

# Depression



**Prof Allan Young**

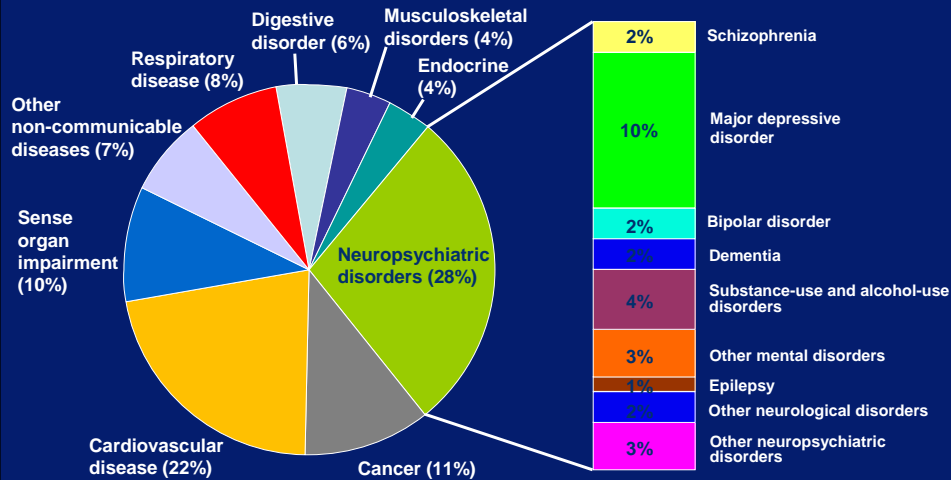
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**Ebers Papyrus** of about 1550 BCE.

Mental disorders are detailed in a chapter of the papyrus called the Book of Hearts. Disorders such as depression and dementia are covered. The descriptions of these disorders suggest that Egyptians conceived of mental and physical diseases in much the same way as modern medicine

## Depression: an underestimated and disabling condition

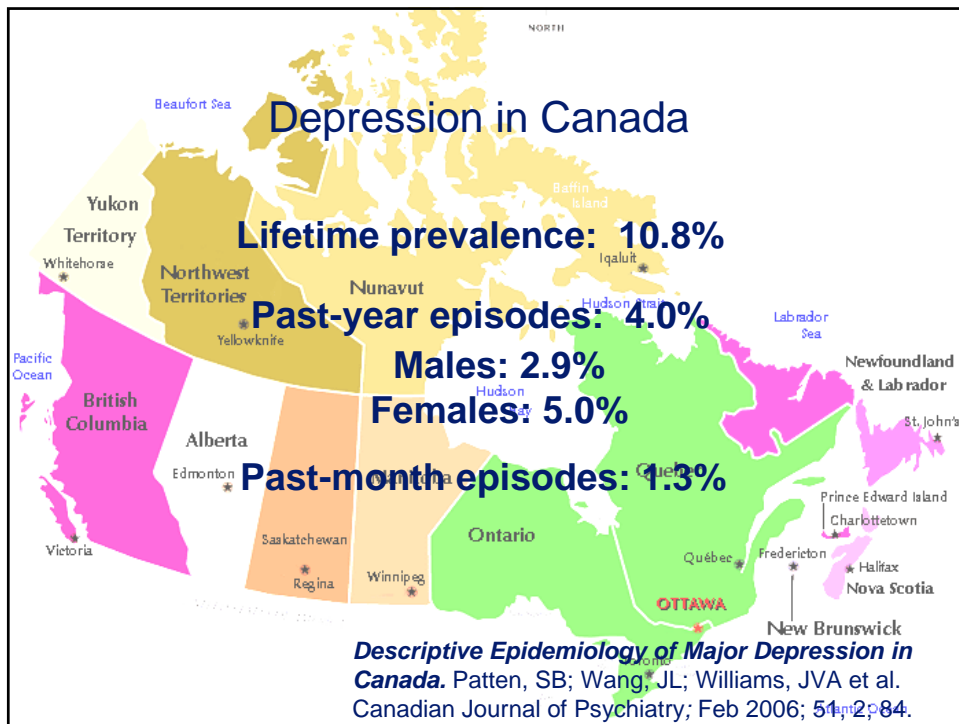


Contribution (%) by different non-communicable diseases to disability-adjusted life-years worldwide in 2005

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## Depression is Common

- Major Depression (lifetime)-10% of men; 20% of women
- Most common mental disorder in primary care
- Three times more primary care visits
- Higher rates of depressed patients in primary care offices



## 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 in US; 70% have mood disorder
- Costs over \$44 billion yearly (1990)

## **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**

## **Barriers to Recognition**

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

## **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**

## **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 ideation or persistent thoughts of death

## Depression Treatment

- Psychotherapy
  - Alone or as adjunctive therapy
- Pharmacotherapy
  - Effective for major depression and dysthymia
  - Questionable effectiveness in minor depression
- Primary care supportive counseling
  - Important part of treatment

## Psychiatric Referral

- Needed when:
  - bipolar disorder
  - suicidality
  - questions about diagnosis
  - Co-morbid psychiatric conditions
  - lack of response to treatment

## Non-Pharmacologic Interventions by PCP

- “**Watchful waiting**” for mild episode
- Physician support and office counseling
  - Active listening
  - Advice, giving perspective
  - Focus on solutions
  - Focus on coping strategies (exercise, pleasurable activities, and other aspects of self management)

## **Summary of Main Points**

- **Mood disorders very common, have major impact**
- **Important to be able to distinguish specific mood disorder-affects treatment, prognosis, course**
- **Many patients not diagnosed or, if diagnosed, not treated at adequate dosage or long enough**