

Short Note on Disordered Mood

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Received: December 14, 2022, Manuscript No. JPAC-22-20896;
Editor assigned: December 16, 2022, PreQC No. JPAC-22-20896 (PQ); **Reviewed:** December 30, 2022, QC No. JPAC-22-20896; **Revised:** March 14, 2023, Manuscript No. JPAC-22-20896 (R); **Published:** March 22, 2023, DOI: 10.35248/2471-9900.23.12.2.345

Introduction

One third to half of people with persistent sleep issues also have mood disorders. Similarly, the majority of people with mood disorders report insomnia, but a small percentage sleep more than usual. Even though they significantly increase morbidity and mortality, mood disorders frequently go untreated. Paying attention to sleep issues could help doctors better diagnose mental disorders. Treatment of the underlying mood disorders should take precedence over treating the symptoms of the sleep complaint in patients with mood disorders. Patients with depression have typical irregularities in REM, slow wave, and continuous sleep patterns. Although sleep variations may offer a window on the neurobiologist of depression, differences in sleep patterns cannot reliably separate people with depression from those with other mental diseases.

Almost all patients with mood disorders experience sleep difficulties, and for these people, sleep complaints are frequently among the most troublesome signs and symptoms. Similar to this, those with aberrant sleep patterns are more prone to have mental disorders. Two epidemiological studies conducted in the community found that persons with insomnia had much higher rates of serious depression (14% to 21%) than adults without sleep problems (less than 1% in both studies). Insomnia is not the only type of disturbed sleep patterns linked to mood disorders; hypersomnia sufferers also had a higher prevalence of mood disorders (9.9%).

Description

Patients who present for medical care and have insomnia may be significantly more likely to have mood disorders. The symptoms of sleep disturbance and weariness had the highest positive predictive values (61% and 69%, respectively) for major depression symptoms, according to a study of patients who visited general medical clinics. The International Classification of Sleep Disorders (ICSD) diagnosis, "sleep disorder associated with mood disorders," was the primary diagnosis in 32.2% of patients and the primary or secondary diagnosis in 53.7% of patients, making it the most prevalent diagnosis connected to insomnia, according to a multi-center study of patients seen in sleep disorders clinics.

While sleep problems in individuals with established depression are typically easy to spot, the opposite seems to be true: Mood disorders frequently go untreated in non-psychiatric settings. According to estimates, up to half of the patients who are afflicted in primary care settings do not receive a diagnosis of depression. Any patient with chronic insomnia must undergo a thorough evaluation for a mood disorder due to the significant correlation between sleep complaints and mood disorders. Mood disorders are major medical issues since up to 25% of individuals will try suicide and up to 15% will actually succeed in taking their own lives.

Patients with sleep disturbances should initially undergo treatment to address any underlying mood disorders, if any. Sleep will typically get better when the sickness does; paying close attention to sleep problems will typically hasten the recovery of sleep issues and, maybe, mood disorders as well. Medications are typically prescribed to treat depressive episodes, and in some cases, they may also benefit some people with sub syndrome symptoms. Most of the time, side effects are taken into account while choosing an antidepressant. The side effect profile can frequently be utilized to one's advantage in the treatment of depression with considerable sleep difficulties. Monoamine Oxidase Inhibitors (MAOIs), tricyclic and Tetracyclic Antidepressants (TCAs), Selective Serotonin Re-Uptake Inhibitors (SSRIs), as well as those that do not fall within the previous categories, are among the main types of antidepressants. In accordance with current ideas of sleep physiology, the majority of antidepressants increase central monoaminergic activity, and several of them also have anticholinergic effects. These features appear to be the foundation of their ability to inhibit REM sleep.

One of the more effective non-drug treatments for sleep disturbances in the last 20 years has been light therapy. Patients with non-seasonal mood disorders and sleep wake cycle disturbances were later treated with this therapy after it was initially given to patients with Seasonal Affective Disorder (SAD). After SAD was identified, it was stated that the winter depression may be successfully cured by lengthening the day by being exposed to bright artificial light. Patients with winter depression were exposed to artificial bright light in the early morning and early evening to extend the day's length by more than two hours during the early studies of light treatment for SAD using fluorescent lamps (giving at least 2500 lux). In the majority of instances, therapeutic effects such as a reduction in hypersomnia and an uptick in mood appeared within days.

Conclusion

Screening for mood disorders should be a standard element of the evaluation of any patient with a sleep complaint due to the considerable prevalence of mood disorders, particularly depression, among patients who report chronic sleep issues. Particularly in general medical settings, patients are far more likely to affirm somatic than emotional symptoms, and sleep difficulties offer the clinician a critical clue as to whether depression or another psychiatric disorder is present. Similar systems appear to be involved in the regulation of mood and sleep, which may help to explain both the effects of antidepressants on mood and sleep as well as the high prevalence of sleep abnormalities in patients with mood disorders.

When antidepressants are chosen with an eye toward their side effect profile, sleep can be improved. Similar to how medications may not be an option, light therapy and sleep aids may help with depression related symptoms including irregular sleep.