DEPRESSION… A REVIEW

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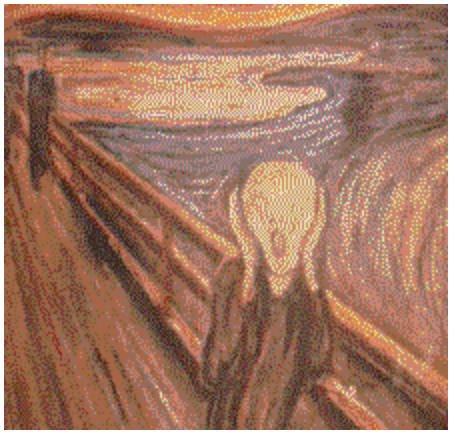
- Introduction
- Semantics
- Classification system
- Types
- Etiology
- Symptoms
- Differential diagnosis
- Treatment

Emotions can be described as two main types:

1. **Affect** – short lived emotional response to an idea or an event

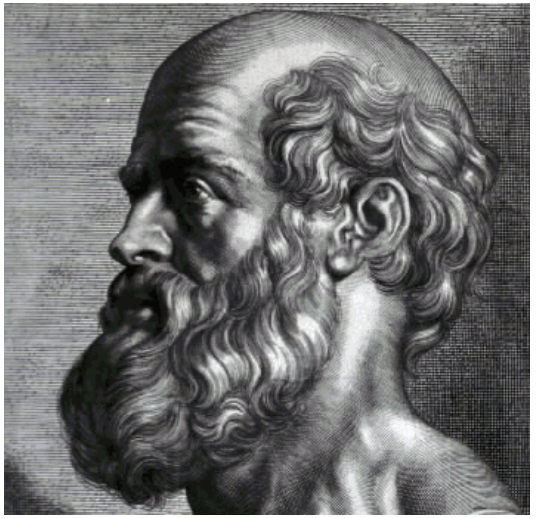
2. **Mood** – sustained and pervasive emotional response which colors the whole psychic life



HISTORY

- Old testament describes **King Saul** was suffering from severe depressive episodes, responding slightly to David's soothing music.

- **Hippocrates** coined the words mania and melancholia



- **Aretaeus** first described mania and depression occurring in the **same individual.**

- **Emil Kraeplin** described the **manic-depressive illness as separate from dementia precox** on the basis of course, clinical symptoms and outcome.

EPIDEMIOLOGY

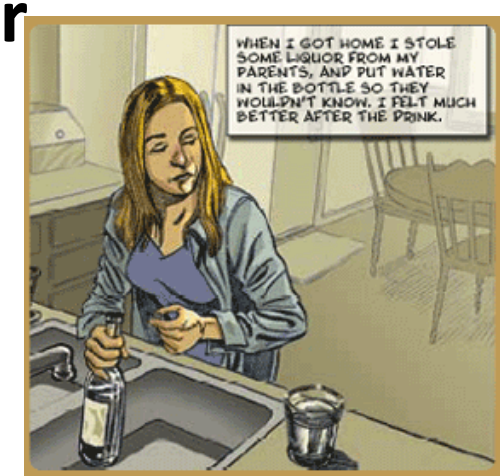
- Mood disorders are **common**.
- Highest lifetime prevalence (**17 %**) of any psychiatric disorder.
- Yearly incidence of a major depression is **1.59** percent (women 1.89 %; men 1.10 %)

AGE

- mean age of onset - **40 years**

- 50 % cases onset b/w the ages of 20- 50.

- Recent epidemiological data suggest that the incidence of major depressive disorder may be increasing among people **younger than 20 years of age** (increased use of **alcohol and drugs of abuse**)



This was me. In my parents' liquor cabinet.

SEX

- M : **F** = 1:**2**

Reasons :

✓ Hormonal differences

✓ Childbirth

✓ Different psychosocial stressors for women and men

✓ Behavioral models of learned helplessness.

MARITAL STATUS

Increased risk in

- **divorcee and separated** individuals
- persons **without close** interpersonal relationships

COMORBIDITY

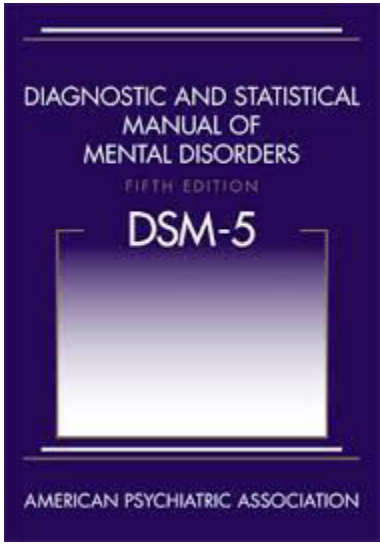
The most frequent disorders are

- ✓ Alcohol abuse or dependence
- ✓ Panic disorder
- ✓ Obsessive Compulsive Disorder (OCD)
- ✓ Social Anxiety disorder.

Types

- Biological and reactive depression
- Exogenous and endogenous depression
- ICD -10 Classification of mood disorders
- DSM V classification

DSM V



Depressive disorders (155)

156 Disruptive mood dysregulation disorder
160 Major Depressive disorder
single episode / recurrent episode
168 Persistent depressive disorder/ Dysthymia
171 Premenstrual Dysphoric disorder
175 Substance/ Medication induced depressive disorder
180 Depressive disorder due to another medical condition
183 Other specified depressive disorder
184 Unspecified depressive disorder

ICD -10

F 30 -39 – MOOD(AFFECTIVE DISORDERS)

- ✓F 30 – Manic episode
- ✓F 31 – Bipolar affective disorder
- ✓F 32 – Depressive disorder
- ✓F 33 – Recurrent depressive disorder
- ✓F 34 – Persistent mood(affective) disorder
- ✓F 38 – Other mood (affective) disorders
- ✓F 39 – Unspecified mood (Affective) disorders

F 32 Depressive episode

F 32.0 **Mild** depressive episode

.00 without somatic syndrome

.01 with somatic syndrome

F 32.1 **Moderate** depressive episode

.10 without somatic syndrome

. 11 with somatic syndrome

F 32.2 **Severe** depressive episode without psychotic symptoms

F 32.3 **Severe** depressive episode with psychotic symptoms

F 32.8 **Other** depressive episode

F 32.9 Depressive episode **unspecified**

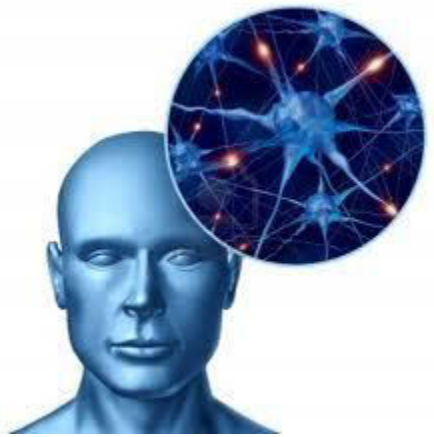
ETIOLOGY

Bio psycho social model

BIOGENIC AMINES :

- Norepinephrine and Serotonin
- Dopamine activity reduced

HORMONAL CHANGES



Acute and Chronic stress –

- Induce changes in the **functional status of neurons**
- Decreased **BDNF**
- Increased **HPA** activity
- **Hyper cortisolemia**
- Undetected **thyroid** dysfunction (5-10%)
- Reduced **Growth hormone and somatostatin** levels

IMMUNOLOGICAL DISTURBANCE

Depressive disorders are associated with

- ✓ Decreased lymphocyte proliferation
- ✓ Impaired cellular immunity
- ✓ Corticotropin-releasing factor (CRF) & Cytokines

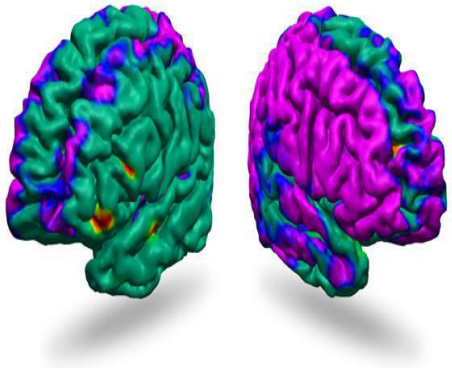
Post partum & post menopausal

- **Post partum depression** onset of symptoms is within 4 weeks postpartum

- **Post menopausal depression**

IMAGING STUDIES

- Increased frequency of abnormal hyperintensities in **subcortical regions**, such as periventricular regions, basal ganglia and thalamus.



- Reduced **hippocampal or caudate nucleus volumes**

- PET - **decreased** anterior brain metabolism

- **Reduced** cerebral blood flow or metabolism in dopaminergically innervated tracts of the **mesocortical and mesolimbic systems** in depression.

FAMILY & GENETIC STUDIES

- One parent – **10 -25% risk**
- Two parents – **double**

- Risk high if first degree relatives affected

- Chromosomes **18q and 22q**
- Strong evidence of linkage to the locus for **cAMP Response Element-Binding Protein** (CREB1) on chromosome 2.

LIFE EVENTS

- Stressful life events **often precede**
- Eg., losing a parent before age 11 , loss of a spouse, unemployment
- **Long-lasting changes** in the brain's biology.
- **Neurotransmitter and intra neuronal signaling systems, loss of neurons and an excessive reduction in synaptic contacts.**

PERSONALITY FACTORS

- OCD

  Histrionic and Borderline Personality Disorder

- **Meaning of the stressor**

PSYCHO DYNAMIC FACTORS

- Disturbances in the **infant and mother relationship** during the oral phase (the **first 10 to 18 months of life**) predispose to subsequent vulnerability to depression

- Depression can be linked to **real or imagined object loss**

S.NO	Psychologist	Postulated theory regarding depression
1	Edward Bibring	phenomenon that sets in when a person becomes aware of the discrepancy **between extraordinarily high ideals and the inability to meet those goals.**
2	Silvano Arieti	depressed people have **lived their lives for someone else** rather than for themselves. Depression sets in when patients realize that the person or ideal for which they have been living is **never going to respond in a manner that will meet their expectations.**
3	John Bowlby	**damaged early attachments and traumatic separation** in childhood predispose to depression. Adult losses are said to **revive the traumatic childhood** loss and so precipitate adult depressive episodes.

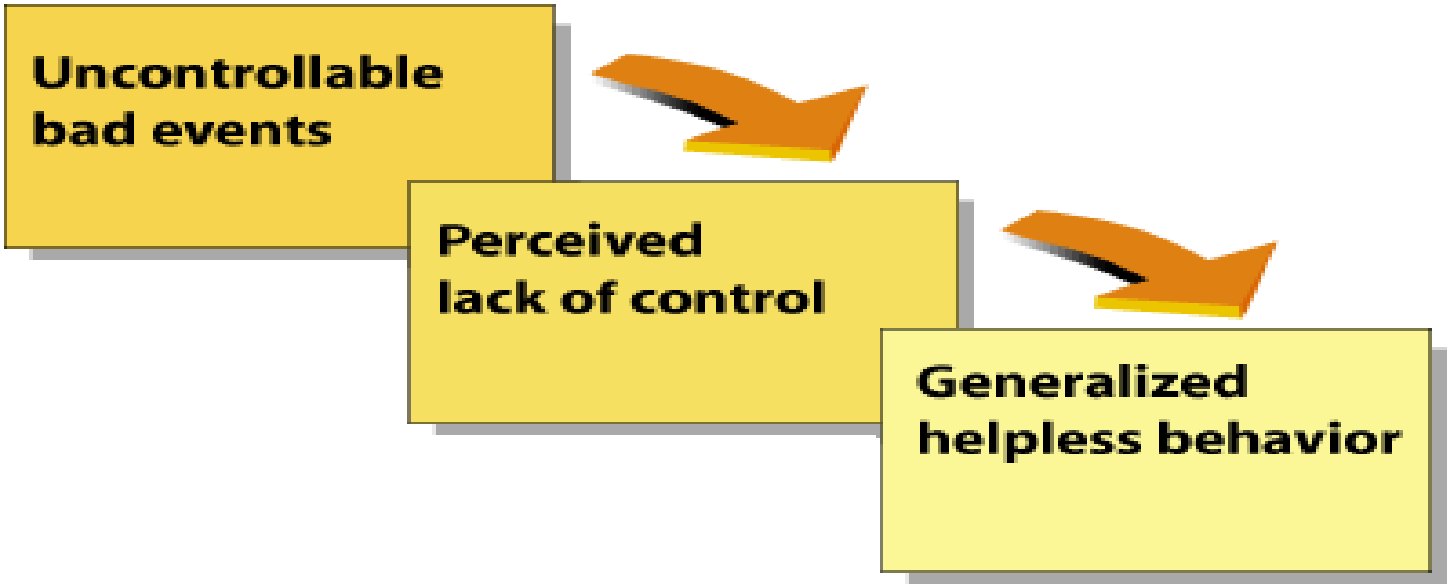
COGNITIVE THEORY

- Depression results from **specific cognitive distortions**
- **“depressogenic schemata”**
- **Aaron Beck’s** cognitive triad

LEARNED HELPLESS NESS

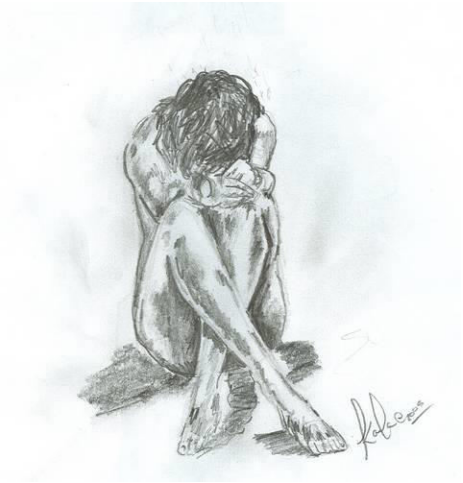
- depressive phenomena because of **experience of uncontrollable events.**

- People learn that **outcomes are independent of responses,** so they have both **cognitive motivational deficit** (i.e., they would not attempt to escape the situation) and **emotional deficit** (indicating decreased reactivity to the situation).


Uncontrollable bad events
Perceived lack of control
Generalized helpless behavior

CLINICAL PRESENTATION

ICD – 10 CRITERIA symptoms



I. Major(typical)

- depressed mood
  loss of interest and enjoyment
  reduced energy

II. Minor (other common symptoms) –

reduced concentration and attention
reduced self esteem, self confidence
ideas of guilt and unworthiness
bleak and pessimistic views of the future
ideas or acts of self harm or suicide
disturbed sleep
diminished appetite

ICD -10 CRITERIA

- Duration – **2 weeks**

- Mild episode – **2 major and two minor**

  Moderate episode- **2 major and 3 minor**

  Severe episode – **all 3 typical and atleast 4 minor**

- **Psychotic symptoms** – nihilistic delusions, auditory hallucinations usually of defamatory or accusatory voices, olfactory hallucinations of rotting filth or decomposing flesh.

- Severe psychomotor retardation to **stupor state**.

Melancholic features (endogenous depression)

- Melancholia is associated with changes in the **autonomic nervous system and in endocrine functions**.

- ✓ Severe anhedonia
- ✓ Early morning awakening
- ✓ Weight loss
- ✓ Profound feelings of guilt (often over trivial events)
- ✓ Suicidal ideation.

CATATONIC FEATURES

- Catatonic stupor
- Blunted affect
- Extreme withdrawal
- Negativism
- Marked psychomotor retardation

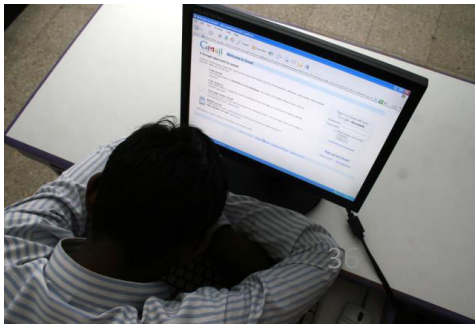
Atypical depression

- Overeating and Oversleeping

- Reversed vegetative symptoms (hysteroid dysphoria).

SLEEP CHANGES

1. Increase in **nocturnal awakenings**
2. Reduction in total sleep time
3. Early morning awakening
4. Increased phasic rapid eye movement (REM) sleep



SUICIDAL RISK

- ✓ marked hopelessness
- ✓ Males ; age >40; unmarried , divorced or widowed
- ✓ Written or verbal communication of suicidal intent or plan
- ✓ Early stages of depression
- ✓ Recovering from depression , first 3 months

Rating scales for depression

1. Hamilton rating scale for depression
2. Montogmery Asberg depression rating scale
3. Zung self rating depression scale
4. Raskin depression scale

DIFFERENTIAL DIAGNOSIS

- ✓ **1. organic causes** – drug induced , dementia/ depressive pseudodementia.
- ✓ 2. **adjustment disorder** with depressed mood, GAD(with a few symptoms of depression), grief reaction, OCD (with or without secondary depression)
- ✓ 3. r/o possibility of other mood disorders, acute and transient **psychotic** disorders, schizoaffective disorder, schizophrenia.
- ✓ 4. non organic psychosis like **delusional disorders**

Pathological grief

- Feelings that the person has committed an act (not just an omission) **that caused the spouse's death**
- **Mummification** (keeping the deceased's belongings exactly as they were)
- Severe **anniversary reaction**
- Morbid preoccupation with worthlessness
- Suicidal ideation

PROGNOSTIC FACTORS IN MOOD DISORDERS

Good prognostic factors

1. Acute or abrupt onset
2. Typical clinical features
3. Severe depression
4. Well adjusted pre-morbid personality
5. Good response to treatment

Poor prognostic factors

1. Co-morbid medical disorders, personality disorders or alcohol dependence.
2. **Double depression** [acute depressive episode superimposed on chronic depression or dysthymia]
3. **Catastrophic stress or chronic ongoing stress**
4. **Unfavorable early environment**
5. Marked hypochondriacal features or mood incongruent psychotic features
6. **Poor drug compliance.**

TREATMENT

- Three phases of treatment

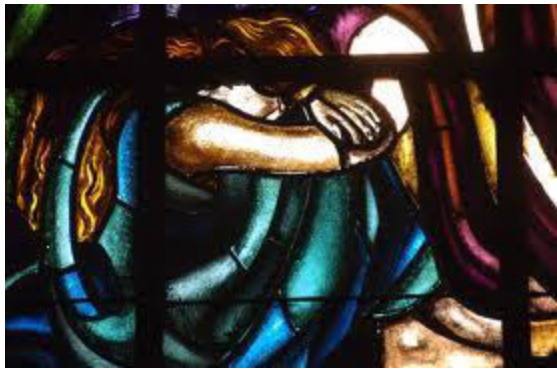
1. **Acute** – till remission occurs

2. **Continuation** – from remission till end of treatment

3. **Maintenance** – to prevent further recurrences

Hospitalization

- Whether to hospitalize a patient or attempt outpatient treatment.



<u>Clear indications for hospitalization</u>

- ❖ Risk of suicide or homicide
- ❖ Grossly reduced ability to get food and shelter
- ❖ Need for diagnostic procedures
- ❖ Rapidly progressing symptoms
- ❖ Poor social support system

Pharmacotherapy

1. **Cyclic antidepressants**		
a. Tricyclic tertiary amines	imipramine	75-300 mg/day
	Amitryptyline	75- 300
	Dothiepine/ dosulphin	75-300
	Clomipramine	75-250
b. Tricyclic secondary amines	Nortriptyline	75-200
	Protryptiline	15-60
	Desipramine	75- 300
c. Tetracyclic antidepressants	mianserin	30-120
	Maprotiline	75-225
	Amoxapine	150-400
d. Bicyclic antidepressants	viloxazine	100-300

2. SSRIS	**Fluoxetine**	**10-60 mg/ day**
	Paroxetine	10-40
	Fluvoxamine	50-300
	Sertaline	50- 200
	Escitalopram	10- 40
3. SNRIs	venlafaxine	75- 375
	Duloxetine	
	Sibutramine	
	Milnacepram	
4. NSREnhancers	tianeptin	37.5mg
5. NaSSAntidepressants	mirtazapine	15-45
6. NDRIs	bupropion	150-450mg
7. SARIs	Trazodone	150-600
	Nefazodone	200 -600
8. NARIs	raboxetine	8-10
9. MAOI - B	selegeline	5-10mg/ day
MAOI-A/ RIMAs	moclobemide	300-600mg

Treatment duration

Patient should receive full therapeutic dose of the chosen antidepressant for a period of **6-12 months,** after achieving full remission.

PSYCHOSOCIAL TREATMENT

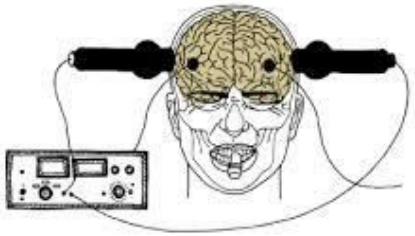
INDICATIONS :

1. As an adjunct to somatic treatment
2. In mild cases of depression
3. Certain selected cases

METHODS :

1. Cognitive behavior therapy
2. Interpersonal therapy
3. Psychoanalytic psychotherapy
4. Behavior therapy
5. Group therapy
6. Family and marital therapy

ELECTRO CORTICAL THERAPY



INDICATIONS :

1. Severe depression with suicidal risk

2. Severe depression with stupor, severe psychomotor retardation or somatic syndrome.

3. Severe treatment refractory depression

4. Delusional depression (psychotic features)

5. Presence of significant antidepressant side-effects or intolerance to drugs

- Response is rapid , resulting in marked improvement.
- Usually 6-8 ECTs are needed, given 3times a week
- Antidepressants have to be given along with ECTs to maintain the improvement achieved.

Take home message

- Depression is the most common psychiatric disorder
- Ch by low mood, loss of interest, easy fatigability
- Identification of symptoms and early treatment improves outcome.

Thank u…