Mood disorders (formerly called affective disorders) are those in which extreme variations in mood—either low or high—are the predominant feature. We all experience such variations at mild to moderate levels in the natural course of life, but for some people the extremity of moods in either direction becomes seriously maladaptive, even to the extent of suicide.

The vast majority of people with mood disorders have some form of unipolar depression—dysthymia or major depression. In these disorders, the person experiences a range of affective, cognitive, motivational and biological symptoms including persistent sadness, negative thoughts about the self and the future, lack of energy or initiative to engage in formerly pleasurable activities, too much or too little sleep, and gaining or losing weight.

Unipolar depression may have multiple causes; traditional biological explanations have increasingly been shown to interact with more psychosocial factors.

Among biological causal factors for unipolar depression, there is evidence of a moderate genetic contribution to the vulnerability for major depression. Moreover, major depressions are clearly associated with multiple interacting disturbances in neurobiological regulation, including neurochemical, neuroendocrine, and neurophysiological systems. Disruptions in circadian and seasonal rhythms in depression are also prominent.

Among psychosocial theories of the causes of unipolar depression are Beck’s cognitive theory and the reformulated helplessness and hopelessness theories, which are formulated as diathesis-stress. Personality variables, such as neuroticism, may also serve as diatheses for depression.

In the bipolar disorders (cyclothymia and bipolar I and II disorders), the person experiences episodes of both depression and hypomania or mania. During manic or hypomanic episodes, the symptoms are essentially the opposite of those during a depressive episode.

For bipolar disorders, biological causal factors probably play an even stronger role than for unipolar disorders. The genetic contribution to bipolar disorder is among the strongest of any psychiatric disorders.

It is unlikely that stressful life events cause the disorder, but rather affect the timing and frequency of episodes of illness.

Treatment of unipolar depression may be successfully accomplished through CBT, behavioral activation therapy, interpersonal therapy, antidepressant drugs, and ECT. The biologically based treatments of Electroconvulsive therapy and/or Transcranial magnetic stimulation are more likely to lead to negative side effects, sometimes severe, and to result in greater chance of relapse or recurrence.

Suicide is a constant danger with depressive syndromes of any type or severity. Accordingly, an assessment of suicide risk is essential in the proper management of depressive disorders.
Suicide prevention (or intervention) programs generally consist of crisis intervention in the form of suicide hotlines and although these are undoubtedly effective in some cases in averting fatal suicide attempts, the long-term success of treatment aimed at preventing suicide in those at high risk is much less clear at the present time.