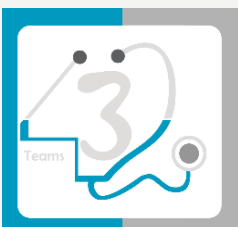


Depression



*Done By:
Shaikha Aldossari & Yara Alsalloum*

*Reviewed By:
Ibrahim Al-Saleem & Abrar AlFaifi*

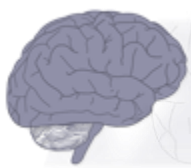


- **Important**
- **Additional information**
- **Male doctor's notes**
- **Female doctor's notes**



Objectives:

- Know what the mood disorders are.
- Diagnose major depressive disorder.
- Know epidemiology, etiology and differential diagnoses of depression.
- Manage depression.



Mind Map

Psychiatry

Management.

Diagnosis.

Depression

Differential
diagnosis.

Epidemiology
and Etiology.



Mood and Affect

- Mood is a pervasive and **sustained** feeling tone that is experienced internally and that influences a person's behavior and perception of the world.
- Affect is the **external** expression of mood.
- Mood can be normal, elevated (**Mania**), or 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.

Mood is an internal feeling.

Affect is what you observe in your patient.
(Your description)

For your information:

- 90% of mental disorders are neurotic disorders (doesn't affect thinking).
- Less than 5% of the cases are psychotic disorders. (Whom we call mad or crazy people)
- Psychotic patients have no insight. (e.g. they don't admit that they're mentally ill)
- Opposite term of depression is mania.



Epidemiology:

- Lifetime prevalence almost **17 percent (15-25%)**.
- The annual incidence (number of new cases) of a major depressive episode is **1.59 percent (women, 1.89 percent; men, 1.10 percent)**.
- **Male: female = 1:2**
- 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.
- According to DSM-IV-TR, a major depressive disorder occurs without a history of a manic, mixed, or hypomanic episode.
- A major depressive episode must last **at least 2 weeks**, and typically a person with a diagnosis of a major depressive episode also experiences at least five symptoms from a list that includes changes in appetite and weight, changes in sleep and activity, lack of energy, feelings of guilt, problems thinking and making decisions, and recurring thoughts of death or suicide.



Etiology:

- 1 • Biological Factors (e.g. Norepinephrine, Serotonin, Dopamine)
- 2 • Genetic Factors.
- 3 • Psychological Factors.



Symptoms of Depression:

1. **Depressed mood** 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.)

2. **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)
3. 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.)

4. **Insomnia or hypersomnia** nearly every day.
5. ***Psychomotor agitation or retardation** nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
6. **Fatigue or loss of energy** nearly every day.
7. **Feelings of worthlessness or excessive or inappropriate guilt** (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
8. **Diminished ability to think or concentrate**, or indecisiveness, nearly every day (either by subjective account or as observed by others)
9. **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.

***Psychomotor agitation or retardation:** Every movement is done very slowly. (e.g. walking, talking...etc)

Patient must have either **depressed mood** or **lack of interest** to diagnose him as depressed patient, plus **5 of the last 7** symptoms to diagnose him as depressed patient.

Mental Symptoms	Physical Symptoms
<p>Mood:</p> <ul style="list-style-type: none"> • Depressed • Diurnal Variation (Change in mood according to time , eg: worst mood in early morning (Most common) so more suicidal thoughts at that time) • Pessimism (believe that the worst will happen) • Suicidal ideas • Loss of Interest • Anhedonia (inability to feel pleasure). 	<ul style="list-style-type: none"> • Insomnia or Hypersomnia • Loss of Appetite • Loss or gain of weight • Psychomotor Retardation or Agitation • Loss of Libido • Loss Energy • Tiredness • Stupor • Headache • Constipation • Dry mouth • Abnormal menses, etc.
<p>Thinking:-</p> <ul style="list-style-type: none"> • Poverty of thoughts • Poor concentration • Poor cognition • Poor judgment & insight • Delusions (paranoid, guilt, nihilistic (a persistent denial of the existence of particular things or of everything, including oneself, A person who has such a delusion may believe that he or she lives in a shadow or limbo world or that he or she died several years ago and that only the spirit, in a vaporous form, really exists) *hypochondriasis (Interprets worse things from symptoms, eg: If the he gets a headache he will immediately think it's an intracranial tumor) 	<div data-bbox="831 965 1382 1357" style="border: 1px solid gray; padding: 10px;"> <p>* One example of hypochondriases is "Medical Student Syndrome" is a condition frequently reported in medical students, who perceive themselves or others to be experiencing the symptoms of the diseases they are studying</p> </div>
<p>Perception: Auditory Hallucination, (2nd. Person) Hallucinations could be auditory, visual, tactile or olfactory. It is usually seen in Major depressive disorder not in mild. If it's seen in mild depression it is an indication that the person has another psychotic disorder.</p>	<div data-bbox="839 1451 1386 1843" style="border: 1px solid gray; padding: 10px;"> <p>We always have to make sure of two important things whenever a depressed patient is present:</p> <ol style="list-style-type: none"> 1- If there is any sign of psychosis 2- If there are any suicidal thoughts or death wishes </div>



Differential Diagnosis:

- **Thyroid diseases (Most Common)**
- Adrenal diseases
- Parkinson's disease
- Dementing illnesses
- Cerebrovascular diseases
- Tumors.
- Substance (Cardiac drugs, antihypertensive, sedatives, hypnotics, antipsychotics, antiepileptic, antiparkinsonian drugs, analgesics, antibacterial, and antineoplastic drugs are all commonly associated with depressive symptoms.

Psychotic Diagnosis:

- ❖ Pseudodementia
- ❖ Other mental disorders (eg. schiz., bipolar dis.,)
- ❖ Bereavement (**To leave desolate or alone, especially by death**)



Types of depression:

- **Major depressive disorder:**
 - ✓ The person is depressed daily for more than two weeks.
 - ✓ The person either feels low or loses interest in what he likes.

At least 5 of the diagnostic criteria are present (The Diagnostic and Statistical Manual of Mental Disorders (DSM) provides a common language and standard criteria for the classification of mental disorders)
- **Dysthymia:** mild Depressive disorder most of the days **for more than two years**.
- **Seasonal depression:** especially in winter.
- **Atypical depression:** it features significant **weight gain** or an increased appetite and **hypersomnia**.
- **Postpartum depressive disorder:** Depression after **pregnancy** (Hormonal cause).



Course:

- An untreated depressive episode lasts **6 to 13 months**.
- Most treated episodes last about **3 months**.
- The withdrawal of antidepressants before 3 months has elapsed almost always **results in the return of the symptoms**.
- As the course of the disorder progresses, patients tend to have **more frequent episodes that last longer**.
- Over a 20-year period, the mean number of episodes is five or six.



Treatment:

- Hospitalization
- Psychotherapy
- Pharmacotherapy

Psychiatry



For any questions, suggestions or problems, please
contact us

432psychiatryteam@gmail.com



Good Luck!