

Mood disorders involve symptoms that extend far beyond disruption of mood, rendering them challenging to diagnose, monitor, and treat. An estimated 21.4% of adults in the United States experience a mood disorder at some point in their lives (Kessler et al., 2007). Annually, an estimated 21 million (8.4%) Americans are diagnosed with major depressive disorder (MDD), and an estimated 7 million (2.8%) are diagnosed with bipolar disorder (BP) (SAMHSA, 2021). The classic perspective of mood disorders has been to view mood symptoms of mania and depression as distinct and opposite "poles." As our understanding of mood disorders expands, it is becoming increasingly apparent that mood disorders exist along a continuum or spectrum and do not operate as distinct "poles." This has important implications for clinical management and treatment of mood disorders.

In the following pages, we will describe the spectrum of symptoms included in mood disorders, the neurocircuitry that underlies those symptoms, and the evidence-based therapeutic targets for the treatment of those symptoms. We will also address best practices for early screening/detection and long-term management/treatment of mood disorders. Chapters 1–2 describe the neurobiological models and neurocircuitry that underlie various mood disorders and how malfunctioning circuits are connected to symptoms. Chapters 3–4 describe the mechanisms that underlie evidence-based treatments and how they can improve neurocircuitry in mood disorders, even in treatment resistance. Chapters 5–6 examine advancements in the development of novel evidence-based pharmacological treatments, and the use of nonpharmacological methods as adjunctive treatments or standalone treatments for depressive disorders.

