Addressing cognitive impairment in mood disorders: A role for the mental health nurse

It is well-recognized that medications may be effective in addressing the clinical symptoms of mood disorders, both unipolar and bipolar, but they do not adequately address the associated impairment in functioning. Even between episodes, many people with mood disorders experience impairments in cognitive, occupational and interpersonal functioning. Current research suggests that impairment in cognitive functioning may contribute to occupational and interpersonal problems. When a person is unable to think clearly, engage their usual problem-solving skills, retain information over time, or concentrate for long enough to follow instructions or maintain conversation, this inevitability impacts on how they function at work, home and in their interpersonal relationships. Unsurprisingly, people may withdraw from relationships and activities because they present a difficulty rather than a source of enjoyment.

Several studies and meta-analyses show significant deficits in executive function, memory and attention during episodes of depression and also between episodes, in patients with mood disorders (Porter, Robinson, Malhi, & Gallagher, 2015). However, there are two important caveats to these consistent findings. The first is although group mean scores are different, only a percentage of people are impaired (Douglas et al., 2018). Secondly, there is very poor correlation between the results of objective tests and the person’s subjective assessment of their cognitive impairment (Petersen, Porter, & Miskowiak, 2019). This makes it particularly important to understand the individual’s experience of cognitive impairment in mood disorders.

A paper published in this issue of the Journal examined how thirty people with depression associated with either Major Depressive Disorder or Bipolar Disorder described their experiences of impairment in cognitive functioning. The participants in that study described either ‘being stuck’ or ‘preoccupied with their own thoughts’ as being the causes of the impairment. ‘Being stuck’ described a paucity of thoughts while ‘preoccupied with their own thoughts’ described having too many ruminative thoughts. Both these experiences resulted in the participants feeling as though they were not living life to their potential. While ruminative processes associated with depression have attracted considerable research interest, the paucity of thoughts or cognitive inhibition has received less attention. The people who described this described a process whereby they feel as if they are unable to think or that the process of thinking is hard and slow. The effect of this is that those participants felt unable to do the most routine things such as shopping or housework. The consequence was a sense of disconnection from others. The impact on relationships and occupational functioning is obvious.

Ruminative processes can be regarded as attempts at problem-solving in which the problems overwhelm any possible solution. It is unclear whether ‘being stuck’ is an effect of psychomotor retardation or another cognitive process—perhaps one which decontextualizes actions from their contexts—routine actions that were previously undertaken unconsciously have to be deliberately and consciously thought about. They can no longer be taken for granted, for example automatically getting up and having a shower, and the person cannot easily remember how to undertake what is required. What is clear is that both ‘being stuck’ and ‘being preoccupied with one’s own thoughts’ had a profound impact on psychosocial functioning. The participants in the study described how cognitive processing required considerable effort which was experienced as frustrating. This often contributed to the participants feeling worse about themselves and made it difficult to function in their daily lives. The effect of this was that they underachieved in many aspects of their lives in which they had the potential to perform better.

This raises an important treatment issue for mental health nurses. They need to firstly recognize that people with mood disorders may be experiencing problems with cognitive processing and secondly, understand what the experience may be like and how it might impact on psychosocial functioning in the context of that person’s life. Sharing this understanding with the person experiencing a mood disorder may help them recognize that this is not a personal defect but a functional symptom associated with a mood disorder. When it is understood in this way, it provides a direction for intervention to promote better cognitive functioning and consequently better functional recovery.

The basic premise of strategies to promote cognitive impairment is that being given the opportunity to repeatedly practice activities that target memory, concentration and executive functioning can be cognitively activating, and can provide the basis for learning strategies to improve performance in these areas. Importantly, mental health nurses are well placed to support the person in transferring these strategies into their day-to-day lives in order to improve functioning. There are formalized computer packages designed to be used in the “drill and practice” aspect of cognitive enhancement interventions such as Happy Neurone Pro (www.scientificbraintrainingpro.com). However, if this resource is unavailable, nurses can work with the person to support them...
in cognitively demanding tasks, that is writing things down to jog memory; or undertaking an activity that requires concentration and building up to longer and longer periods; or providing strategies for planning particular activities such as breaking the activity into smaller steps. A key role for the mental health nurse is to improve the person's confidence in approaching cognitively demanding tasks, rather than avoiding them.

Recovery from mood disorders requires a process involves clinical recovery (absence of mood symptoms), functional recovery (improvement in cognitive and psychosocial functioning) and personal recovery (identifying and working towards personally important goals). Other mental health professionals can play important roles in facilitating this process but mental health nurses have a key role in promoting functional recovery (Crowe, 2017).

Marie Crowe
Richard Porter
Kate Eggleston
Katie Douglas

Department of Psychological Medicine, University of Otago, Christchurch, New Zealand

Correspondence
Marie Crowe, Department of Psychological Medicine, University of Otago, Christchurch, New Zealand.
Marie.crowe@otago.ac.nz

ORCID
Marie Crowe https://orcid.org/0000-0002-7220-8658

REFERENCES