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## MOOD DISORDER

Saradha Devi\*

Sree Balaji College of Nursing, Bharath University, Chrompet, Chennai, India

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### INTRODUCTION

Mood is an internal mild depression to mild elation depending on many factors. For example emotional state of an individual. A mood disorder is characterized by an excessive swing of mood. The mood state of a normal individual fluctuates between: if she passes an examination she may be little elated or happy; if she fails she may be a little depressed or sad. There is also a period. It is only when the mood swing is excessive in severity and in duration and when it interferes with a person's day-to-day activities that it becomes a mood disorder.

#### Depression

Depression is they are 'sad', 'depressed', 'down', 'mood out', feeling that they have the common cold of psychiatric illness. Very often we come across people saying that lost



interest in everything and that they are isolated. All these refer to depression. Depression is a mood state. Depression may be a normal mood state if it follows a painful, distressing situation and if it is transient or short-lived. All of us at times feel depressed for a variety of reasons and after some time we come out of that gloom to normal state.

#### Epidemiology

Depression is a widespread mental health problem affecting many people, young general hospitals suffer from depression. The common age group is 30- and old, suffers

from depression. 5-20 percent of psychiatric out-patients attending 50 years. Depression is more common in old people. In the elderly above 60 years 13-22 percent suffer from depression. Females suffer rich and poor, men and women. In India 1-6 percent of the general population more than males. In women as in men. Children and adolescents also suffer from depression, but not as commonly as adults.

#### Etiology of Depression

- Biological Factors
- Genetic
- Biochemical factors.
- Psychological Factors
- Cognitive
- Behavioral
- Social cultural Factors

#### Clinical Manifestation

- Depressed mood or
- Loss of interest and pleasure
- Feelings of worthlessness or guilt.
- Impaired concentration.
- Loss of energy and fatigue.
- Thoughts of suicide
- Loss or increase of appetite and weight
- Insomnia or excessive sleep and
- Retardation or agitation.

#### Management of Depression

Hospitalization If the depression is severe and there are suicidal tendencies, it is better to hospitalize the patient for further management.

Drug therapy with the help of anti-depressants, depression can be relieved in a few weeks time. The details regarding drug therapy are given in the chapter on drug treatment (Anti-depressant drugs).



**Electro-convulsive therapy** It is an effective physical method of treatment in major depression. It is advisable if the depression is severe and with suicidal tendency. EeT is Widely used in combination with anti-depressant drugs.

**Psychotherapy** Psychotherapy means understanding the depressed patients and their problems and guiding them positively. It includes reassurance and supportive measures, and encouraging patients to freely communicate with the therapist. The emotional ventilation has dramatic effect in relieving depression. Family therapy, group therapy and cognitive therapy are also indicated in selected cases of depression. The selection of treatment depends on the individual patients.



### **Nursing Care in Depression**

- Promote sleep and food intake-give the prescribed drugs in time and monitor food intake and, if necessary, administer IV fluids.
- Assess if there is any suicidal tendency. Take safety measures and keep vigil if patient has suicidal ideas. The patient's safety is a nursing priority.
- Diminish feelings of loneliness. Build trust by a one-to-one relationship. Improve interaction with the patient.

- The interaction should focus on the present, not the past or far into the future. Reassure the patient that the present depressed mood state is temporary and that he will be protected and helped. Use a kind, firm and warm attitude. The presence of a trusted individual provides emotional security for the patient.



- Postpone to your patients decision making and resumption of duties.
- Provide non-intellectual activities. For example, cleaning and physical exercise provide safe and effective methods for discharging pent-up tension.
- Encourage expression of emotions, denial, hopelessness, helplessness, guilt, etc. Provide the patient the opportunity to cry out and ventilate his anger.

### **References**

1. Boyd MA .Psychiatric Nursing Contemporary Practice 2nd edition. Philadelphia :Lippincott Publications ;2001 .
2. Keltner LN, Schwecke L H, Bostrom CE. Psychiatric nursing 4th ed. Philadelphia: Mosby publications; 1999.
3. Kaplan HI, Sadock BJ. Synopsis of Psychiatry, Behavioral Sciences/ Clinical Psychiatry .9th ed. Hong Kong: William and Wilkinson Publishers;1998.
4. Stuart GW, Laria MT. Principles and Practices of Psychiatric Nursing. Ist ed. Philadelphia: Mosby Publishers; 2001.
5. Berk, L. Infants, children, and adolescents 3rd ed. Allyn and acon. Boston; 1999.
6. Moyer, KE. 1968. Kinds of aggression and their physiological basis. Communications in Behavioral Biology 2A:65-87

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