Celebrating the Fifth Birthday of JMOOD

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Four years ago, on the lands of Aretaeus of Cappadocia (1), the Journal of Mood Disorders (JMOOD) was launched as the second journal of Turkish Association of Psychopharmacology. As we are so close to celebrating the fifth birthday of JMOOD, I want to take this opportunity to reflect on the first four years during which the journal has published articles on various aspects of mood disorders.

Over the past four years, owing to the efforts of a dedicated editorial board, hard-working partners of reviewers, and a highly efficient publishing team, journal made considerable progress in reaching the goal of making JMOOD a recognized and internationally indexed scientific journal in the field of Turkish psychiatry.

JMOOD publishes reviews, editorials, comments, original articles, guidelines, protocols, papers on statistical techniques, and case reports in the fields of the mood disorders. The journal is unique in its international character focusing on proper clinical and experimental research on mood disorders. Recent research data have served to reshape our definition and understanding of mood disorders, and the name of the journal reflects our current notion of “mood disorders”. The focus of my letter will be on the importance of the name of the journal, and the distinction between the terms of “mood disorder” and “affective disorder”.

The preface of the Mood Disorders Textbook of American Psychiatric Publishing begins with a sentence as “Mood disorders are the bread and butter of clinical psychiatry” (2). Mood disorders are characterized by generalized dysregulation of mood and psychomotor activity and associated biorhythmic and cognitive disturbances (3). The phrase “affective disorder” is to some extent related to an outsource observational state on the mood of the individual. Affect is communicated through facial expression, vocal intonation, gestures, and posture. In this manner, happiness, sadness, anger are affects that serve a communicative role. Affects tend to be short-lived expressions, reflecting fleeting emotional contingencies. Moods convey sustained emotions and they are encountered long enough to be felt internally. According to Frijda, mood is “the appropriate designation for affective states that are about nothing particular or about everything-about the world in general” (4). Thus, mood disorder is now the preferred term both in the ICD-10 and the DSM-IV / DSM-5. Mood disorders represent abnormal or excessive fluctuations of mood and associated manifestations and are characterized by pathological mood changes that are distinguished from their regular counterparts by being out of proportion to any stressor. Moods are sustained for weeks or months, and have a pervasive impact on the person, such that the judgment may severely be influenced (5).

Despite categorical classification systems of psychiatry, many investigators and clinicians consider that mood disorders take place along a continuum. Most studies on depression or bipolar disorder have only summarized the number of symptoms. The term “bipolar affective disorder” is relatively sharp-edged contrasted with the comprehensive term “mood disorders”. For example, mild forms of mood instability not presenting with apparent depressive or manic episodes cannot be classified as an affective disorder. So the name, “Journal of Mood Disorders”, put the journal in a unique position. The common theme among the previous issues of JMOOD was that mood disorders are not merely an altered “mental state.” Rather, these disorders are definitely whole-body diseases that have extensive and long-lasting adverse results. In addition to research on mood disturbance and disorders, the previous issues of JMOOD included a set of papers on a variety of topics including anxiety disorders and substance use disorders. Anxiety disorders and substance use disorders are also in the scope of the journal due to the evidence from epidemiological studies and clinical experience suggest that mood disorders either coexist or overlap considerably with anxiety.
disorders (6). Most cases of bipolar disorder are characterized by comorbidity with “pure” bipolar disorder come forth on rare occasions. For instance, Kessler et al. ascertained that 92.1% of the individuals with bipolar disorder also met lifetime criteria for any anxiety disorder, and 71.0% had any substance use disorder (7). Several authors suggest there is a common diathesis connecting mood and anxiety disorders (8).

I hope that the journal will continue to bring readers up to date with the latest empirical findings in its fifth year. It is very gratifying to see that JMOOD could be able to publish papers from various study groups around the world bilingually as Turkish and English. The editorial and management team tried their best to preserve the benefits of open access publishing. Publishing on every three months has its advantages; however, as an author and a reader, I can give a clear feedback that I would be happier to see the journal published more often while maintaining its high standard.

We wish to express my appreciation to the editorial and advisory boards, all reviewers, authors and also the readership for their support of JMOOD as it plays an critical role in encouraging understanding mental health. By the end of its fourth year in publishing area, JMOOD is on its way to displaying an authorized venue for the scientific work that the psychiatry deserves.

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