Original Research

Analysis of mood disorders- A clinical study

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ABSTRACT:

Background: Population aging poses a serious threat to public health. It is predicted that by 2050, those over 60 would make up 80% of the population in middle- and low-income nations. The present study assessed mood disorders among general population. **Materials & Methods:** 154 adult subjects with mood disorders of both genders were selected. The study made use of the Mood Disorder Questionnaire (MDQ). The MDQ is a screening tool for bipolar spectrum illnesses. The MDQ is a self-assessment questionnaire that is one page long and was expected to take five to ten minutes to complete. The "yes" responses in the symptom checklist section were added up to determine the overall MDQ score, which has a maximum of 13 points. At least seven "yes" responses to questions about manic symptoms and the emergence of at least two of these symptoms at the same time in life are indicative of bipolar disorder in adults. **Results:** Out of 154 subjects, 84 were males and 70 were females. Mood disorders were depressive disorders in 85, bipolar disorders in 35 and substance induced in 34 patients. The difference was significant (P< 0.05).MDQ score below 7 value was seen in 96 and 7 or more in 58 patients. The difference was significant (P< 0.05). **Conclusion:** Bipolar disorder and depression were the most prevalent mood disorders.

Key words: Bipolar disorder, Depression, substance induced disorder

INTRODUCTION

Population aging poses a serious threat to public health. It is predicted that by 2050, those over 60 would make up 80% of the population in middle- and low-income nations. More than one million Poles will be 90 years old in 2020, and more than a quarter will be 65 and older in 2035.[1,2] Seniors' mental health, including mood disorders, is one of the many concerns associated with the global trend of an aging population, especially on the European continent.

The prevalence of mood problems in older adults rises with age, making them a more significant health and social issue.[3]Bipolar disorder, which manifests as mania and hypomania, and depressive disorders are the most prevalent mood disorders.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association, bipolar disorders are a class of brain illnesses characterized by severe variations in mood, energy, and functioning. Bipolar I, bipolar II, and cyclothymic disorder are the three conditions that make up bipolar disorder. Manic-depressive type I bipolar disorder can manifest with or without psychotic episodes.[4] Manic and depressed episodes alternate in bipolar II illness; these episodes are typically milder and do not impair functioning. A cyclic disorder called cyclothymic disorder results in brief bouts of depression and hypomania. The prevalence of depression in the elderly is 14.4% on average worldwide.[5]The present study assessed mood disorders among general population.

MATERIALS & METHODS

The present study comprised of 154 adult subjects with mood disorders of both genders. All gave their written consent to participate in the study.

Demographic data such as name, age, gender etc. was recorded. The study made use of the Mood Disorder Questionnaire (MDQ). The MDQ is a screening tool for bipolar spectrum illnesses. The MDQ is a self-assessment questionnaire that is one page long and was expected to take five to ten minutes to complete.

The "yes" responses in the symptom checklist section were added up to determine the overall MDQ score, which has a maximum of 13 points. At least seven "yes" responses to questions about manic symptoms and the emergence of at least two of these symptoms at the same time in life are indicative of bipolar disorder in adults.

Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I Distribution of subjects

| Total- 154		
Gender	Males	Females
Number	84	70

Table I shows that out of 154subjects, 84 were males and 70 were females.

Table II Assessment of mood disorders

Mood disorders	Number	P value
Depressive disorders	85	0.01
Bipolar disorders	35	
Substance induced	34	

Table II, graph I shows that mood disorders were depressive disorders in 85, bipolar disorders in 35 and substance induced in 34 patients. The difference was significant (P< 0.05).

Graph I Assessment of mood disorders
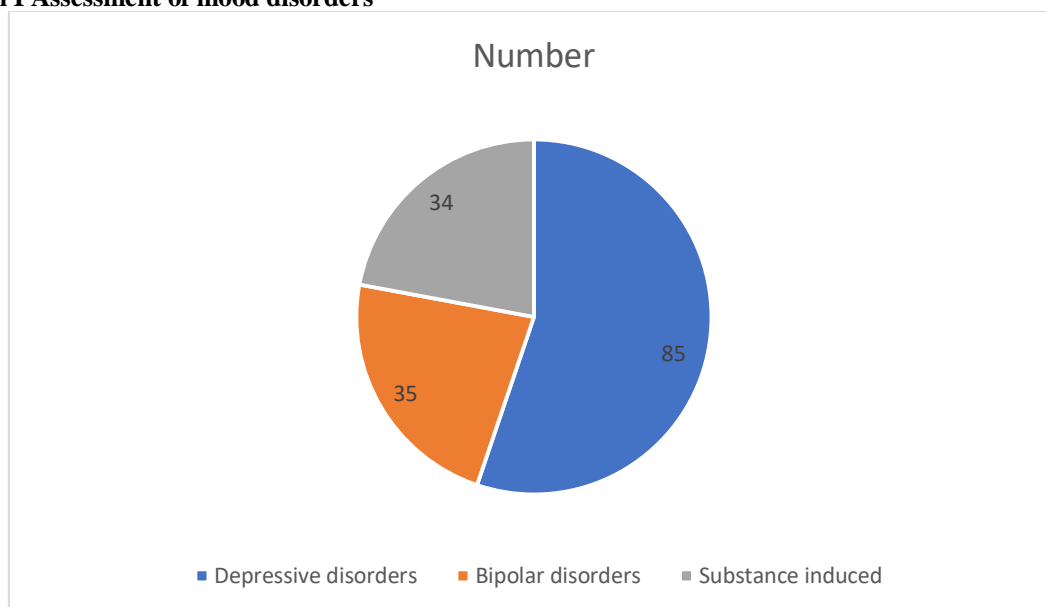
Table III Measurement of MDQ score

Score	Number	P value
Below 7	96	0.05
7 or more	58	

Table III shows that MDQ score below 7 value was seen in 96 and 7 or more in 58 patients. The difference was significant (P< 0.05).

DISCUSSION

Manic-depressive disorder or bipolar affective disorder are other names for bipolar disorder (BD). Mania/hypomania, or periods of heightened or agitated mood, alternate with depressive episodes in people with BD.[6] Bipolar I disorder (BD-I) and bipolar II disorder (BD-II) are the two primary subtypes of bipolar disorders. BD-I need one or more manic episodes is the diagnosis. Although it is common, a depressive episode is not necessary for BDI diagnosis.[7] One or more severe depressive episodes and one or more hypomanic episodes (without a manic episode) are required for the diagnosis of BD-II.[8] When a bipolar disorder does not fit into a particular subtype, it is labeled as bipolar disorder not otherwise specified (BD-NOS), a catch-all category.[9] Episodes of hypomania do not typically reach the full intensity of mania.It can be challenging to diagnose BD-II because hypomanic episodes do not reach the full extremes of mania (i.e., they typically

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do not result in severe social or occupational impairment and do not involve psychosis). Instead, they may manifest as a period of high creativity and productivity. The present study assessed mood disorders among general population.[10]

We found that out of 154 subjects, 84 were males and 70 were females. We observed that mood disorders were depressive disorders in 85, bipolar disorders in 35 and substance induced in 34 patients. A total of 162 individuals of Bialystok who were 60 years of age or older were included by Cybulski et al[11]; 135 of them were women (83.33%) and 27 were men (16.67%). Five standardized psychometric measures were utilized in the study: the Zung Self-Rating Depression Scale (Zung SDS), the Geriatric Depression Scale (GDS), the Hypomania Check List (HCL-32), and the Mood Disorder Questionnaire (MDQ). On the Zung SDS, which also assesses the degree of depression symptoms, the results obtained in nearly the same number of respondents indicated the absence of these symptoms, although nearly 90.00% of the respondents received GDS scores indicating the presence of moderate depressed symptoms. A comparable proportion of participants also acquired scores on the MDQ that enable the identification of the absence of bipolar disorder traits in the population under investigation. Over half of the respondents (58.02%) did not show symptoms of hypomania using the HCL-32. There was a significant correlation between the results of the GDS and Zung SDS, the HCL-32 and MDQ, as well as the HCL-32 and Zung SDS in the total studied group.

We found that MDQ score below 7 value was seen in 96 and 7 or more in 58 patients. In a clinical context, Yang et al[12] used the Chinese version of the Mood Disorder Questionnaire (MDQ) to determine if patients with major depressive disorder (MDD) or unipolar disorder (UD) had bipolar disorder (BD). After completing the MDQ, 1,487 patients receiving treatment for MDD or UD at 12 mental health facilities around China were evaluated using the Mini International Neuropsychiatric Interview (MINI). The ability of the MDQ to distinguish between BD (BD, BD-I, and BD-II), MDD, or UD, as well as individuals with BD-I from those with BD-II, was assessed using receiver operating characteristic (ROC) curves. The DSM-IV criteria for BD were met by 309 (20.8%) of the 1,487 patients: 118 (7.9%) for BD-I and 191 (12.8%) for BD-II. The optimum cutoff was 7 between BD and UD (sensitivity 0.66, specificity 0.88, positive predictive value 0.59, negative predictive value 0.91), 6 between BD-II and UD, and 10 between BD-I and BD-II when only part one of the MDQ was examined. When using all three sections of the MDQ, the sensitivity was only 0.22 (or 0.24), and the MDQ was unable to differentiate between BD and UD at a cutoff of 7 (or 6).

CONCLUSION

Authors found that bipolar disorder and depression were the most prevalent mood disorders.

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