

## Depression and Anxiety Disorders

Mood and anxiety disorders are common, and the mortality risk is due primarily to suicide, cardiovascular disease, and substance abuse. Risk is highest early in the course of the disorder or within 2 years of a hospitalization. Mood disorders are divided into Depressive Disorders (unipolar) and Bipolar Disorders (manic depressive). Dysthymia is chronic low-grade depression that does not meet the criteria for Major Depression.

Criteria for Major Depression require a history of depressed mood for at least 2 weeks plus 4 or more of the following: weight change, sleep disturbance, psychomotor agitation or retardation, fatigue, feelings of worthlessness or guilt, difficulty concentrating, or suicidal ideation. To meet the criteria for Bipolar Disorder, there must be a history of at least one episode of mania (abnormal elevated/irritable mood) in addition to the Major Depression criteria. Anxiety disorders include panic disorders, agoraphobia, social phobia, social anxiety disorder (SAD), simple phobia, generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD).

Symptoms include worry and nervousness, racing heart, breathlessness, dizziness, sweats, headache, insomnia, and other vague complaints.

Depressive disorders often overlap with anxiety disorders, and in the long term, many patients continue to have symptoms. Recurrences are common for both mood and anxiety disorders. Drug therapy (with or without counseling) is effective in treating most individuals. The mainstay of therapy for both anxiety and mood disorders is antidepressant drugs. For more severe cases, electroconvulsive therapy (ECT) or antipsychotic agents may be required. If anxiety is present, treatment may include benzodiazepines and buspirone. Benzodiazepines are addicting and underwriting caution is necessary, especially in those prone to substance abuse.

**If your client has a history of a mood or anxiety disorder, please answer the following:**

**1. Please provided the diagnosis:**

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**2. Please indicate date(s) of episode(s):**

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**3. Is your client on any medications?**

**If yes, please give details**

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**4. Does your client have a history of substance abuse (alcohol or drugs)? If yes, please give details**

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**5. Has your client been hospitalized, required ECT, been seen in the emergency room, or been on disability for psychiatric symptoms or treatment? If yes, please give dates:**

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**6. Has your client smoked cigarettes or used any other form of tobacco in the last 5 years? If yes, please give details** \_\_\_\_\_

**7. Does your client have any other major health problems (ex: cancer, etc.)? If yes, please give details** \_\_\_\_\_