

Depression

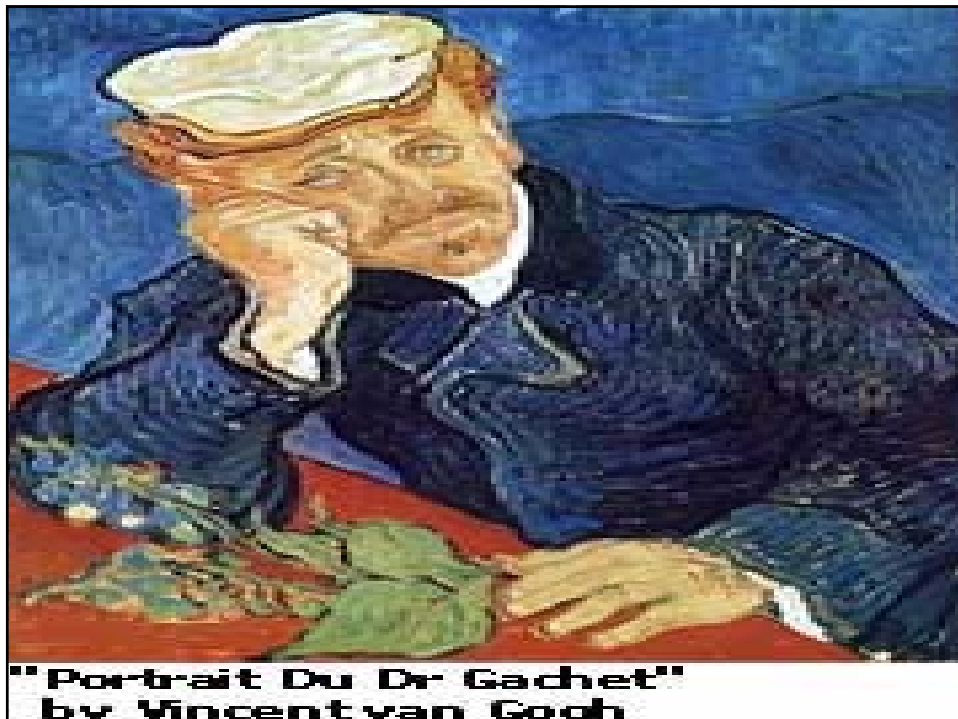
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**"Portrait Du Dr Gachet"
by Vincent van Gogh**

“NORMAL” DEPRESSION

- e.g., Grief
 - ◆ Death of a loved one, separation/divorce, financial loss, retirement, leaving home, loss of a pet
 - ◆ Gradually lose capacity to evoke pain, but have fantasies of the loss
 - ◆ Typical functioning should return within 1 year, usually a few weeks or months
 - ◆ “Normal” depression is usually overdiagnosed

Depression is Common

- Major Depression (lifetime)-10% of men; 20% of women
- Most common mental disorder in the community
- Three times more family Dr visits
- Higher rates of depressed patients in family Dr’s offices

One-Month Rates for Depression



WPA/PTD Educational Program on Depressive Disorders
Ustun & Sartorius, 1993

Depression is Significant

- Impact on quality of life greater than most chronic medical diseases
- Increases morbidity/mortality from co-existing medical conditions
- Decreased work productivity
- Suicide-7th leading cause of death; 70% have mood disorder
- Costs over \$44 billion yearly (1990)

The Burden of Disease: Leading causes of disability worldwide, 1990, in years of life lived with disability

All causes	Total (millions)	Per cent of total
1 Unipolar major depression	50.8	10.7
2 Iron-deficiency anaemia	22.0	4.7
3 Falls	22.0	4.6
4 Alcohol use	15.8	3.3
5 Chronic obstructive pulmonary disease	14.7	3.1
6 Bipolar disorder	14.1	3.0
7 Congenital anomalies	13.5	2.9
8 Osteoarthritis	13.3	2.8
9 Schizophrenia	12.1	2.6
10 Obsessive-compulsive disorder	10.2	2.2

Murray CJL, Lopez AD. *The global burden of disease*. Cambridge, MA: Harvard University Press, 1996

Risk Factors For Mood Disorders

- **First degree relatives with mood disorders (at least 3 times higher)**
- **Women twice as likely as men**
- **Care taking responsibilities**
- **Current or history of abuse, trauma**
- **Stressful events, loss**

Diagnosis in Psychiatry

- There is no diagnostic test for depression only diagnostic interviews
- Diagnosis is based on identification of “**symptoms**” which cluster into “**syndromes**”

DSM-IV Criteria For Major Depression

- Four hallmarks, nine symptoms:
 - depressed mood
 - anhedonia (loss of interest/pleasure)
 - four physical symptoms
 - three psychological symptoms
- For diagnosis-depressed mood or anhedonia & at least 5 of the 9 symptoms
- Symptoms most of time for 2 weeks

● SYMPTOMS OF DEPRESSION

- Depressed mood most of the day, nearly every day
- Markedly diminished interest/pleasure in all/almost all activities
- Significant weight loss/gain when not dieting, or decrease/increase in appetite
- Insomnia/hypersomnia
- Psychomotor agitation/retardation
- Fatigue/loss of energy
- Feel worthless or excessive/inappropriate guilt
- Diminished ability to think/concentrate or indecisiveness
- Recurrent thoughts of death

Depressed Mood

- Neither necessary nor sufficient for the diagnosis
- Can be misleading
- Don't hang everything on the question "Are you depressed?"

Anhedonia

- **Loss of interest or pleasure in things that you normally enjoy**
- **May be the most important and useful hallmark**

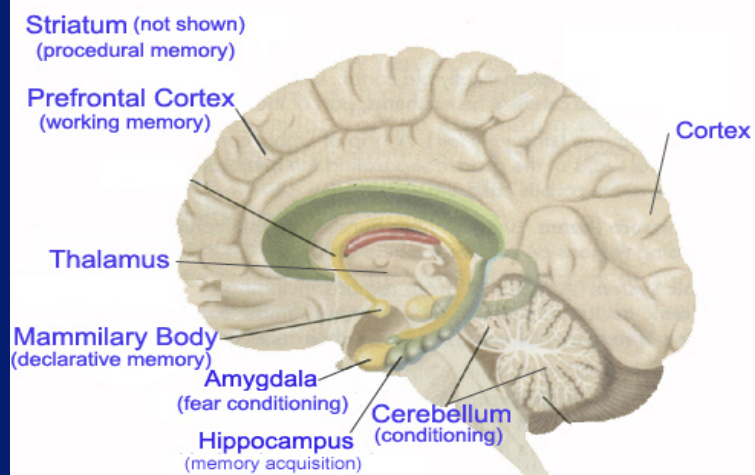
Physical Symptoms

- **Sleep disturbance**
- **Appetite or weight change**
- **Low energy or fatigue**
- **Psychomotor retardation or agitation**

Psychological Symptoms

- low self-esteem or guilt
- Poor concentration
- Suicidal ideas or persistent thoughts of death

The Brain and Memory



Depression Treatment

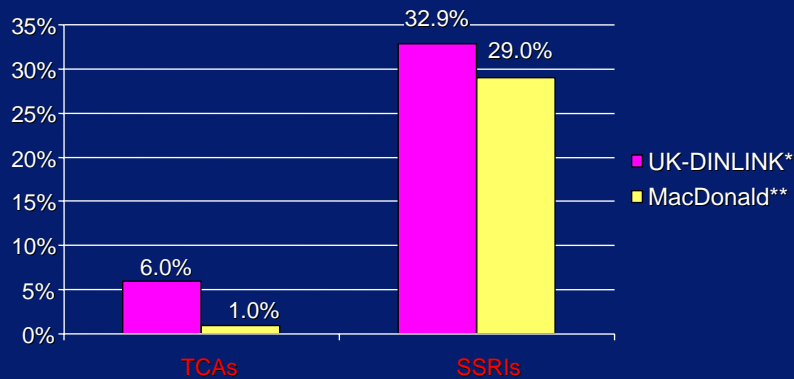
- **Psychotherapy (talking treatment)**
 - Alone or as adjunctive therapy
- **Drugs**
 - Effective for major depression
 - Questionable effectiveness in minor depression
- **Supportive counseling**
 - Important part of treatment

Recognition and Treatment Problems

- **30%-70% of depression is not recognized or treated**
- **50% of treated patients stop medication within first 3 months**
- **Medication often not used at dosage sufficient to give full remission**

Rates of Adequate Dose and Duration

Adequate Dose and Duration: At least 90-120 days at recommended doses within first six months

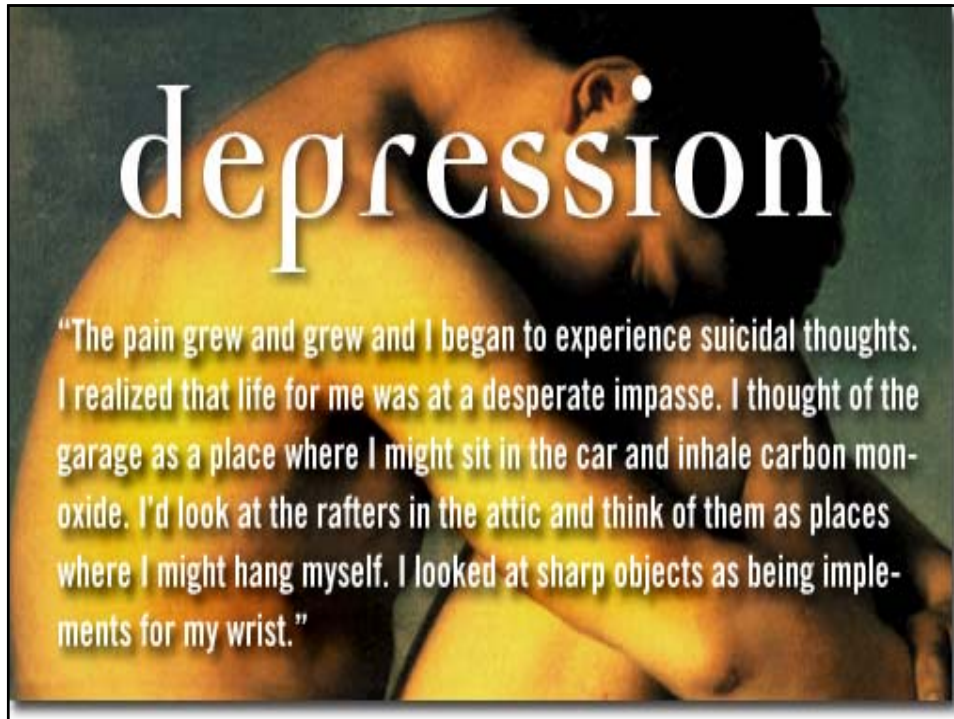


*Dunn et. al. *J Psychopharmacology*, 1999.

**MacDonald et. al. *Primary Care Psychiatry*, 1997;3(1 Suppl):S7-S10

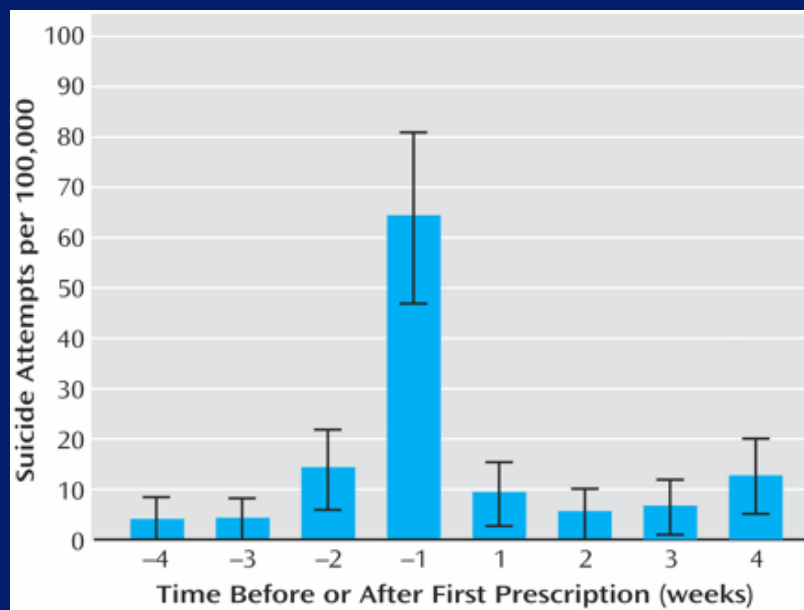
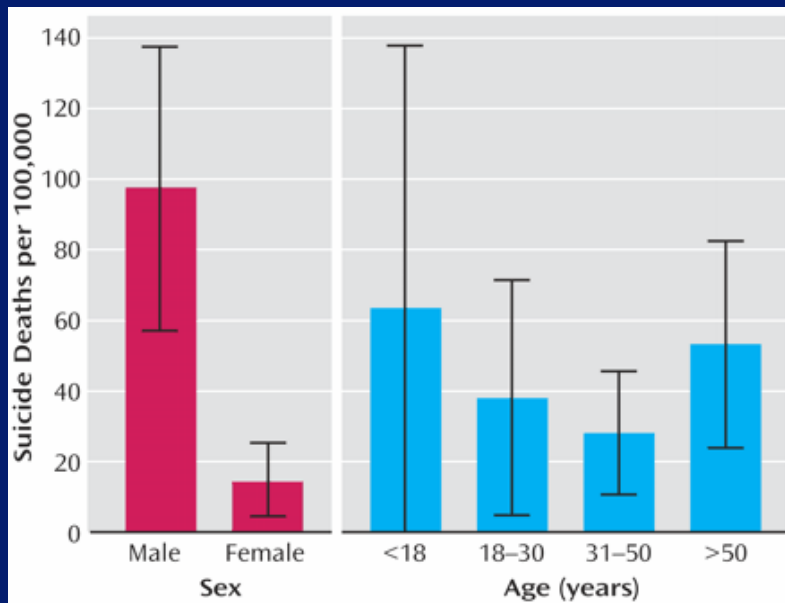
Barriers to Recognition

- Somatization-present with physical symptoms
- Competing demands
- Comorbidity-multiple problems
- Stigma
- Insurance
- Reimbursement



Possible Increased Risk of Suicide

- **FDA Public Health Advisory March, 2004: possible risk of worsening depression and suicidality in patients taking antidepressants**
- **Done in reaction to reports of suicidal ideation and attempts in treatment of major depression in pediatric patients.**
- **Black box warning for children / adolescents September, 2004**
- **Simon et al, 2006 changed our view of things**



Summary of Main Points

- **Psychotherapy, various medications can be effective**
- **Drug treatment first line therapy**
- **Partnership among physician, patient, family, office staff, mental health professionals important**

Long term outcome

- **In the Zurich study, long-term medication reduced suicides by about 2/3 in both bipolar and unipolar disorders**
- **Depressed patients die more from Heart Disease; this was also significantly reduced among treated patients**

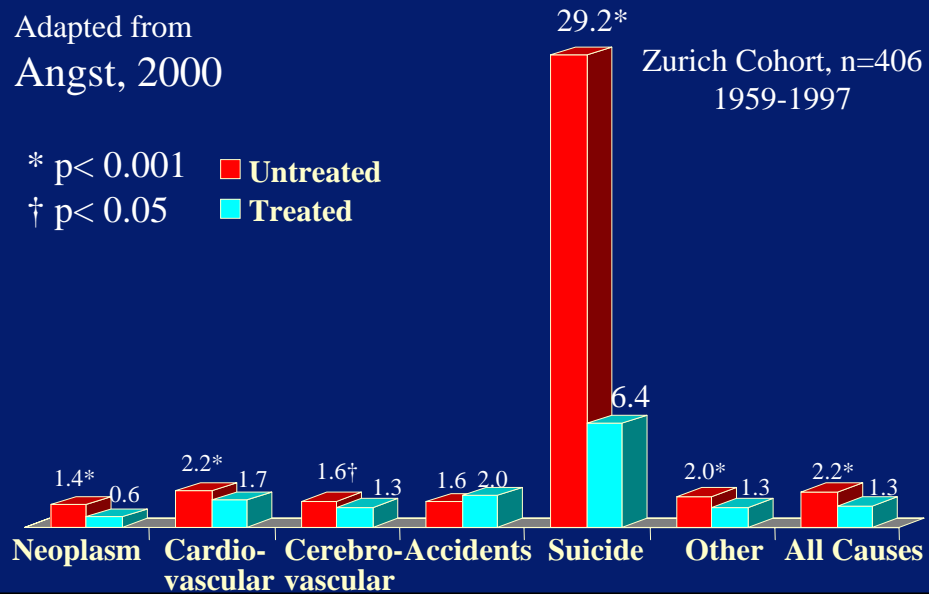
Depression: Untreated vs Treated Standardized Mortality Ratios

Adapted from
Angst, 2000

29.2*

Zurich Cohort, n=406
1959-1997

* $p < 0.001$ ■ Untreated
† $p < 0.05$ ■ Treated



What's happening at UBC?



British Columbia Leading the world in Depression care and research

- New initiatives have been driven by private individuals/Foundations and supported by provincial government
- BC Centre for Excellence in Depression Research and Care
- LEEF Chair in Depression
- Institute of Mental Health

British Columbia Leading the world in Depression care and research

- Research into new treatments, both drugs and therapy
- Research into Kids at high-risk for depression
- Research into depression in different groups: children, elderly, vulnerable groups
- Using new Brain Science to find cures for depression