Treatment and management of mood disorders

Lesson 3.2.3 | Clinical psychology

Core ideas

Antidepressant medication aims to reduce depressive symptoms by affecting neurotransmitter systems linked with mood.

Medication can help some people, but side effects, delayed improvement and adherence problems can limit usefulness.

Cognitive behavioural therapy targets negative thoughts and behaviour patterns that may maintain low mood.

Management plans may combine medication, psychological therapy, social support, monitoring and relapse-prevention strategies.

Treatment decisions should consider severity, risk, patient preference, availability and whether symptoms are depressive or bipolar.

Required antidepressant classes are tricyclics, monoamine oxidase inhibitors (MAOIs) and selective serotonin reuptake inhibitors (SSRIs). Compare how they influence neurotransmitter availability, together with adverse effects, interactions, delayed response and adherence.

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Key terms

Antidepressant: Medication used to reduce symptoms of depressive disorder.

SSRI: A common type of antidepressant that affects serotonin signalling.

CBT: A talking therapy that works on thoughts, beliefs and behaviour.

Adherence: How far a person follows a treatment plan.

Relapse prevention: Planning to reduce the chance of symptoms returning.

Side effect: An unwanted effect of a treatment.

MAOI: An antidepressant class that inhibits monoamine oxidase, an enzyme involved in neurotransmitter breakdown.

REBT: Ellis's rational emotive behaviour therapy; it challenges irrational beliefs linking events to emotional consequences.

Further detail and evidence

Beck's cognitive restructuring identifies automatic negative thoughts, examines evidence and develops more balanced interpretations. Ellis's rational emotive behaviour therapy (REBT) uses the activating event-belief-consequence model and disputes irrational beliefs.

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Continued

Tricyclic antidepressants reduce reuptake of monoamines such as serotonin/noradrenaline, but have wider receptor effects and adverse effects. MAOIs inhibit the enzyme that breaks down monoamines, increasing their availability; food and drug interactions require careful management. SSRIs selectively reduce serotonin reuptake, but can still cause side effects and delayed improvement.

Beck's restructuring uses thought records, evidence for/against automatic thoughts and behavioural tests to build more balanced conclusions. Ellis's REBT separates A (activating event), B (belief) and C (emotional/behavioural consequence); disputing rigid irrational beliefs can change C even when A cannot be changed.

Applying the ideas

A: receiving criticism. B: "Everyone must approve of me or I am worthless." C: intense despair and withdrawal. REBT questions the absolute demand; restructuring tests the evidence for the global negative conclusion. A revised belief can acknowledge disappointment without treating one criticism as a judgement of the whole person.

Evaluation and connections

Drugs can be accessible and useful for symptoms but do not directly change learned beliefs. Therapy builds skills but requires time, engagement and trained staff. Compare appropriate patient groups, follow-up, relapse and adverse effects. Treating bipolar illness requires distinguishing episode type; do not assume a unipolar antidepressant plan fits every mood disorder.