

**Neuropsychological/cognitive assessment:** an assessment that assists with the diagnosis and treatment of cognitive disorders through the provision of data (including objective measures) of cognition and other abilities/factors. Key to an accurate diagnosis. Permits the analysis of:

- Extent of deficit (is it just a deficit in memory?)
- Fine grade identification of nature of impairment
- Stability of cognitive functioning (is it worse than the previous level of functioning?)
- Severity of deficit (how bad is their memory?)

It can be difficult to distinguish dementia from depression in the elderly, as so many symptoms overlap. 25% of clients will present with both depression and dementia.

Depression	Dementia
Uneven progression over wks	Even progression over months or years
Complains of memory loss	Attempts to hide memory loss
Often worse in a.m. better as day goes on	Worse in p.m. or when fatigued
Aware of, exaggerates disability	Unaware or minimizes disability
May abuse alcohol or other drugs	Rarely abuses drugs

#### Week 4 – mood disorders

**Emotion:** states or arousal defined by feeling

**Affect:** pattern of observable behaviours that are associated with subjective feelings (acting out feelings)

**Mood:** a pervasive and sustained emotional response

**Mood disorders:** defined by episodes in which a person's behaviour is dominated by positive or negative moods (ups and downs).

"Downs" are disorders defined by low or unpleasant moods, such as depression and dysphoria/dysthymia, and "Ups" are disorders defined by elevated moods, such as euphoria, mania, and hypomania.

**Dysphoria:** experience of unpleasant (usually low) mood.

**Euphoria:** intense feeling of wellbeing, excitement, over-confidence and optimism.

Symptoms of mood disorders include:

1. Emotional – dysphoria/euphoria
2. Cognitive – disturbed concentration, grandiosity/inflated self-esteem, depression triad (themselves, environment, future)
3. Somatic – fatigue, pains, appetite, and sleep patterns
4. Behavioural/affective – affect, psychomotor slowing vs pursuit of goals indiscriminately/agitation

The difference between depression and normal sadness is that in depression your mood does not improve when engaging in pleasurable activities, and may change without a precipitating event/be out of proportion to a person's circumstances. Furthermore, depression causes an inability to function in social and occupation roles, and can have additional cognitive, somatic, or behavioural signs and symptoms.

Common symptoms of depressive disorders: The presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes.

Major Depressive Disorder	Persistent Depressive Disorder (Dysthymia)
More severe presentation at times of episodes, tendency to be breaks between "episodes"	More chronic and mild presentation
Depressive episodes must have <b>5 out of 9 symptoms present for a 2 week period</b> (one of these <b>MUST</b> be depressed mood or loss of interest/pleasure)	Depressed mood for most of the day, nearly every day <b>PLUS</b> must present with <b>2 of 6 symptoms over a 2 year period</b>
Symptoms include: <ol style="list-style-type: none"> <li>1. Depressed mood most of day</li> <li><b>2. Diminished interest in pleasure</b></li> <li>3. Significant weight loss/gain</li> <li>4. Insomnia/hypersomnia</li> <li><b>5. Psychomotor agitation</b></li> <li>6. Fatigue/loss of energy</li> <li>7. Feelings of worthlessness/excessive guilt</li> <li>8. Diminished ability to think/concentrate or indecisiveness</li> <li><b>9. Recurrent thoughts of death/suicidal ideation</b></li> </ol>	Symptoms include: <ol style="list-style-type: none"> <li>1. Poor appetite/overeating</li> <li>2. Insomnia/hypersomnia</li> <li>3. Low energy/fatigue</li> <li>4. Low self-esteem</li> <li>5. Poor concentration/decision making</li> <li>6. Feelings of hopelessness</li> </ol>
No presence of manic episode Significant distress/impairment Not attributable to other disorders	<b>Symptoms have not been absent for more than 2 months at a time.</b> No presence of manic episode Significant distress/impairment Not attributable to other disorders

Cultural differences in perception of what depression is:

Chinese culture: boredom, discomfort, feelings of inner pressure, pain, dizziness, fatigue

Western culture: crying, feeling sad/down, fatigued, change in appetite/sleep, loss of pleasure

**Disruptive mood Dysregulation disorder:** This disorder is only present in children aged 6-18 years old, and is a chronic, severe, and persistent irritability, as well as frequent episodes of extremely out-of-control-behaviour. There is an argument that this disorder will turn normal temper-tantrums into a disorder.

**Premenstrual Dysphoric disorder (PMDD):** severe form of PMS, characterised by mood liability, irritability, dysphoria, anxiety, difficulty concentrating, pain, changes in appetite and sleep.