

Affective disorders



Affective disorders belong to a group of illnesses characterised by a pathological change in mood towards depression or mania.

A member of the Michel group



Dr. med. Sebastian Dittert
Senior Physician

Characteristic features of depression

The clinical picture of depression shows various symptoms like sad, subdued mood, a loss of joy and interest in their usual activities, reduced drive and a lack of energy. In addition to problems with concentration and an inability to make decisions, they may also experience sleep disorders, loss of appetite and a reduced sense of self-esteem. Patients tend to engage in brooding and circular thought patterns; often they will complain of physical discomfort (e.g. headaches or stomach pain). They may have suicidal thoughts.

Characteristic features of mania

In a manic episode, the patient's symptoms can be described as the „opposite“ of depression. Symptoms of mania include an exaggerated, elevated mood, increased drive and need for movement, and a reduced need for sleep. An increase in the patient's self-esteem and grandiose ideas are also noticeable; the patient's thoughts often race and speech is rapid.

Causes

Affective disorders are assumed to have multifactorial causes, in which

- genetic factors
- biological factors (including an imbalance of certain neurotransmitters in the brain)
- psychosocial factors (e.g. critical life events such as the loss of a partner or job)
- personality traits
- biography

may all interact.

Treatment

Affective disorders can be successfully treated. Treatment begins with an extensive diagnostic process, which includes the taking of a detailed case history (previous events and current symptoms,) a physical examination and medical-technical examinations (e.g. laboratory tests, ECG).

The treatment of affective disorders consists of various therapy components tailored to the specific needs of the individual patient, and generally includes individual psychiatric/ psychotherapeutic sessions, psychopharmacological treatment (medication) as well as experience-based and non-verbal therapies such as music, riding or body therapy. Further specific treatment options include light therapy, sleep deprivation therapy and electroconvulsive therapy.

Preventive measures

An important objective in the therapy sessions is to find out how the risk of a relapse can be minimised or prevented. It is useful to find out what may have contributed to the onset of the illness in order to make corresponding changes in the patient's everyday routine. In this context, a joint discussion with the patient's family members or employer can be important. Furthermore, specific group therapies can enhance the patient's own understanding of his/her illness, coping with symptoms and recognition of early warning signals.

The protective effect of the medications, which can be taken over months or years, also forms a primary component of the preventive measures.

Finally, a relationship of trust with a physician and/ or psychotherapist constitutes the basis for successful relapse prevention.