Assessment & Diagnosis of Mood Disorders

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Disclosures

- No Disclosures.
- Thanks to Shari Jacobs for help with some slides.
- Thanks to Virna Little for opportunity to be here today.
Participants will ....

- Understand symptoms of major mood disorders.
- Be able to elicit the key symptoms of mood disorders to formulate a differential diagnosis.
- Work to create a differential diagnosis based on improved ability to recognize, elicit and differentiate between symptoms.
Intro to Diagnosing

- Use the DSM-5 as a guide
- Consider baseline functioning and changes from baseline functioning

For all diagnoses, the symptoms must:

- Cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- Not be attributable to the physiological effects of a substance or medical condition
- Not be better explained by another mental disorder
Pros and Cons of Diagnoses

**Pros +**
- Allows for insurance reimbursement
- Can help guide treatment
- Can be validating for some patients and normalize their symptoms

**Cons -**
- Can generalize unique presentations
- Diagnoses not developed based on diverse populations
6.7% of Adults in the US -- (30% severe)
Fourth highest cause of disability worldwide
11.2% of 13-18 yr. old in the US (3.3% severe)
Women are affected twice as often as men
$83+ billion per year for depression conditions
Mood Disorders: MDD

Major Depressive Disorder

- Five or more of the nine symptoms on the PHQ-9
  - At least one of these symptoms must be anhedonia or depressed mood (or irritable mood in children/adolescents)
- Symptoms must be present nearly everyday for a two week period
- Must represent a change from baseline functioning
- Can be single episode or recurrent, can vary in severity (mild, moderate, severe, unspecified), and can include remission status, time of onset (seasonal, postpartum).
### Three Pillars of Depression

<table>
<thead>
<tr>
<th>Physical</th>
<th>Behavioral</th>
<th>Thoughts/Feelings</th>
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</thead>
<tbody>
<tr>
<td>- Sleep disturbance</td>
<td>- Loss of interest or pleasure.</td>
<td>- Sad or &quot;empty&quot; mood.</td>
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<tr>
<td>- Changes in appetite or eating.</td>
<td>- Difficulty concentrating, remembering, or making decisions</td>
<td>- Crying &quot;for no reason&quot;/Sensitive.</td>
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<tr>
<td>- Decreased energy.</td>
<td>- Neglecting responsibilities or personal appearance/care.</td>
<td>- Feeling hopeless, helpless, guilty or worthless.</td>
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<tr>
<td>- Moving and talking more slowly.</td>
<td>- Isolation</td>
<td>- Negative self-talk</td>
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<tr>
<td>- Headaches, stomachaches, digestive problems unexplained</td>
<td></td>
<td>- Feeling irritable, agitated or anxious</td>
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<tr>
<td></td>
<td></td>
<td>- Thoughts of death or suicide</td>
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</table>
Major Depressive Disorder

https://josephbryer.com/category/mood-states/
<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>S</strong>leep</td>
<td>Found you had more trouble falling asleep? Staying Asleep? Needing more sleep than usual?</td>
</tr>
<tr>
<td><strong>I</strong>nterest</td>
<td>Found you didn’t enjoy things as much as before? Lost interest?</td>
</tr>
<tr>
<td><strong>G</strong>uilty feelings</td>
<td>Found that you blamed yourself more for things in the present or the past? More sensitive than usual? Harder on Self?</td>
</tr>
<tr>
<td><strong>E</strong>nergy</td>
<td>Found it harder to get through your days? Less energy? Felt slowed down?</td>
</tr>
<tr>
<td><strong>C</strong>oncentration</td>
<td>Found it harder to focus? Complete tasks? Make Decisions?</td>
</tr>
<tr>
<td><strong>A</strong>ppetite</td>
<td>Found that you ate more or less? Loss interest in food?</td>
</tr>
<tr>
<td><strong>P</strong>sychomotor</td>
<td>Moving, thinking or talking more slowly?</td>
</tr>
<tr>
<td><strong>S</strong>uicidal ideation</td>
<td>Found you were hopeless? Thinking about death more? Thoughts about taking your life?</td>
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</tbody>
</table>
Over your life have you ever had a period where:

- Felt sad or blue more days than not?
- Loss of interest in things or activities that you would normally enjoy?
- Felt more sensitive or were more tearful?
- Felt lower about yourself or were more self-critical?
- Had trouble sleeping, eating or keeping up with your normal activities?
- Did these symptoms last for weeks at a time?
Persistent Depressive Disorder (previously Dysthymia)

- Depressed mood nearly everyday for two years (in children/adolescents, irritable mood for one year)
- While depressed, two or more of the following symptoms: appetite disturbance, sleep disturbance, low energy, low self-esteem, trouble concentrating or making decisions, and hopelessness
- Never without these symptoms for more than two months at a time during a two-year period (one year for children/adolescents)
Persistent Depressive Disorder

https://josephbryer.com/category/mood-states/
<table>
<thead>
<tr>
<th>Diagnostic Criteria</th>
<th>MDD</th>
<th>PDD</th>
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</thead>
<tbody>
<tr>
<td><strong>Required Symptom (s)</strong></td>
<td>Depressed mood or anhedonia (irritable mood in children/adolescents)</td>
<td>Depressed mood (irritable mood in children/adolescents)</td>
</tr>
<tr>
<td><strong>Additional # of Required Symptoms</strong></td>
<td>At least five of the symptoms on the PHQ-9 (including above)</td>
<td>At least two additional symptoms (appetite, sleep, energy, concentration, hopelessness, self-esteem)</td>
</tr>
<tr>
<td><strong>Length of symptoms</strong></td>
<td>Symptoms <strong>present nearly everyday for at least two weeks</strong></td>
<td>Symptoms <strong>present nearly everyday for two years</strong> (one year in children/adolescents) and cannot be without symptoms for more than 2mo</td>
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**KEY:** Have you found that your depression comes and goes in waves or does it feel like it’s been present for years at a time?
Other Depressive Disorders

Premenstrual Dysphoric Disorder

Week prior to menses, improves within days of menses onset, most cycles!

MARKED affective lability, irritability, depressed mood and/or anxiety

WITH anhedonia, poor concentration, lethargy, change in appetite, hypersomnia/insomnia, overwhelmed, physical symptoms (e.g. bloating, breast tenderness)

Clinically significant distress/interfere work, school, relationships etc.

NOT premenstrual exacerbation of another disorder (MDD, Panic Disorder).
Other Depressive Disorders

Substance/Medication Induced Depressive Disorder

- Prominent or persistent disturbance in mood characterized by depressed mood or markedly diminished interest or pleasure that:
  - Develop during or soon after substance intoxication or withdrawal or after exposure to a medication
  - Not better explained by depressive disorder that is not induced by above.
    - E.g. cocaine, alcohol, inhalants
    - E.g. Propanolol, steroids
Other Depressive Disorders

Depressive Disorder Due to Another Medical Condition

- Evidence from history, physical or labs that mood disturbance is direct pathophysiological consequence of medical condition. (NOT adjustment disorder after diagnosis!)
  - E.g. Stroke, Parkinson’s Disease, Huntington’s Disease, Sheehan’s Syndrome, Traumatic Brain Injury, Hypothyroidism.

Unspecified Depressive Disorder

- Applies to presentations in which symptoms cause clinically significant distress or impairment but do not fulfill full criteria.
Some specifiers

- **With anxious distress**
  - Feeling keyed-up, tense, restless, worry etc.

- **With psychotic features** - delusions or hallucinations
  - **Mood – congruent psychotic features**: typical with depressive themes of inadequacy, guilt, disease, nihilism or deserved punishment
  - **Mood – incongruent psychotic features**: not consistent with mood appropriate themes

- **With peripartum onset**
  - Onset in pregnancy or the postpartum (6 months pp)
  - Often have severe anxiety and panic
- 2.8% prevalence in US over past year, 4.4% lifetime occurrence
- Almost equal distribution between genders (women w/ more Bipolar Type II)

Bipolar Related Disorders

- **Bipolar I Disorder**
- **Presence of a Manic Episode**
  - Abnormally and persistently elevated, expansive or irritable mood WITH abnormally and persistent increase in activity or energy lasting at least 1 week.
  - WITH 3 or more
    - Inflated self-esteem/grandiosity
    - Decreased need for sleep (e.g. feel rested after only a few hours)
    - Flight of ideas (e.g. continuous flow of idea where person jumps from one topic to another)
    - Pressured speech
    - Distractibility
    - Increase in goal directed activity/psychomotor agitation
    - Excessive involvement in activities with potential for painful/bad consequences (e.g. excessive spending, sexual indiscretions, substance use).
- **Causes marked impairment or necessitates hospitalization**
Bipolar 1 Disorder
Bipolar 1 Disorder
Bipolar Related Disorders

- Bipolar II Disorder
  - Hypomaniac Episode
    - Abnormally and persistently elevated, expansive or irritable mood WITH abnormally and persistent increase in activity or energy lasting at least 4 days.
    - Associated with change from baseline that is uncharacteristic for individual
    - Disturbance is observable to others
    - NOT Severe enough to cause marked impairment in social or occupational functioning or require hospitalization ➔ mania.
- **Cyclothymic Disorder**
  - Periods of elevated mood and depressive symptoms for at least half the time during the last two years for adult (one year for children and teenagers).
  - Periods of stable moods last only two months at most.
  - Symptoms create significant problems in one or more areas of life.
  - Symptoms do not meet the criteria for bipolar disorder, major depression, or another mental disorder.
BIPOLAR STEM QUESTIONS

- Ever have a period when your mood felt higher than normal lasting days to weeks at a time?
- Have a big burst in energy or go for days needing less/little to no sleep and found you didn’t miss it?
- Maybe you were up in the middle of the night doing projects or feeling much more creative?
- Were you talking or thinking so fast others noticed or told you to slow down?
- Did you do things that are uncharacteristic for you? Such as spending a lot of money on things you did not really need? Feeling much more sexual? Moving around a lot more/pacing? Engaging in riskier behaviors?
- Do the CIDI!
Differential for things that cycle...

- Bipolar Related Disorders
- Borderline Personality Disorder
- Substance Use
- Premenstrual Dysphoric Disorder
- Medical Conditions
Bipolar disorder and borderline personality disorder: Clinical and sociodemographic correlates

**Bipolar and related disorders**
- 2.1% of the population
- 1:1.1 female/male ratio
- 10% to 20% mortality from suicide

- Episodic course
- Gradual changes in mood (days to weeks)
- SI/SA in the context of mood symptoms
- NSSI less common
- Psychotic symptoms only in the presence of mood symptoms
- Family history of mood disorders
- Interpersonal relationships usually preserved

**Borderline personality disorder**
- 1% to 2% of the population
- 2:1 female/male ratio
- 8% to 10% mortality from suicide

- Pervasive course
- Abrupt changes in mood (hours)
- SI/SA in the context of psychosocial stressors
- NSSI common
- Transient psychotic symptoms, usually in the context of stressful situations
- Chaotic interpersonal relationships
- Significant history of trauma

**Highly comorbid with:**
- Anxiety disorders
- ADHD
- Substance use disorders (up to 60% comorbid AUD)

**Highly comorbid with:**
- Mood disorders
- PTSD
- Substance use
- Eating disorders

**Treatments**
- First-line: Mood stabilizers, SGAs, AEDs, and other pharmacologic agents; ECT, rTMS, and other somatic treatments
- Adjunctive: Psychosocial/behavioral interventions

**Treatments**
- First-line: Psychosocial/behavioral interventions
- Adjunctive: Pharmacotherapy

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ADHD: attention-deficit/hyperactivity disorder; AEDs: antiepileptic drugs; AUD: alcohol use disorder; ECT: electroconvulsive therapy; NSSI: nonsuicidal self-injury; PTSD: posttraumatic stress disorder; TMS: repetitive transcranial magnetic stimulation; SGAs: second-generation antipsychotics; SA: suicide attempt; SI: suicidal ideation
Development of emotional or behavioral symptoms **within three months** of onset of identifiable stressor

Must meet **one or both**:
- Marked distress that is out of proportion to severity or intensity of stressor (remember cultural factors).
- Significant impairment in functioning

Presents with depressive symptoms

Exceptions:
- Symptoms can’t meet criteria for another disorder and can’t be an exacerbation of a pre-existing mental disorder (i.e. not a resurgence of recurrent MDD)
- Symptoms don’t represent normal bereavement
- Symptoms don’t persistent for more than six additional months after the stressor or its consequences have ended

**Only Adjustment Disorder with Depressed Mood is an approved Collaborative Care Diagnosis in Salesforce**
In the United States – the suicide rate increased from 10.5 per 100,000 in 1999 to 14.2 per 100,000 in 2018.

In 2018, the suicide rate among males was 3.7 times higher (22.8 per 100,000) than among females (6.2 per 100,000).

Suicide is the 10\textsuperscript{th} leading cause of death in the US


In 2019, \textit{firearms} accounted for 50.39\% of all suicide deaths.

https://afsp.org/suicide-statistics/
**SUICIDE ASSESSMENT - CSSRS**

<table>
<thead>
<tr>
<th>Passive Death Wish/Passive Suicidal Ideation:</th>
</tr>
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<tbody>
<tr>
<td>● not wanting to live or imagining being dead.</td>
</tr>
<tr>
<td>● “Fall asleep and never wake up.”</td>
</tr>
<tr>
<td>● “Maybe they would be better off without me.”</td>
</tr>
<tr>
<td>● <em>Have you wished you were dead or wished you could go to sleep and not wake up?</em></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Suicidal Ideation:</th>
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<tbody>
<tr>
<td>● General non-specific plans about ending one’s life or wanting to die.</td>
</tr>
<tr>
<td>● <em>Have you had any thoughts of killing yourself?</em></td>
</tr>
</tbody>
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<thead>
<tr>
<th>Without Intent:</th>
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<tbody>
<tr>
<td>● Vague thoughts or even ideas of how, but no specific plan or intent.</td>
</tr>
<tr>
<td>● <em>Have you been thinking about how you might do this?</em></td>
</tr>
<tr>
<td>● “I would never go through with it”</td>
</tr>
<tr>
<td>● “I don’t have any plans”</td>
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</tbody>
</table>
With some intent, no specific plan:
- Have you had thoughts about killing yourself and had some intention of acting on them?
- Trouble resisting desire to act on thoughts?
- “I have the thoughts but I definitely will not do anything about them.”
- “I have had thoughts

With intent and specific plan:
- Have you thought about how you would kill yourself?
- Have you made a plan?
- How close are you to carrying out the plans?
- Do you intent to carry out the plan?
- “I’ve a plan but don’t want to share it”
- “I started to write a suicide note”

**FOR WOMEN MUST ALWAYS ASK ABOUT PLAN FOR CHILDREN**
<table>
<thead>
<tr>
<th>SUICIDAL IDEATION</th>
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</thead>
<tbody>
<tr>
<td><em>Ask questions 1 and 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes”, ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is “yes”, complete “Intensity of Ideation” section below.</em></td>
</tr>
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1. **Wish to be Dead**  
Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  
*Have you wished you were dead or wished you could go to sleep and not wake up?*  
If yes, describe:  
| Yes | No |
| ☐ | ☐ |

2. **Non-Specific Active Suicidal Thoughts**  
General, non-specific thoughts of wanting to end one’s life/die by suicide (e.g., “I’ve thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.  
*Have you actually had any thoughts of killing yourself?*  
If yes, describe:  
| Yes | No |
| ☐ | ☐ |

3. **Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act**  
Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, “I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it.”  
*Have you been thinking about how you might do this?*  
If yes, describe:  
| Yes | No |
| ☐ | ☐ |

4. **Active Suicidal Ideation with Some Intent to Act, without Specific Plan**  
Active suicidal thoughts of killing oneself and subject reports having *some intent to act on such thoughts*, as opposed to “*I have the thoughts but I definitely will not do anything about them.*”  
*Have you had these thoughts and had some intention of acting on them?*  
If yes, describe:  
| Yes | No |
| ☐ | ☐ |

5. **Active Suicidal Ideation with Specific Plan and Intent**  
Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.  
*Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*  
If yes, describe:  
| Yes | No |
| ☐ | ☐ |
RISK ASSESSMENT

- **THIS IS A DYNAMIC PROCESS!!! ASSESS and ASSESS AGAIN**
- Chronically elevated risk (e.g. PTSD, BPD, SUD, Depression, psychosocial stressors) → Rx: therapy, medications, programs
- Acute elevated risk (e.g. SI with plan, interrupted attempt, command AH) → Rx: Emergency intervention

<table>
<thead>
<tr>
<th>Protective Factors (Recent)</th>
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<tbody>
<tr>
<td>□ Identifies reasons for living</td>
</tr>
<tr>
<td>□ Responsibility to family or others; living with family</td>
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<tr>
<td>□ Supportive social network or family</td>
</tr>
<tr>
<td>□ Fear of death or dying due to pain and suffering</td>
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<tr>
<td>□ Belief that suicide is immoral; high spirituality</td>
</tr>
<tr>
<td>□ Engaged in work or school</td>
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<thead>
<tr>
<th>Clinical Status (Recent)</th>
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<tbody>
<tr>
<td>□ Hopelessness</td>
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<tr>
<td>□ Major depressive episode</td>
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<tr>
<td>□ Mixed affective episode (e.g. Bipolar)</td>
</tr>
<tr>
<td>□ Command hallucinations to hurt self</td>
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<tr>
<td>□ Highly impulsive behavior</td>
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<tr>
<td>□ Substance abuse or dependence</td>
</tr>
<tr>
<td>□ Agitation or severe anxiety</td>
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<tr>
<td>□ Perceived burden on family or others</td>
</tr>
<tr>
<td>□ Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)</td>
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<tr>
<td>□ Homicidal ideation</td>
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<tr>
<td>□ Aggressive behavior towards others</td>
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<tr>
<td>□ Method for suicide available (gun, pills, etc.)</td>
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<tr>
<td>□ Refuses or feels unable to agree to safety plan</td>
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<tr>
<td>□ Sexual abuse (lifetime)</td>
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<tr>
<td>□ Family history of suicide (lifetime)</td>
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SAFETY PLANNING

- Clinical intervention that results in list of: warning signs, coping skills, and resources for the individual.
- Helps patients follow a pre-determined set of steps to avoid suicidal crisis.
- Must be highly individualized to help!
  - Explore the individuals’ thoughts and feelings that led to prior suicidal attempts or behaviors.
  - Personal warning signs (red, yellow and green).
- Should be re-visited as different risk factors change.
**SAFETY PLAN**

Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk

Barbara Stanley, Columbia University
College of Physicians & Surgeons
and New York State Psychiatric Institute

Gregory K. Brown, University of Pennsylvania School of Medicine

| Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing: |
| 1. |
| 2. |
| 3. |

| Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity): |
| 1. |
| 2. |
| 3. |

| Step 3: People and social settings that provide distraction: |
| 1. Name: | Phone: |
| 2. Name: | Phone: |
| 3. Place |

| Step 4: People whom I can ask for help: |
| 1. Name: | Phone: |
| 2. Name: | Phone: |
| 3. Name: | Phone: |

| Step 5: Professionals or agencies I can contact during a crisis: |
| 1. Clinician Name: | Phone: |
| Clinician Pager or Emergency Contact # |
| 2. Clinician Name: | Phone: |
It’s May 2020 and you meet with an adult patient who presents with symptoms of depression. Patient cites COVID as the main trigger for their symptoms....
Pt is 58yrs old and scored 16.0 on the PHQ-9 and 7 on the GAD-7 and reports the following symptoms: anhedonia, depressed mood, trouble sleeping, restlessness, irritability, low energy, trouble concentrating, worthlessness, and worrying.

Interviewer: I understand you have been experiencing a lot of symptoms of feeling more sad and irritable, as well as some trouble sleeping. Can you tell me when these symptoms started? Or when you were last feeling like yourself?

Patient: Hmmmm. I haven't really felt like myself since before the pandemic and quarantine started. I started to notice that I was having more trouble sleeping and maybe a little more down. Things were pretty crappy trying to keep up with work and home life. But 2 months ago, I lost my job and things went downhill.

Interviewer: When you say downhill, can you tell me more? What specific changes in your mood or outlook changed?

Patient: I felt more overwhelmed at first and was losing sleep thinking about what to do next to get another job. I would be up at night thinking about how I would never get a job and how I let down my family. I just felt sad and disappointed.

WHAT’S ON YOUR DIFFERENTIAL??
Interviewer: Did the symptoms stay at the same level or have they gotten worse over time? For example, some people find that their mood starts to get in the way of their day to day life, anything like this?

Patient: Yea it’s gotten worse I think as things have sunk in. At first, I was worried about finding a job, but now I feel bad, but I don’t even care anymore. I just have no motivation to get up and do anything at this point, including applying for jobs. I feel like a waste of space to my family and what employer would want me like this? My partner is more distant, but I don’t blame them since I’m irritable and haven’t been helping out around the house at all.

Interviewer: Sometimes when people are feeling low, they notice changes in their energy and concentration, have you found this? Like for some people they usually do something every day (e.g. brush teeth, shower) and when they are low stop doing these, has this been true for you?

Patient: Yea, it’s pathetic, when I can get myself to look for jobs, I just scroll the computer and can’t even tell you what I’m reading. And yes, this is embarrassing, but I am usually someone who likes a good shave everyday and I have not cared to do that in.. i don’t know weeks by the looks of my hair right now.

What has moved up on your differential? What else do you want to know?
Interviewer: What about feeling hopeless? Or having thoughts that you don’t want to be alive? Thoughts of harming yourself?

Patient: I mean I feel hopeless about my job prospects, but I could never hurt myself. That would be too selfish to do to my kids.

Interviewer: Have you ever in the past had thoughts of wanting to die or taking your life?

Patient: Nah

Interviewer: Do you have any guns in the home?

Patient: No. Nothing like that.

WHAT SCALE COULD YOU USE TO ASSESS SUICIDE RISK? WHAT FURTHER QUESTIONS DO YOU HAVE?
Interviewer: Tell me more about your past mood history. Looking back over your life, have you ever struggled with a similar period, feeling sad or blue, more days than not for weeks at a time?

Patient: Oh for sure. I had a really rough patch in my 20s after graduating college when I was trying to figure out what to do next.

Interviewer: Tell me more about that time? How long did those symptoms last for? Did they affect your day to day life or functioning?

Patient: It was months! I kinda just went into “hermit mode” and was just sitting at home watching TV and not talking to anyone. I couldn't motivate myself to do anything. I got a roommate after a few months and we slowly started lifting together and I started feeling better.

Interviewer: Have you had other times when you felt similarly in your life?

Patient: I mean I've had times when I've been upset but nothing that lasted like that.

Interviewer: How does how you are feeling now compare to how you were feeling during that period in your 20s?

Patient: It’s definitely worse. What has moved up on your differential? What else do you want to know?
Interviewer: I wanted to ask you some other questions about past mood states. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?

Patient: Ha! I wish. I would love some energy right now. No I’ve never experienced that.

What diagnosis would you give?
Sources


Questions and Discussion