI
52. Ans. (c) Amiloride
53. Ans. (b) Serotonin and Nor-epinephrine
54. Ans. (b) Rule out depression
55. Ans. (a) Amitriptyline
56. Ans. (b) Male > 40 year
57. Ans. (b) Antidepressants and mood stabilizers
58. Ans. (e) Clonazepam
59. Ans. (b) Depression alone
60. Ans. (c) 0.4–0.8 mEq/L
61. Ans. (b) Prevention of recurrence in bipolar mood disorder
62. Ans. (b) 1 week
63. Ans. (a) Mania
64. Ans. (b) Major depression

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65. Ans. (a) Family history of depression, (b) Commonly seen in females, (d) Associated with hypothyroidism

66. Ans. (c) Dysthymia

67. Ans. (a) Hypothermia

68. Ans. (d) Ultrasound brainstem stimulation

69. Ans. (a) Toxic level is > 1.5 mEq/L serum level, (b) Commonest side effect is tremors, (c) Amiloride is the DOC for Li induced diabetes Insipidus, (e) Tremor is treated with propranolol

70. Ans. (d) Depressive disorder

71. Ans. (b) I/V Dantrolene is the treatment of choice

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Self Assessment and Review of PSYCHIATRY

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