

# Psychiatry Team

431

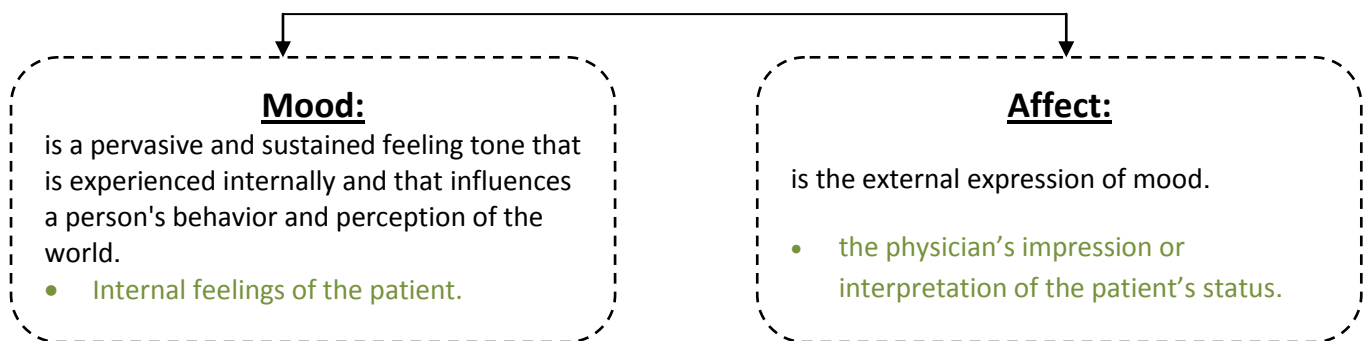
## Depression

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- IMPORTANT
- NOTES
- EXTRA INFORMATION



**Introduction:**



- Mood can be normal (**Euthymic**) , elevated (**mania**), or **low**(depressed).
- Healthy persons experience a wide range of moods and have an equally large repertoire of affective expressions; they feel in control of their moods and affects.

**Epidemiology:**

- lifetime prevalence almost **17 percent (15-25%)**.
- The annual incidence (number of new cases) of a major depressive episode is **1.5 percent (women, 1.89 percent; men, 1.10 percent)** Male: female = **1:2**.

Females are more susceptible to be depressed because of pregnancy hormonal changes.

women are more susceptible than men to suffer from mood disorders like depression, while men are more likely to suffer from thought disorders.

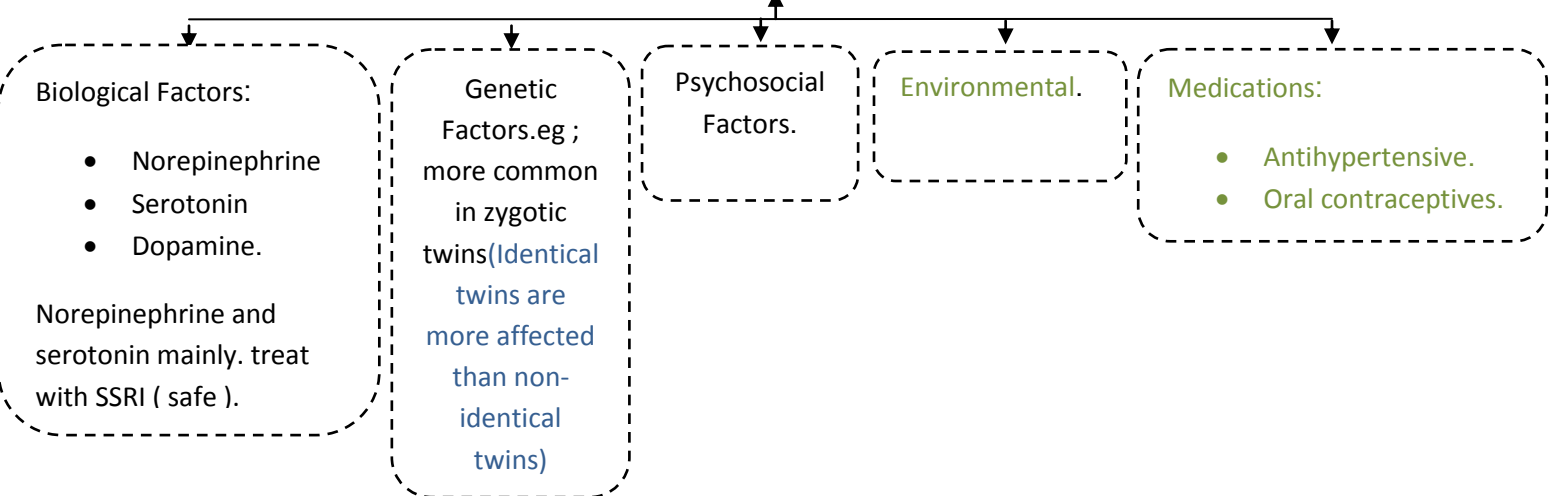
lifetime prevalence: the chance of suffering from depression throughout the person's life.

- Occurs most often in persons without close interpersonal relationships or in those who are divorced or separated.
- The mean age of onset is about **40 years**, with 50 percent of all patients having an onset between the ages of 20 and 50.

- Can also begin in childhood or in old age.
- Recent epidemiological data suggest that the incidence of major depressive disorder may be increasing among people younger than 20 years of age and This may be related to the increased use of alcohol and drugs of abuse in this age group.
- According to DSM-IV-TR, a major depressive disorder occurs without a history of a manic, mixed, or hypomanic episode.

**DSM-IV-TR:**(Diagnostic and statistical manual of mental disorders, fourth edition, revised) is a standard diagnostic tool used by professionals worldwide, includes signs & symptoms and deferential diagnosis.

**Etiology:**



**Types of depression:**



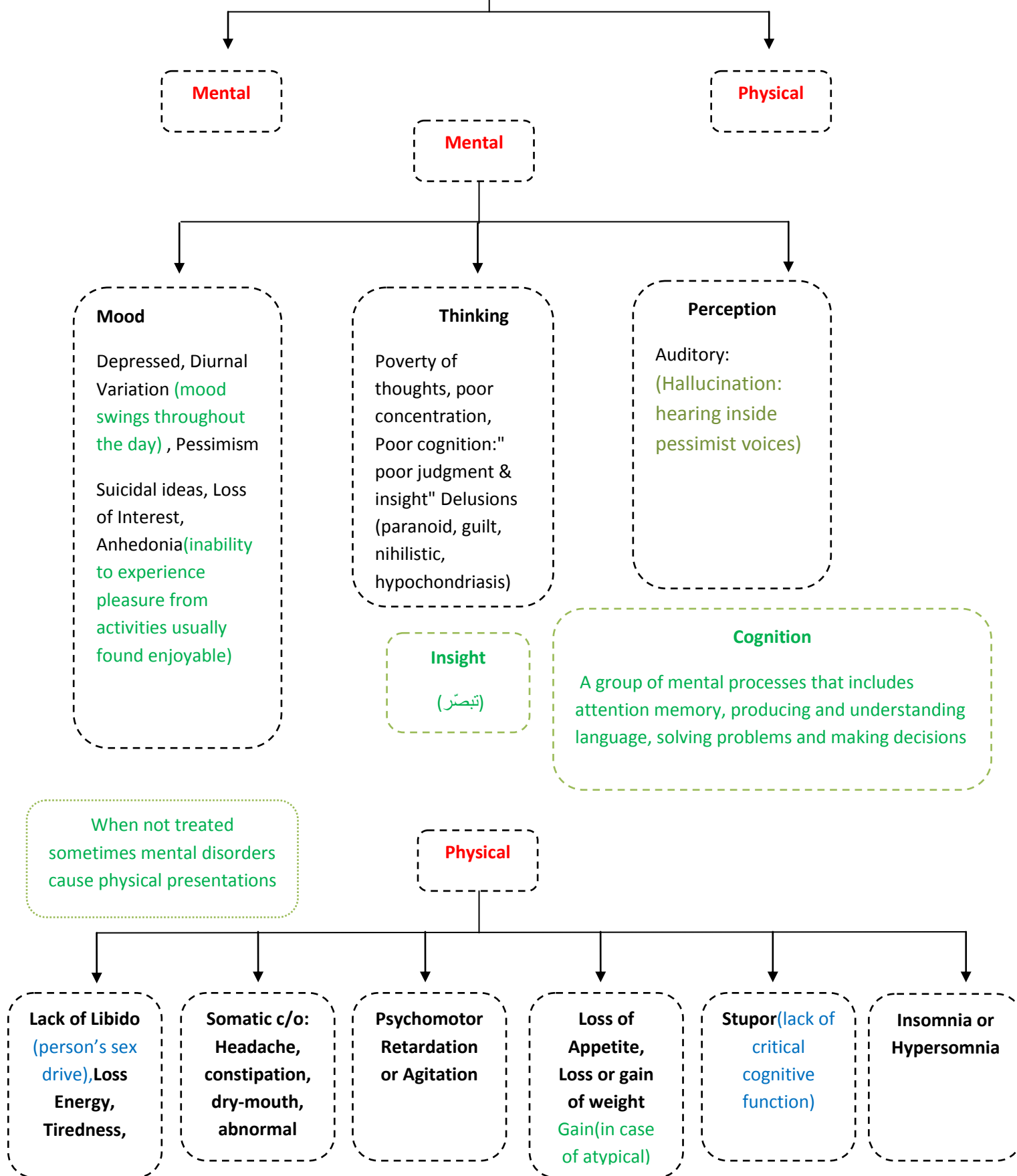
**Symptoms of depression:**

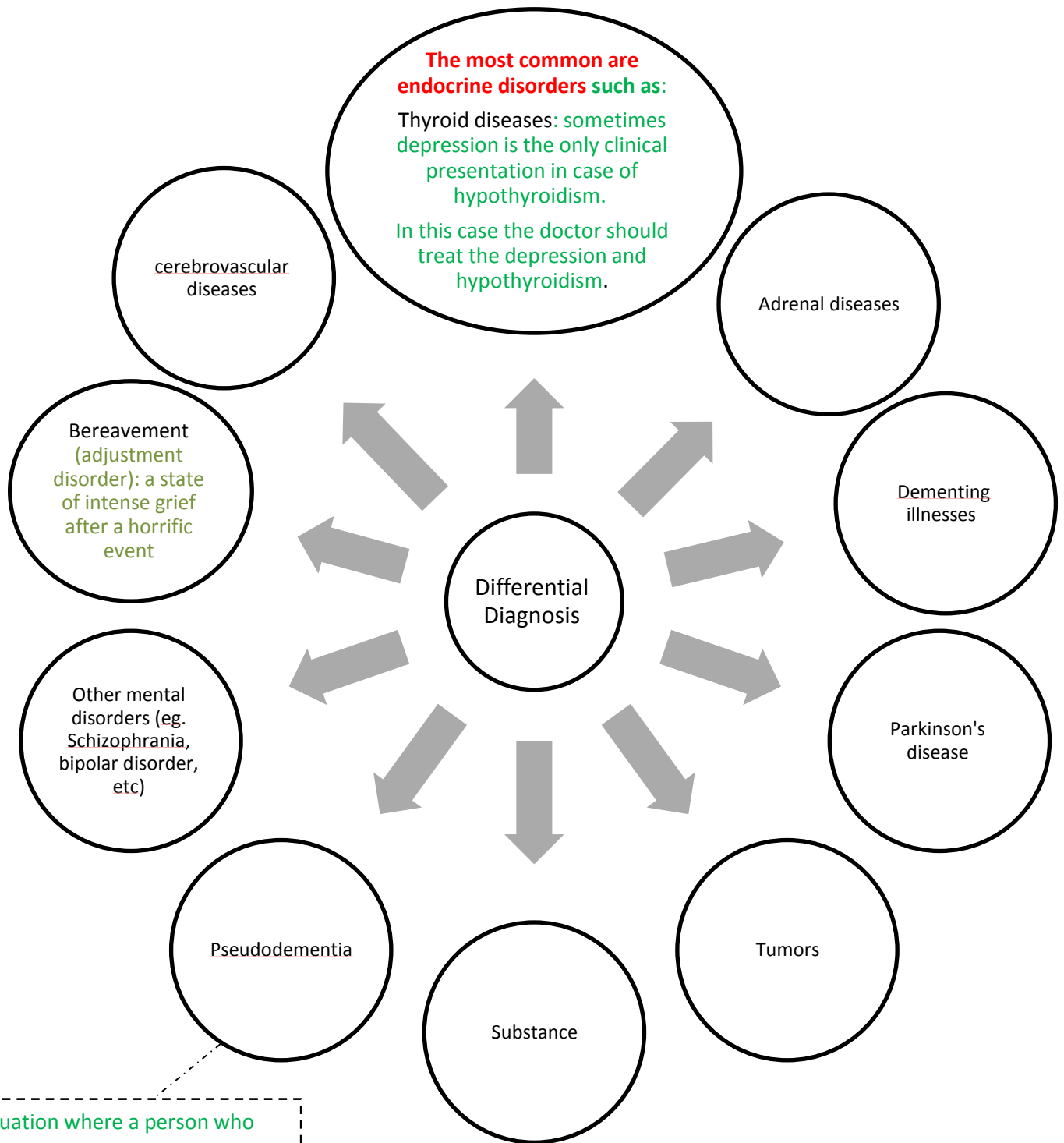
- **Depressed mood** for **more than 2 weeks**, most of the day, nearly every day, as indicated by either subjective report (e.g. feels sad or empty) or observation made by others (e.g. appears tearful)  
Note: In children and adolescents, can be irritable mood.
- **Markedly diminished interest or pleasure** in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
- Significant **weight loss** when not dieting or weight gain (e.g. a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.  
Note: In children consider failure to make expected weight gains.
- **Insomnia or hypersomnia** nearly every day. **Also, interrupted sleep, early insomnia: takes 1-2 hours to fall asleep.**
- **Psychomotor agitation or retardation** nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- **Fatigue or loss of energy** nearly every day
- **Feelings of worthlessness or excessive or inappropriate guilt** (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- **Diminished ability to think or concentrate**, or indecisiveness, nearly every day (either by subjective account or as observed by others). **dimenshia** in case of depression usually **acute**.
- **Recurrent thoughts of death** (not just fear of dying), **recurrent suicidal ideation** without a specific plan, or a suicide attempt or a specific plan for committing suicide.

**Hypersomnia:** disorder characterized by excessive sleeping

| Depression                   |   | Atypical depression |  |
|------------------------------|---|---------------------|--|
| Weight loss                  |   | Weight gain         |  |
| Decreased appetite           |   | Increased appetite  |  |
| Insomnia                     |   | Hypersomnia         |  |
| <b><u>In children</u></b>    | Continuous crying, food refusal, temper tantrums.   |                     |  |
| <b><u>In adolescents</u></b> | Aggressive behavior, suicidal thoughts, drug usage. |                     |  |

### Signs of depression





A situation where a person who has severe depression also has loss of concentration that looks like dementia.

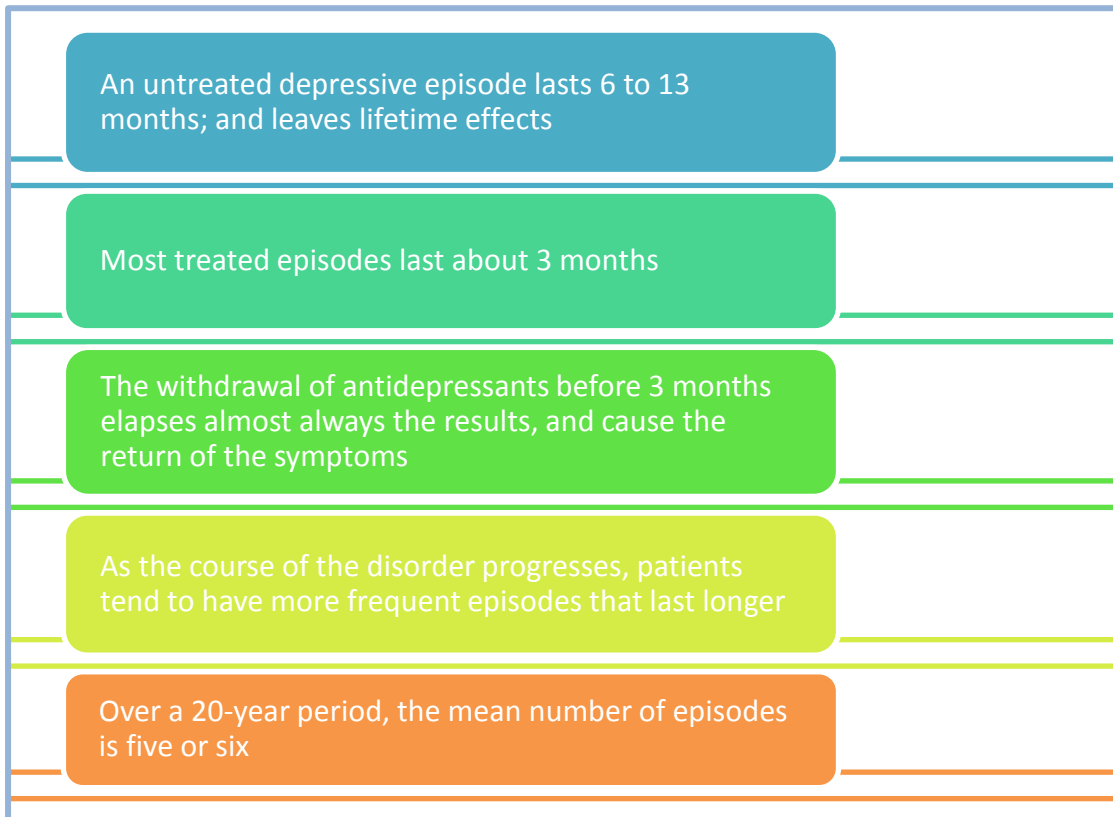
**How to differentiate between pseudodementia and dementia ?**

-On MRI: dementia shows degenerating tissue in later stages.

-Prescribe antidepressants: Pseudodementia will be treated while dementia won't.

Cardiac drugs, antihypertensivesedatives, hypnotics, antipsychotics, antiepileptic, antiparkinsonism drugs, analgesics, antibacterials, and antineoplastic are all commonly associated with depressive symptoms.

### Course



### Treatment

**Hospitalization** In case of severe depression (like having suicidal thoughts)

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**Psychotherapy** Such as CBT (cognitive behavioral therapy)

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**Pharmacotherapy** Doesn't cause addiction as a lot of people think

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We should continue treating the patient about 6 to 9 months after recovery