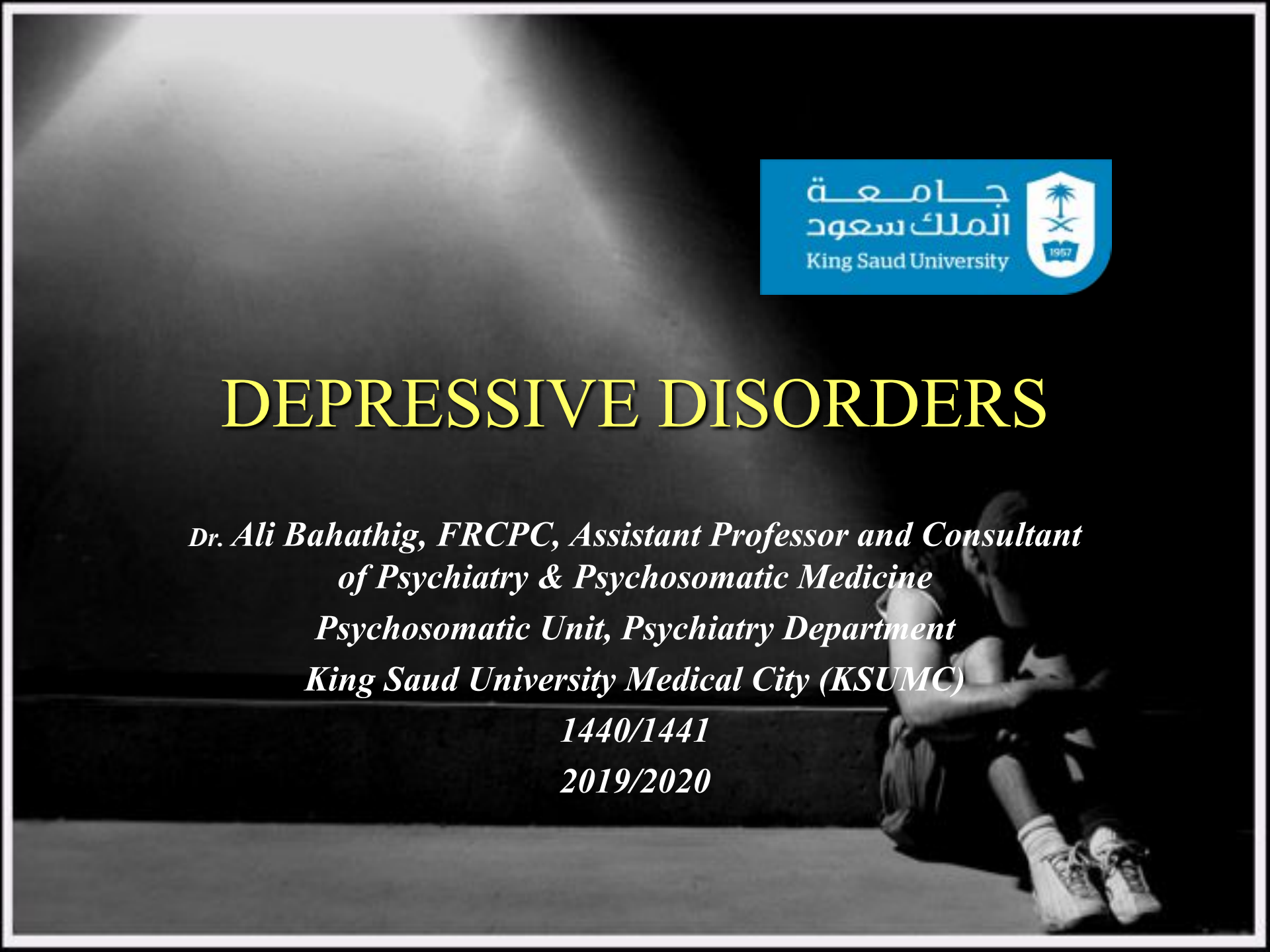

# DEPRESSIVE DISORDERS

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*1440/1441*

*2019/2020*

# Objectives:

- ✓ List the diagnostic criteria for main Depressive disorders according to DSM-5.
- ✓ Discuss the prevalence and etiology of depression.
- ✓ Discuss the treatment plan.
- ✓ Adjustment disorder

# Overview

- ✓ Introduction
- ✓ Epidemiology
- ✓ Etiology
- ✓ Clinical picture
- ✓ Diagnosis
- ✓ Differential Diagnosis
- ✓ Course
- ✓ Prognosis
- ✓ Treatment

# Introduction

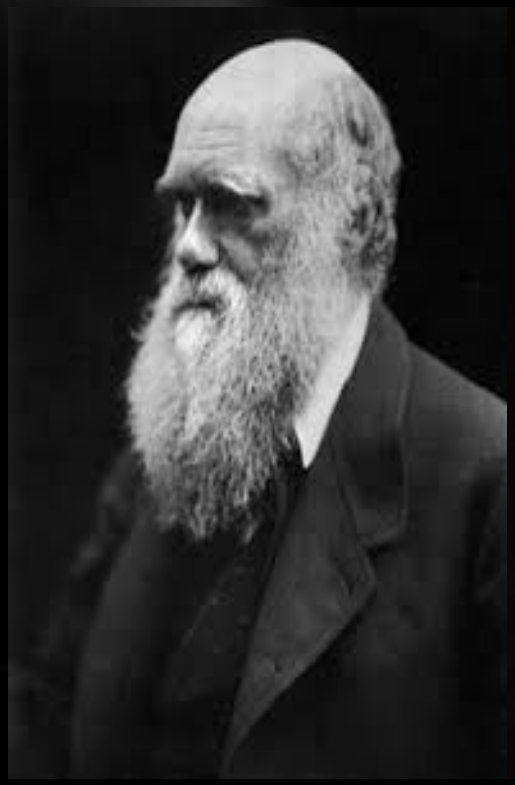
# Sadness vs Depression

- ✓ **Sadness:**
  - ✓ Is a transient state of low mood that ***we all experience from time to time***, following *defeats and losses*. There is a relative *paralysis of mind and a retardation of the body*: one's posture is slumped and there is a feeling of exhaustion and deflation. *The down-turned mouth and furrowed brow are universal expression of sadness*.

# Introduction

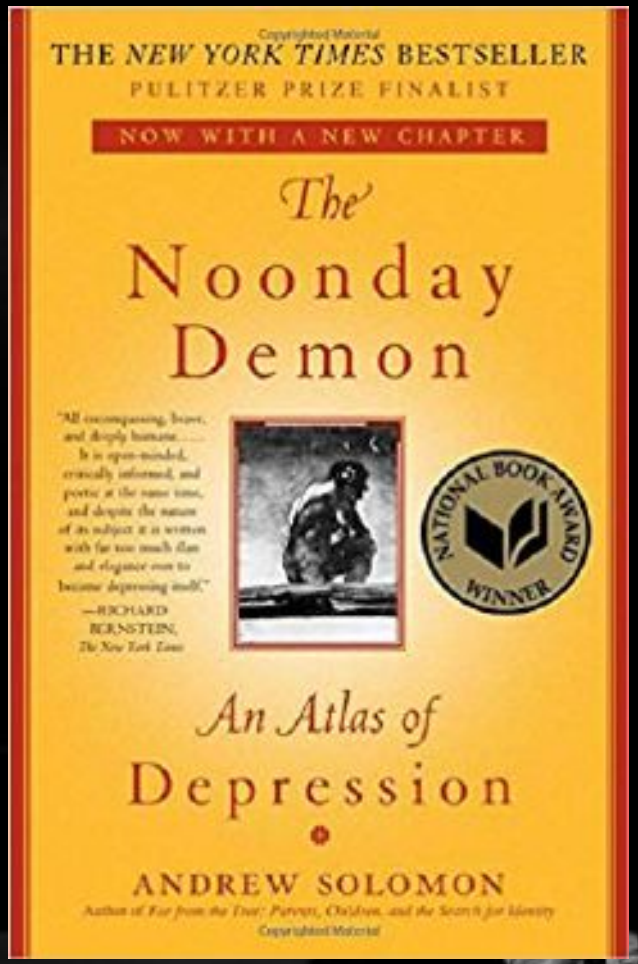
- **Depression:**
  - A condition characterized by ***unremitting sadness***, ***reduced energy, and anhedonia*** "***lack of pleasure***" lasting for at least two weeks, and usually triggered by stress.
  - Depression, is not alleviated by activities that might have been enjoyable in the past.

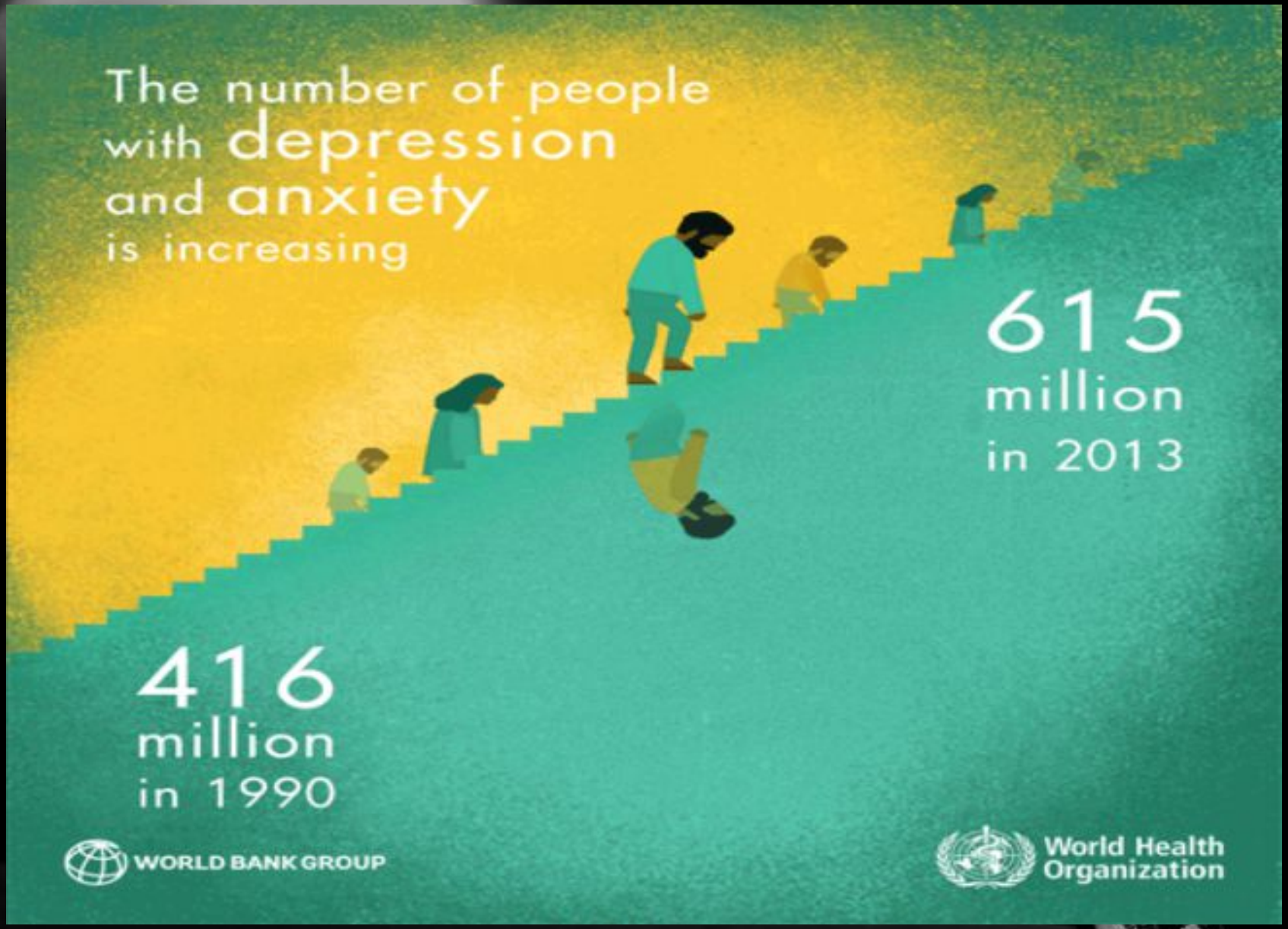
# Introduction



# Introduction

Depression is the flaw in love. To be creatures who love, we must be creatures who can despair at what we lose, and depression is the mechanism of that despair.




The number of people with depression and anxiety is increasing
615 million in 2013
416 million in 1990
WORLD BANK GROUP
World Health Organization

# DEPRESSION

**350 million**

people globally suffer from depression.

Globally, depression accounts for 41% of all the years spent living with mental or behavioral disorders.


**Twice as many women** typically develop depression than men, although in richer countries, three times as many men die by suicide than women.

SOURCES: Global Burden of Diseases, Injuries, and Risk Factors Study 2013; World Health Organization

More than

**350 MILLION PEOPLE** worldwide live with depression.

It not only affects the person living with it but their loved ones too.

Untreated depression is the number one cause of suicide - the third leading cause of death among teenagers.

Depression is responsible for **850,000 deaths** every year

In any given year **20%** of adolescents will experience a mental health problem, most commonly depression or anxiety

# Classifications:

# Classifications:

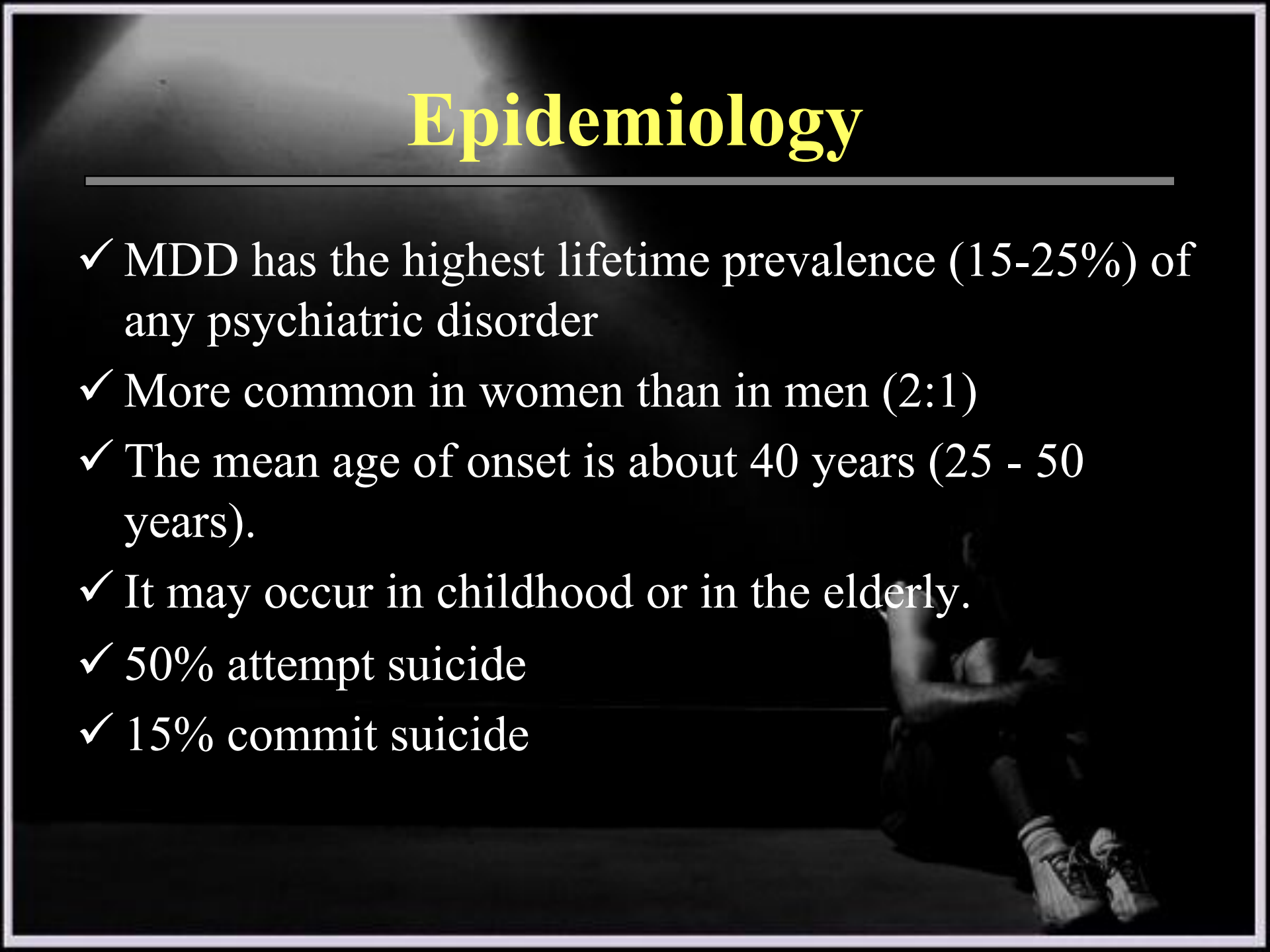
✓ **Types (DSM-5):**

1. Disruptive Mood Dysregulation Disorder
2. Major depressive disorder (MDD)
3. Persistent depressive disorder (Dysthymia)
4. Premenstrual Dysphoric Disorder
5. Substance/Medication-Induced Depressive Disorder
6. Depressive Disorder Due to Another Medical Condition
7. Other Specified Depressive Disorder
8. Unspecified Depressive Disorder

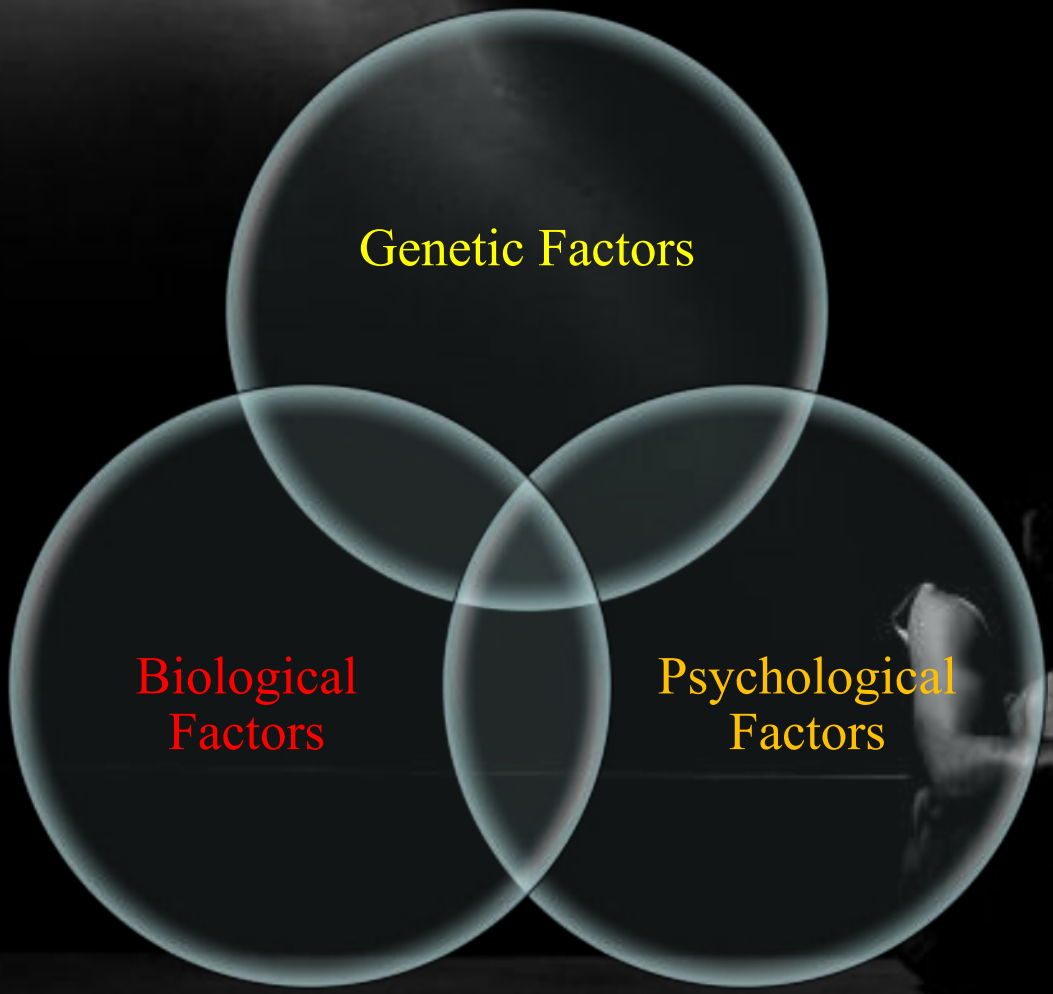
# Major depressive disorder (MDD)

# Epidemiology

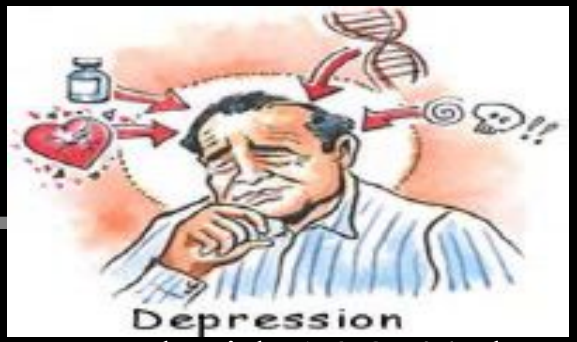
- ✓ MDD has the highest lifetime prevalence (15-25%) of any psychiatric disorder
- ✓ More common in women than in men (2:1)
- ✓ The mean age of onset is about 40 years (25 - 50 years).
- ✓ It may occur in childhood or in the elderly.
- ✓ 50% attempt suicide
- ✓ 15% commit suicide



# Etiology


Genetic Factors
Biological Factors
Psychological Factors

# Etiology




## ✓ Biological:

- ✓ Genetic (70-90% in the monozygotic twins compared with 16-25% the dizygotic twins)
- ✓ Neurotransmitters (5-TH & NE & DA)
- ✓ Limbic system
- ✓ Hormones (Abnormalities in Neuroendocrine Function (abnormal diurnal variation in cortisol production , hypothalamic-pituitary-adrenal axis , GH)

## ✓ Psychological:

- ✓ Loss of a parent before 11 years old
- ✓ Presence of specific cognitive distortions susceptible persons (negative thoughts about self, the world, and the future)

## ✓ Social:

- ✓ Social stressors

# Clinical picture

1) Sadness or irritability
2) Crying spells
3) Feeling empty
4) Inability to enjoy anything
5) Hopelessness
6) Loss of warm feelings for family or friends
7) Guilt Feelings and self blame
8) Loss of self esteem

# Clinical picture

9) General slowing down
10) Neglect of responsibilities and appearance
11) Poor memory
12) Inability to concentrate
13) Difficulty making decisions
14) Suicidal thoughts, feelings or behaviors
15. Lack of energy
16. Loss of appetite

# Clinical picture

15. Weight loss or gain
16. Sleep disturbances such as early morning waking, sleeping too much or insomnia
17. Loss of sexual desire
18. Unexplained headaches or backaches
19. Stomachaches, indigestion or changes in bowel habits


DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FIFTH EDITION
DSM-5®

# DSM-5 - MDD Diagnosis

**A. Five (or more) symptoms + 2-week period + change from previous functioning: (*At least one of the symptoms is either):***

✓ ***(1) depressed mood or (2) loss of interest or pleasure.***

*Note: Do not include symptoms that are clearly attributable to another medical condition.*

1. **Depressed mood (most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) 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).**

# DSM-5 - MDD Diagnosis

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).
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).

# DSM-5 - MDD Diagnosis

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

E. There has never been a manic episode or a hypomanic episode.

# DSM-5 - MDD Diagnosis

Note: Criteria A-C represent a major depressive episode.

Note: ***Responses to a significant loss*** (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may ***resemble a depressive episode***.

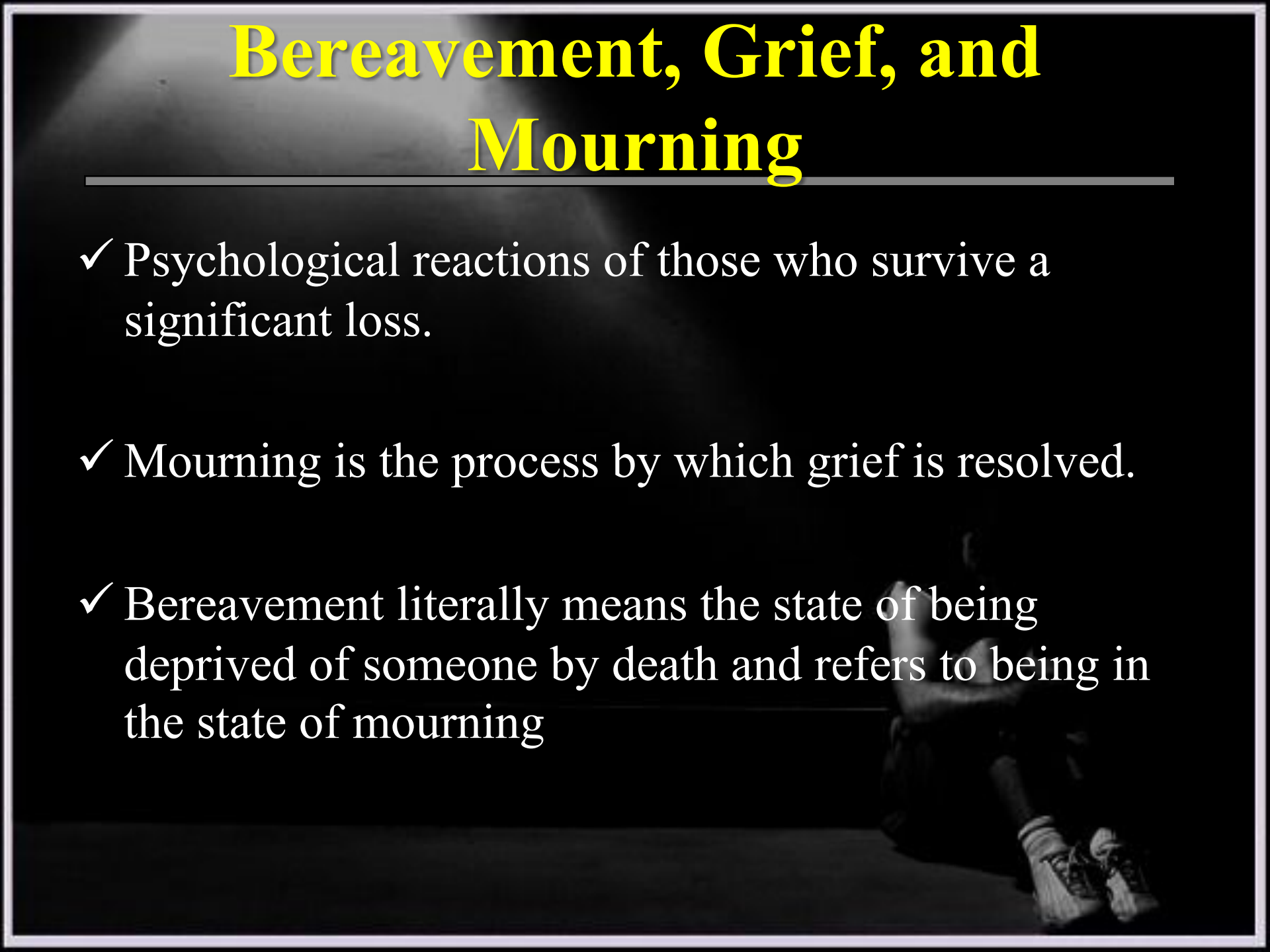
Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered.

This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.

# Bereavement, Grief, and Mourning Vs MDD

# Bereavement, Grief, and Mourning

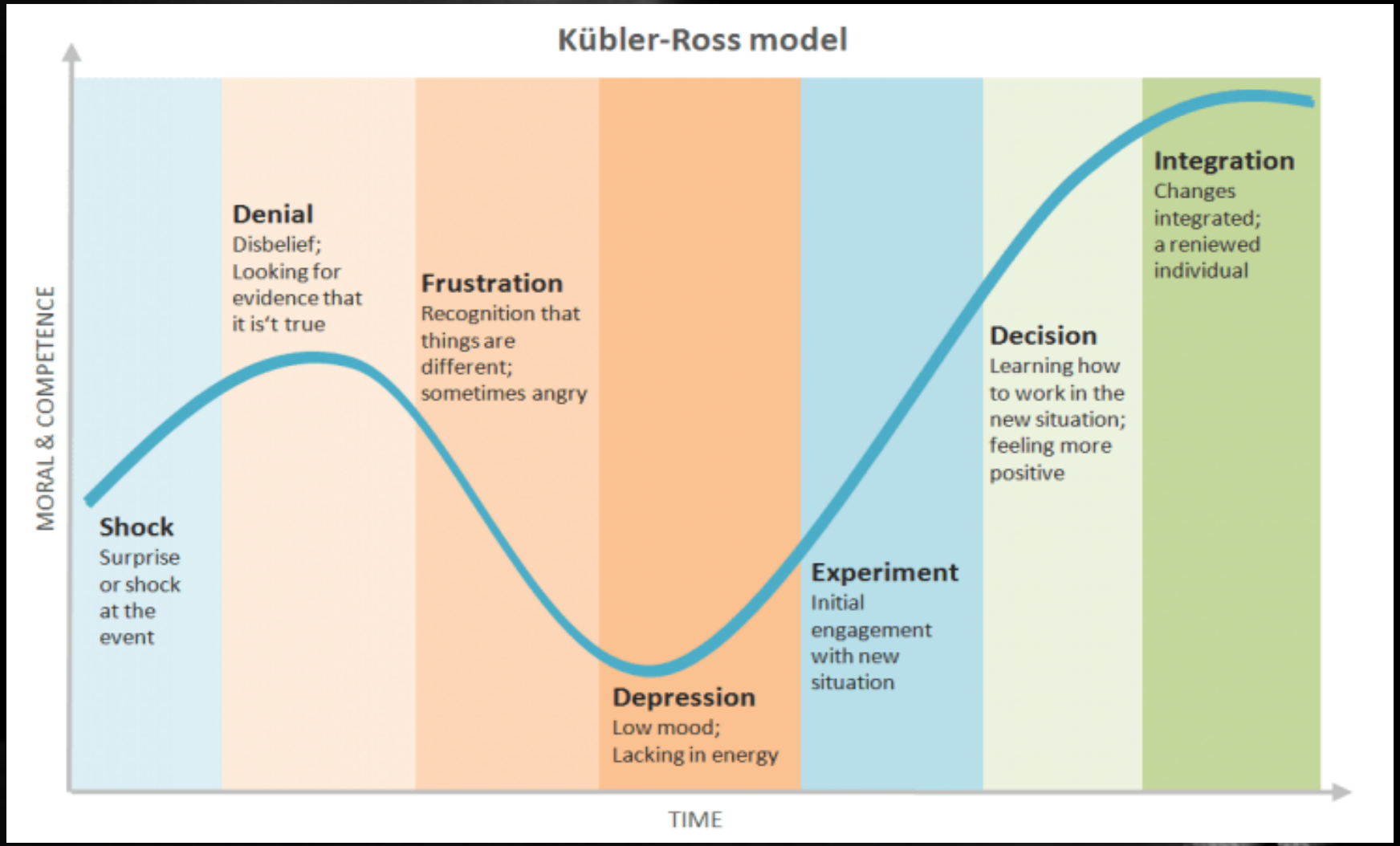
- ✓ Psychological reactions of those who survive a significant loss.
- ✓ Mourning is the process by which grief is resolved.
- ✓ Bereavement literally means the state of being deprived of someone by death and refers to being in the state of mourning



# Normal Bereavement Reactions

- ✓ Stage 1: Shock and Denial
- ✓ Stage 2: Anger
- ✓ Stage 3: Bargaining
- ✓ Stage 4: Depression
- ✓ Stage 5: Acceptance

# Normal Bereavement Reactions



# Grief vs MDD

| Grief | MDD |
| --- | --- |
| Predominant affect is feelings of emptiness and loss | Persistent depressed mood and the inability to anticipate happiness or pleasure |
| Decrease in intensity over days to weeks and occurs in waves. | Depressed mood is more persistent and not tied to specific thoughts or preoccupations. |
| Pain may be accompanied by positive emotions and humor | Pervasive unhappiness and misery |
| Preoccupation with thoughts and memories of the deceased. | Self-critical or pessimistic ruminations |
| Self-esteem is generally preserved | Feelings of worthlessness and self-loathing |
| Death and dying, such thoughts are generally focused on the deceased and possibly about "joining" the deceased | Thoughts are focused on ending one's own life because of feeling worthless, undeserving of life, or unable to cope with the pain of depression |

**TABLE 2**

## DIFFERENTIATING PREPARATORY GRIEF FROM DEPRESSION IN PALLIATIVE CARE PATIENTS[37]

| *Preparatory Grief* | *Depression* |
|---|---|
| • Mood fluctuates | • The patient feels sad or low most of the time, tearfulness |
| • Self-esteem is generally intact | • Feelings of worthlessness and guilt |
| • The patient is able to enjoy seeing and interacting with friends and family | • The patient withdraws from friends and family, less talkative |
| • The patient is able to experience pleasure in various activities | • Anhedonia. The patient experiences a loss of interest in activities |
| • The patient is able to look forward to special occasions | • Thoughts of early death, or suicide. May frequently ask physicians to hasten death |
| | • Decreased ability to focus and concentrate |
| | • Inability to make decisions |

Strada EA. *Primary Psychiatry*. Vol 16, No 5. 2009.

# DSM-5 - MDD Diagnosis

*Specify current severity:*

Severity is based on the number of criterion symptoms, the severity of those symptoms, and the degree of functional disability.

- ✓ **Mild:** (Few, if any, symptoms in excess of those required to make the diagnosis are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning).
- ✓ **Moderate:** (The number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for "mild" and "severe.")
- ✓ **Severe:** (The number of symptoms is substantially in excess of that required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning).

# DSM-5 - MDD Diagnosis

- ✓ *Specify:*
  - ✓ With anxious distress
  - ✓ With mixed features
  - ✓ With melancholic features
  - ✓ ***With atypical features***
  - ✓ ***With mood-congruent psychotic features***
  - ✓ ***With mood-incongruent psychotic features***
  - ✓ With catatonia .
  - ✓ ***With peripartum onset***
  - ✓ With seasonal pattern (recurrent episode only)


# ***Mood-congruent psychotic features***

- ✓ Psychotic Features Associated with Severe Depression. ***(In one fifth of cases)***

a. Hallucinations (mood-congruent)

- ✓ Usually second person auditory hallucinations (addressing derogatory repetitive phrases).
- ✓ Visual hallucinations (e.g. scenes of death and destruction) may be experienced by a few patients.

# ***Mood-congruent psychotic features***

b. Delusions (mood-congruent)

- ✓ Delusion of guilt (patient believes that he deserves severe punishment).
- ✓ Nihilistic delusion (patient believes that some part of his body ceased to exist or function, e.g. bowel, brain…).
- ✓ Delusion of poverty and impoverishment.
- ✓ Persecutory delusion (Patient accepts the supposed persecution as something he deserves, in contrast to

# *Depression with peripartum onset*

- ✓ The peripartum onset specifier identifies those patients who experience a depressive, manic, or hypomanic episode
- ✓ During pregnancy or within the first 4 weeks postpartum.
- ✓ 50% of "postpartum" depressive episodes actually begin prior to delivery

# *Depression with peripartum onset*

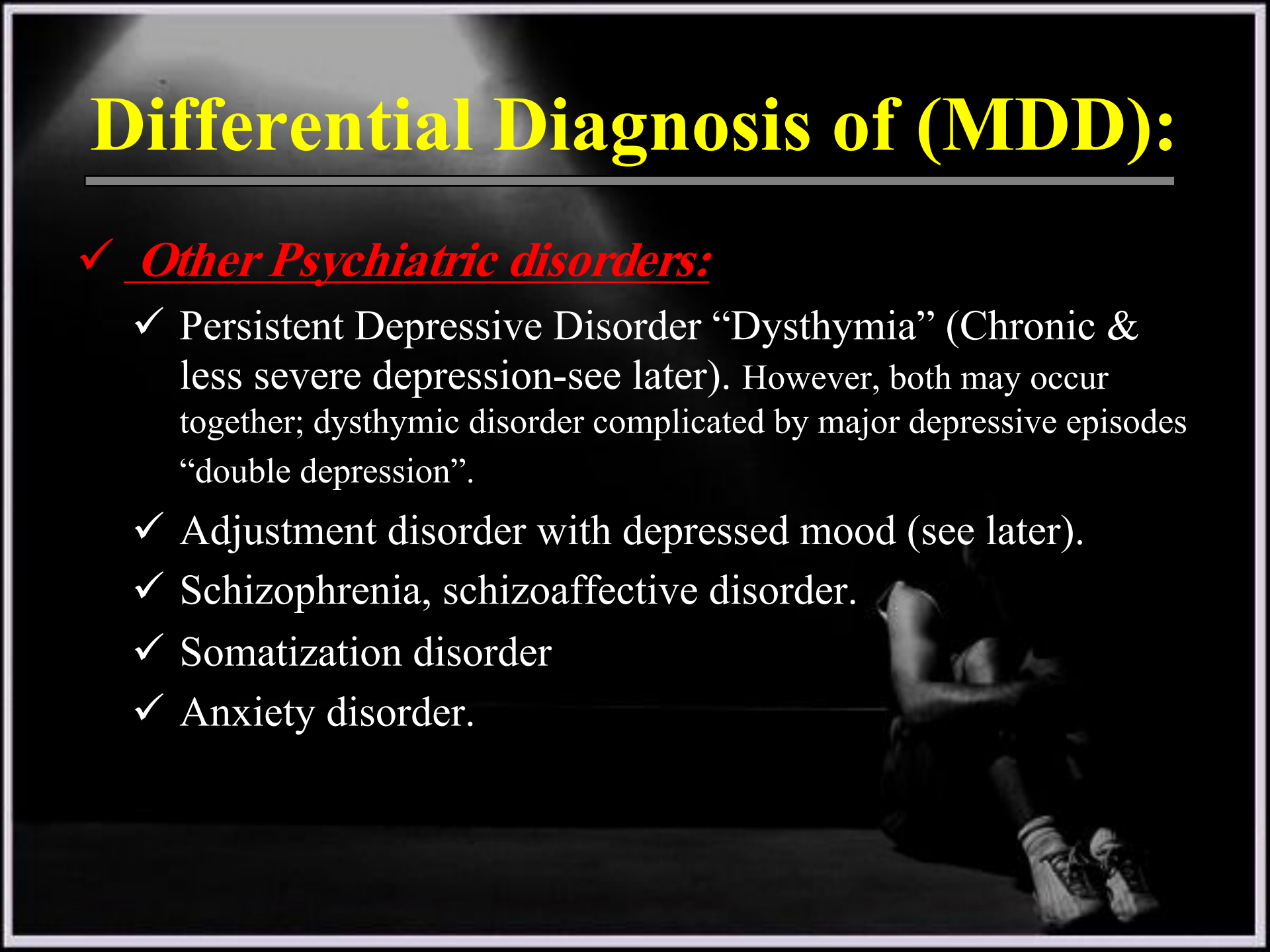
- ✓ It is associated with increasing age, mixed feelings about the baby, physical problems in the pregnancy and prenatal period, family distress and past psychiatric history.
- ✓ Accompanied by severe anxiety and even panic attacks AND irritable mood
- ✓ Counseling, additional help with child-care may be needed.
- ✓ Antidepressants or ECT are indicated if there are biological features of depression.

# Course and Prognosis

- ✓ A depressive episode may begin either suddenly or gradually
- ✓ Duration of an untreated episode may range from a few weeks to months or even years (6 months)
- ✓ Recovery (without treatment) within 3 months of onset of MDE is 40% and within one year is 80% of cases
- ✓ 20% will develop a chronic form of depression
- ✓ suicidal risk ↑
  - ✓ being divorced or living alone,
  - ✓ having a history of alcohol or drug abuse,
  - ✓ being older than 40,
  - ✓ having a history of a prior suicide attempt,
  - ✓ expressing suicidal ideation (particularly when detailed plans have been formulated).

# Differential Diagnosis of (MDD):

- ***Other Psychiatric disorders:***
  - Persistent Depressive Disorder "Dysthymia" (Chronic & less severe depression-see later). However, both may occur together; dysthymic disorder complicated by major depressive episodes "double depression".
  - Adjustment disorder with depressed mood (see later).
  - Schizophrenia, schizoaffective disorder.
  - Somatization disorder
  - Anxiety disorder.



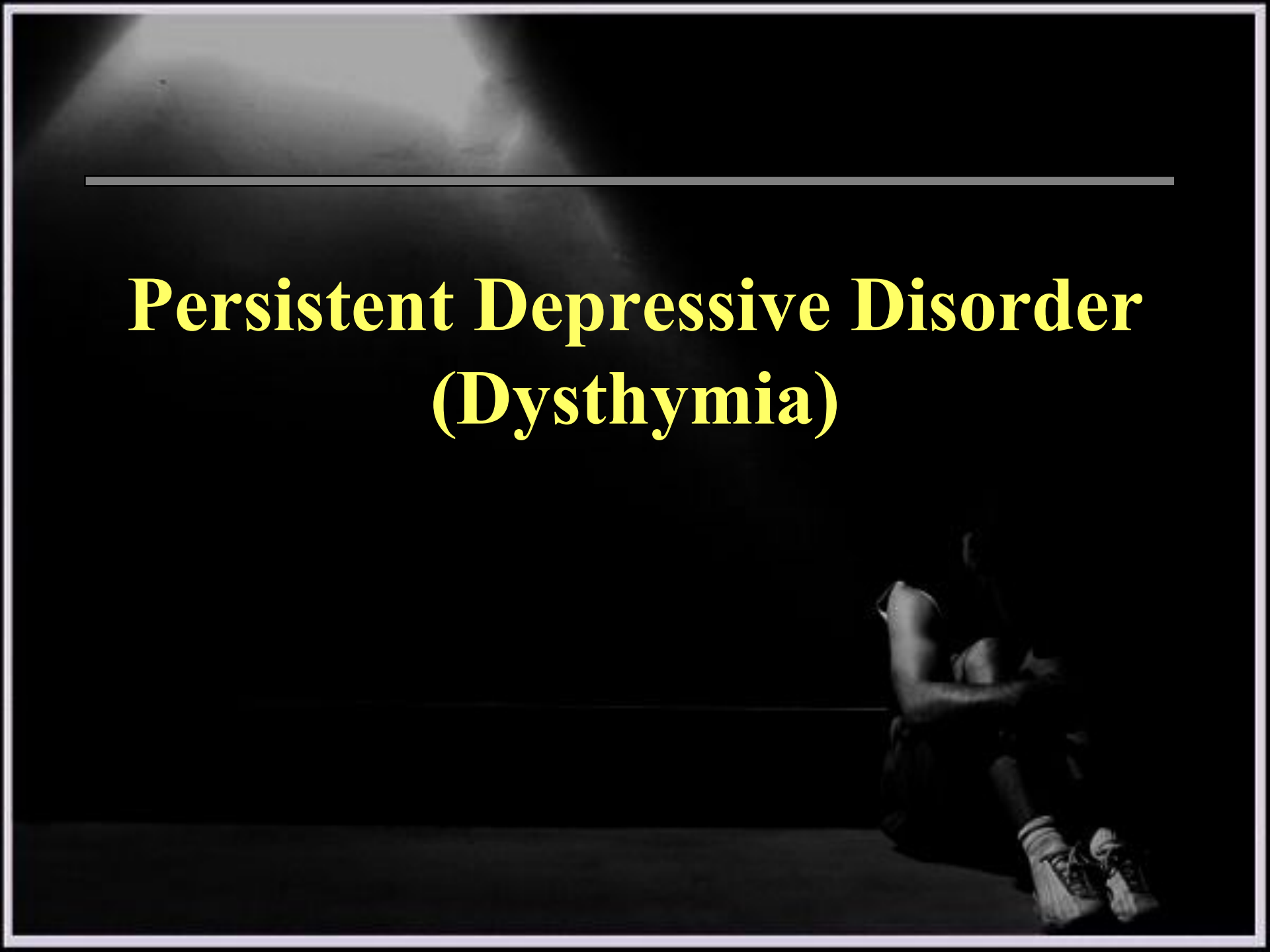
# Differential Diagnosis of (MDD):

- ***Depression secondary to medical diseases:***
  - Hypothyroidism (40%), Diabetes mellitus, Cushing's disease (60-80%), Parkinson's disease (35%)
  - MI, Dementias, HIV/AIDS
  - Stroke/CVA (35%).
  - Carcinoma (especially of the pancreas and lungs).
  - Autoimmune diseases; SLE, multiple sclerosis.
- ***Depression secondary to substance abuse***
  - Upon discontinuation of stimulants, alcohol, cannabis.

# Differential Diagnosis of (MDD):

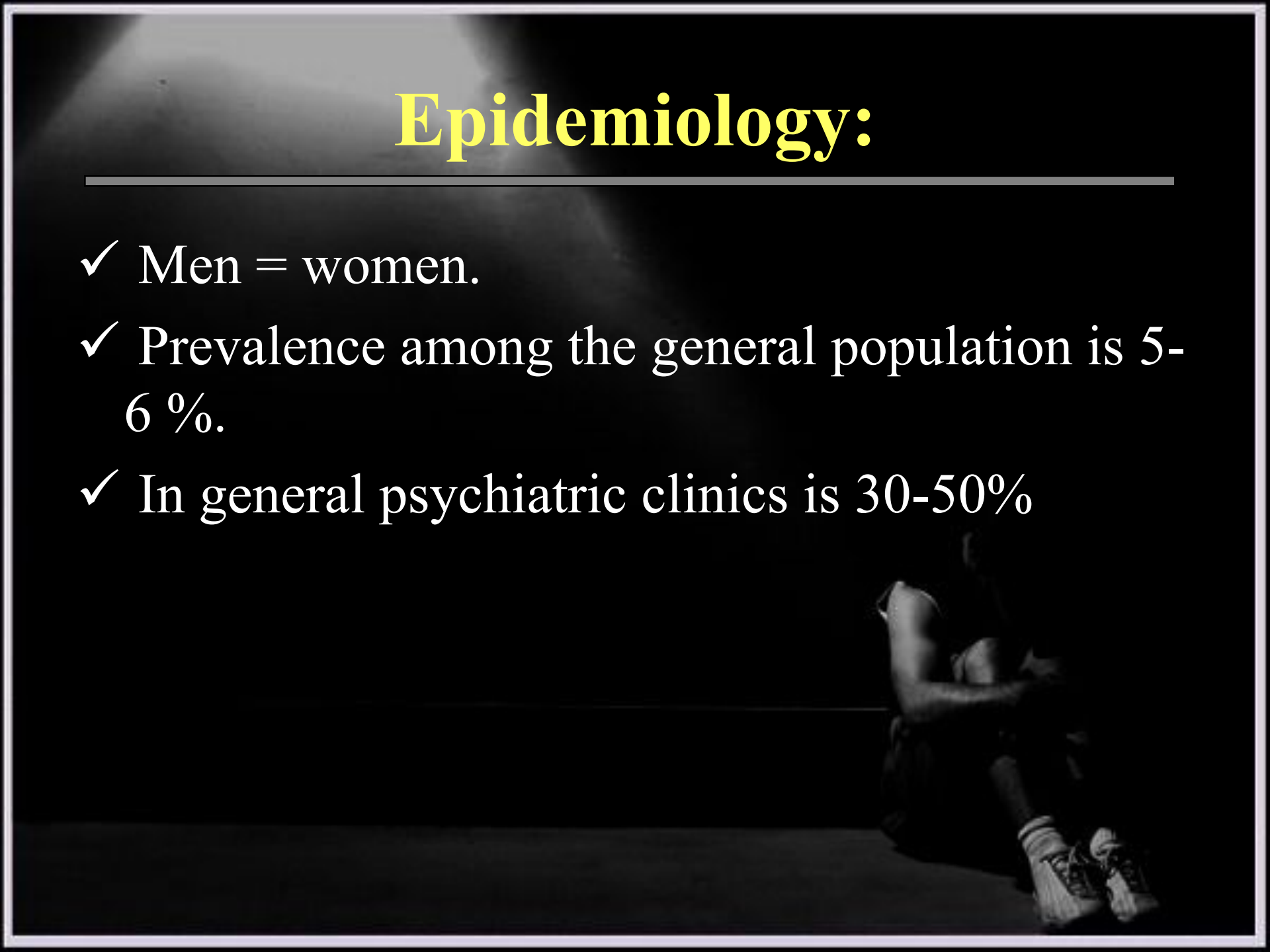
- ***Depression secondary to medications:***
  - Antihypertensives (e.g. beta-blockers, methyldopa, reserpine & Ca-channel blockers).
  - Steroids.
  - Bromocriptine & L - dopa.
  - Indomethacin.
  - Isotretinoin (Roaccutane); treatment of acne.
  - Oral contraceptives "progestin-containing contraceptives" (compared to estrogen-containing contraceptives, which can reduce depression risk).
  - Tamoxifen (estrogen-receptor antagonist used in breast cancer): it may induce depression that can be difficult to treat with antidepressants.
  - Chemotherapy agents e.g. vincristine, interferon (may induce severe depression with suicidal ideas).
  - Antipsychotics.

# Persistent Depressive Disorder (Dysthymia)

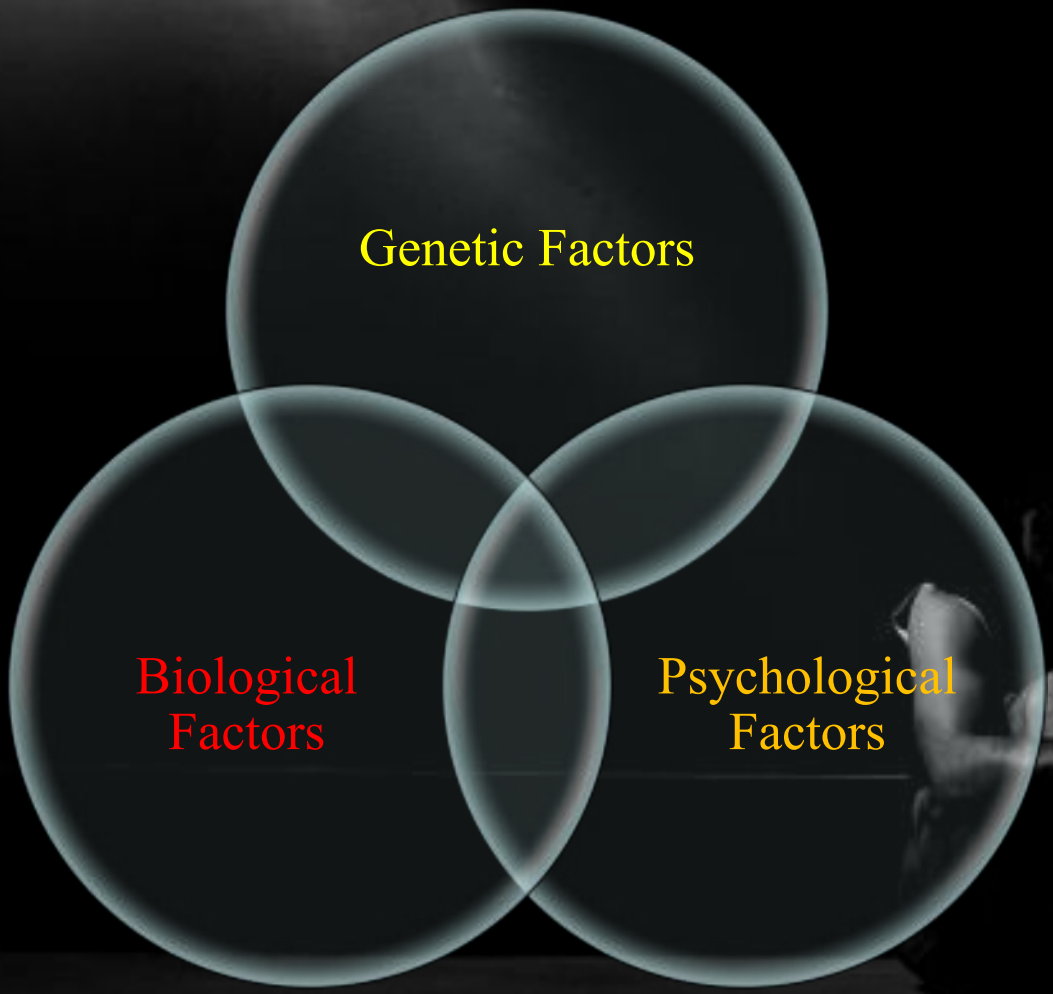


# Epidemiology:

- ✓ Men = women.
- ✓ Prevalence among the general population is 5-6 %.
- ✓ In general psychiatric clinics is 30-50%



# Etiology


Genetic Factors
Biological Factors
Psychological Factors

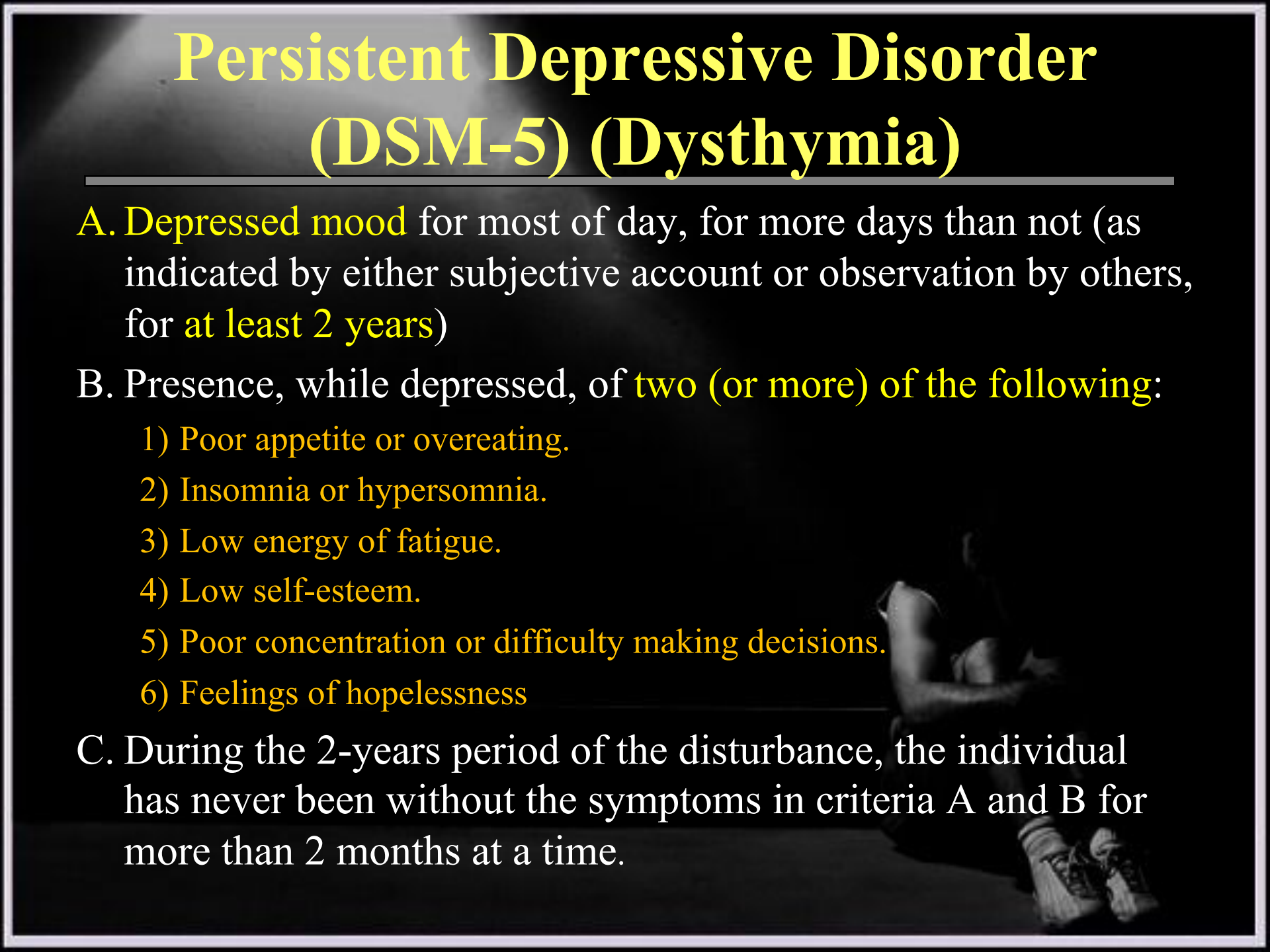
# Persistent Depressive Disorder (DSM-5) (Dysthymia)

A. Depressed mood for most of day, for more days than not (as indicated by either subjective account or observation by others, for at least 2 years)

B. Presence, while depressed, of two (or more) of the following:

1) Poor appetite or overeating.
2) Insomnia or hypersomnia.
3) Low energy of fatigue.
4) Low self-esteem.
5) Poor concentration or difficulty making decisions.
6) Feelings of hopelessness

C. During the 2-years period of the disturbance, the individual has never been without the symptoms in criteria A and B for more than 2 months at a time.



# Persistent Depressive Disorder (DSM-5) (Dysthymia)

D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

E. There has never been a manic episode or a hypomanic episode.

F. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

# Differential Diagnosis of (MDD):

Similar to MDD

# Course and Prognosis

- ✓ By definition, course is a chronic one.
- ✓ Onset can be early (< 21 years) or late (at age ≥ 21 years or older).
- ✓ Recovery in persistent depressive disorder symptoms are much less likely to resolve without treatment than they are in a major depressive episode.
- ✓ Factors predictive of poorer long-term outcome include presence of anxiety features and higher levels of oversensitive negative temperament (neuroticism).
- ✓ The prognosis is good with treatment.
- ✓ However, about 25 % of never attain a complete recovery.

# Premenstrual Dysphoric Disorder (Reference)

A. In the majority of menstrual cycles, at least five symptoms must be present in the final week before the onset of menses, start to *improve* within a few days after the onset of menses, and become *minimal* or absent in the week post-menses.

B. One (or more) of the following symptoms must be present:

1. Marked affective lability (e.g., mood swings: feeling suddenly sad or tearful, or increased sensitivity to rejection).
2. Marked irritability or anger or increased interpersonal conflicts.
3. Marked depressed mood, feelings of hopelessness, or self-deprecating thoughts.
4. Marked anxiety, tension, and/or feelings of being keyed up or on edge.

C. One (or more) of the following symptoms must additionally be present, to reach a total of *five* symptoms when combined with symptoms from Criterion B above.

1. Decreased interest in usual activities (e.g., work, school, friends, hobbies).
2. Subjective difficulty in concentration.
3. Lethargy, easy fatigability, or marked lack of energy.
4. Marked change in appetite; overeating; or specific food cravings.
5. Hypersomnia or insomnia.
6. A sense of being overwhelmed or out of control.
7. Physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of "bloating," or weight gain.

# Premenstrual Dysphoric Disorder (Reference)

Note: The symptoms in Criteria A-C must have been met for most menstrual cycles that occurred in the preceding year.

D. The symptoms are associated with clinically significant distress or interference with work, school, usual social activities, or relationships with others (e.g., avoidance of social activities; decreased productivity and efficiency at work, school, or home).

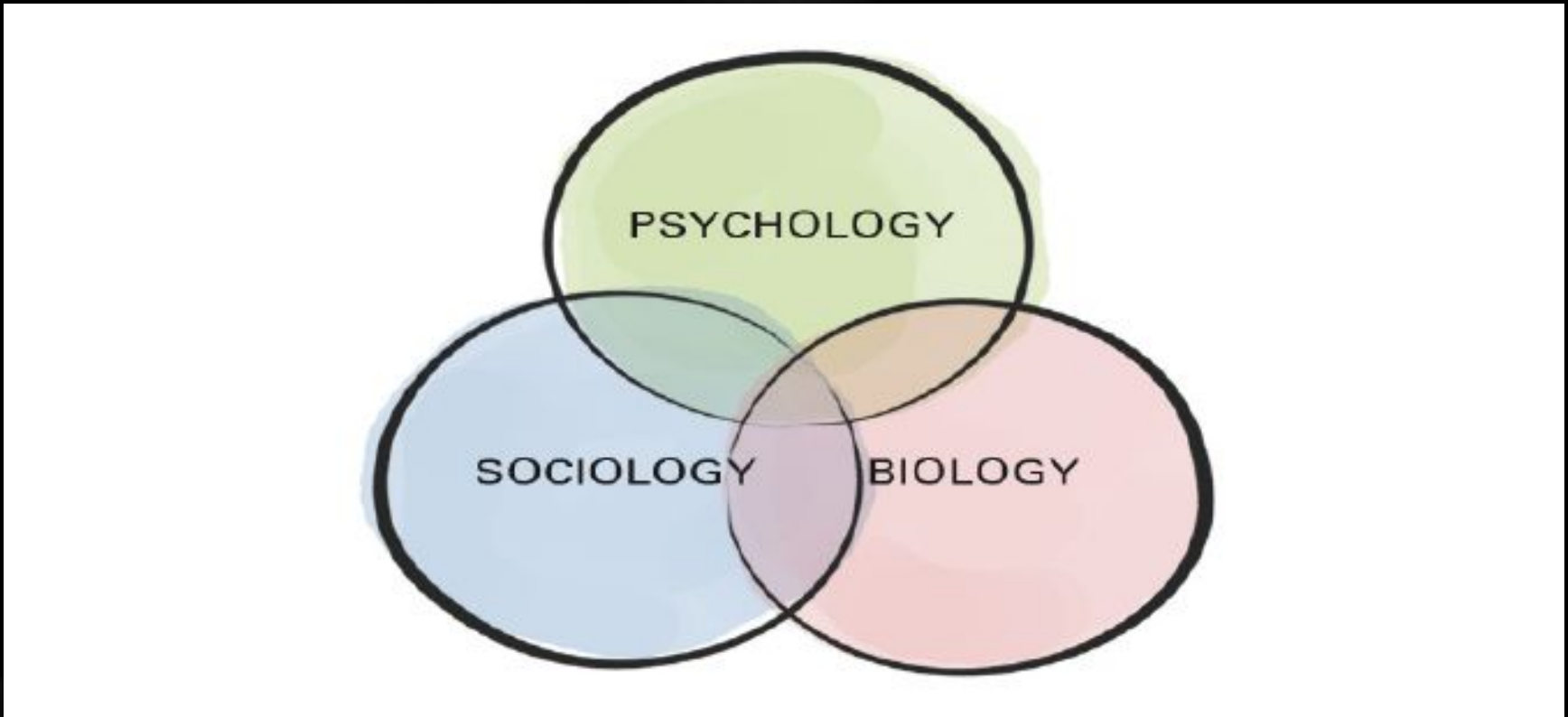
E. The disturbance is not merely an exacerbation of the symptoms of another disorder, such as major depressive disorder, panic disorder, persistent depressive disorder (dysthymia), or a personality disorder (although it may co-occur with any of these disorders).

F. Criterion A should be confirmed by prospective daily ratings during at least two symptomatic cycles. (Note: The diagnosis may be made provisionally prior to this confirmation.)

G. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or another medical condition (e.g., hyperthyroidism).

# TREATMENT PLAN

✓ ***Bio-psycho-social Approach:***



# TREATMENT PLAN

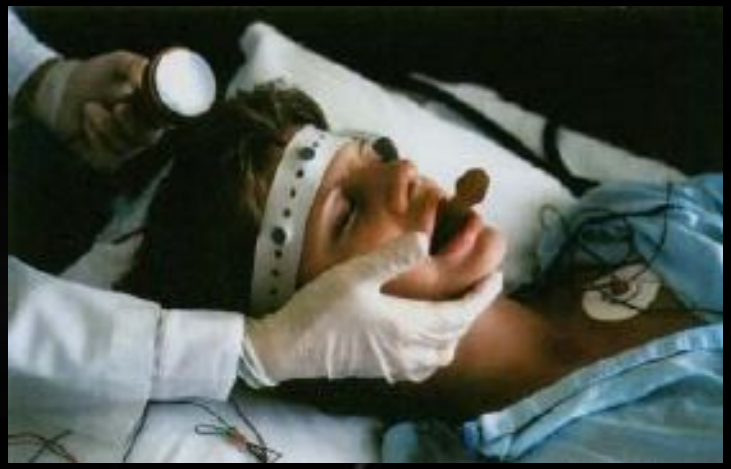
- ✓ Biological Approach:
  - ✓ ***Investigations:***
  - ✓ Blood work (CBC with differential, TSH, blood glucose, electrolytes, Ca, Mg, vitamin B12, folate, liver and renal function tests, urine toxicology screen, sleep study).
  - ✓ Review other medications
  - ✓ ***Medications (Antidepressants)***
  - ✓ Antidepressants have proven to be very useful in the treatment of severe depression.
    - ✓ Selective Serotonin Reuptake Inhibitors (SSRIs) e.g. fluoxetine, paroxetine, sertraline, citalopram…..etc
    - ✓ Selective serotonin–Norepinephrine Reuptake Inhibitors (SNRIs) e.g. venlafaxine, duloxetine.
    - ✓ Other new agents e.g. mirtazapine, MOI,….etc

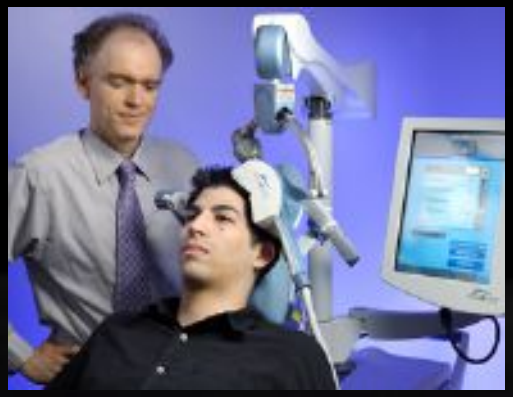
# TREATMENT PLAN

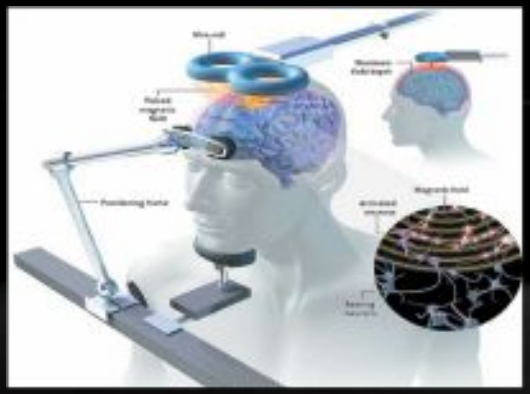
- ✓ ***Medications (Antidepressants)***
- ✓ Desirable therapeutic antidepressant effect requires a period of time, usually 3-5 weeks. Side effects may appear within the first few days.
- ✓ Avoid Tricyclic/Tetracyclic in suicidal patient because of cardiotoxicity in overdose.
- ✓ After a first episode of a unipolar major depression, treatment should be continued for 6-9 months after clinical recovery, to reduce the rate of relapse.
- ✓ If the patient has had two or more episodes, treatment should be prolonged for at least two years after clinical recovery to reduce the risk of relapse.

# TREATMENT PLAN

- ✓Biological Approach
- ✓ ***Brain stimulation***
  - ✓ ECT
  - ✓ rTMS
  - ✓ Light therapy
  - ✓ Vagal nerve stimulation
  - ✓ Deep brain stimulation







# TREATMENT PLAN

- ✓ ***Electroconvulsive therapy ( ECT ):***
- ✓ The effect of ECT is best seen in severe depression especially with severe neurovegetative symptoms
- ✓ Suicidal/ homicidal and psychotic features.
- ✓ It is mainly the speed of action that distinguishes ECT from antidepressant drug treatment.
- ✓ In pregnant depressed patient ECT is safer than antidepressants.

# TREATMENT PLAN

- ✓ Psychological Approach:
  - ✓ ***Psycho-education***
  - ✓ ***Supportive therapy.***
  - ✓ ***Cognitive therapy:*** to replace faulty negative self-image, negative attitudes about self, others, the world, and the future.
  - ✓ ***Behavior therapy:*** to enable the patient to meet life challenges with a positive sense by altering personal behavior through implementing positive reinforcement.
  - ✓ ***Interpersonal therapy (IPT), Psychodynamic, mindfullness***
- ✓ Social Approach:
  - ✓ ***Stress management***
  - ✓ ***Problem solving skills ↓ stressors***
  - ✓ ***Family support***

# TREATMENT PLAN

- ✓ ***Hospitalization is indicated for:***
- ✓ Suicidal or homicidal patient.
- ✓ Patient with severe psychomotor retardation who is not eating or drinking (for ECT).
- ✓ Drug resistant cases (possible ECT).
- ✓ Severe depression with psychotic features (possible ECT).
- ✓ Diagnostic clarification (observation, investigation…).

# Adjustment disorder

# Adjustment disorder

- ✓ The adjustment disorders: emotional response to a stressful event.
- ✓ The stressor involves financial issues, a medical illness, workplace difficulties, or a relationship problem.
- ✓ The symptoms must begin within 3 months of the stressor and must remit within 6 months of removal of the stressor.

# Adjustment Disorders DSM-5

A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).

B. These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:

- ✓ Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
- ✓ Significant impairment in social, occupational, or other important areas of functioning.

C. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.

# Adjustment Disorders DSM-5

D. The symptoms do not represent normal bereavement.

E. Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months.

F. Specify whether:

- ✓ With depressed mood: Low mood, tearfulness, or feelings of hopelessness are predominant.
- ✓ With anxiety: Nervousness, worry, jitteriness, or separation anxiety is predominant.
- ✓ With mixed anxiety and depressed mood: A combination of depression and anxiety is predominant.
- ✓ With disturbance of conduct: Disturbance of conduct is predominant.
- ✓ With mixed disturbance of emotions and conduct: Both emotional symptoms (e.g., depression, anxiety) and a disturbance of conduct are predominant.
- ✓ Unspecified: For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder.

# Course and Prognosis

- ✓ With appropriate treatment, the overall prognosis of an adjustment disorder is generally favorable.
- ✓ Most patients return to their previous level of functioning within 3 months.
- ✓ Some persons (particularly adolescents) who receive a diagnosis of an adjustment disorder later have mood disorders or substance-related disorders. Adolescents usually require a longer time to recover than adults.

- **THANK U**
  - **U CAN WAKE UP NOW**