



# Depression

{ . . وَمَا تَوْفِيقِي إِلَّا بِاللَّهِ . . }

Objective	Color index
<ul style="list-style-type: none"><li>• To understand what depression is.</li><li>• To know the various types of depression.</li><li>• To recognize features of depression.</li><li>• To be aware of pathophysiology/etiology of depression.</li><li>• List the diagnostic criteria for main Depressive disorders according to DSM-5.</li><li>• Discuss the treatment plan.</li><li>• Adjustment disorder</li></ul>	<p><b>Black</b> : Main content. <b>Gray</b> : Notes. <b>Red</b> : important</p>

# Introduction

## Case:

Ms. Amal is a 27-year-old single woman works as a teacher. She has a five-week history of **low mood**, chest tightness, **poor appetite**, **disturbed sleep**, excessive **guilt feelings**, and **loss of interest in her social activities**.

## 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.  
 - Healthy people have a wide continuum range of feelings with normal variations.  
 [ usual sadness  $\longleftrightarrow$  usual happiness]<sup>1</sup>.

### Depression:

condition characterized by **unremitting sadness, reduced energy, and anhedonia** "lack of pleasure" lasting for **at least 2 weeks**, and usually triggered by stress.  
 Depression is **not alleviated by activities** that might have been **enjoyable in the past**.  
 Prolonged **unusual sadness/lack of pleasure**/others features that have adverse effect on functioning.  
 Body physiology is adversely affected (HPT axis).

## The depression is maybe primary or secondary to other diseases:

Depression secondary to:	Primary depression
<ul style="list-style-type: none"> <li>• Medical d. (e.g., hypothyroidism).</li> <li>• <b>Medications (e.g., OCPs)</b><sup>2</sup></li> <li>• Substance Abuse.</li> <li>• Brain insult (e.g., CVA).</li> <li>• Others</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent depressive disorder (dysthymia)</li> <li>• Major depressive disorder / episode</li> <li>• Depressive episodes of bipolar disorder</li> <li>• Substance/Medication-Induced Depressive Disorder</li> </ul>

## 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.



1- Healthy people are in between usual sadness and usual happiness

2- oral contraceptive.

- "I'm in this page and I don't like it lol" - Lecture reviewer

# Introduction

## Etiology

### Interaction between Bio-psycho-social factors :

#### 1. Biological factors

- **Neurotransmitters (5-HT & NE & DA)** Decreases of NT.
- Limbic system
- **Hormones** (Abnormalities in Neuroendocrine Function (abnormal diurnal variation in cortisol production , hypothalamic-pituitary-adrenal axis , GH)

#### 2. Psychological factors

- Loss of a parent before 11 years old
- Cognitive distortions ( Negative thoughts about self, the world, and the future).

#### 3. Genetic factors : Genetic (70-90% in the monozygotic twins compared with 16-25% the dizygotic twins)

#### 4. Social factors

- Social stressors

## Features and clinical findings

- **Unusual sadness or irritability (low mood)**
- **Anhedonia. Inability to enjoy anything**
- Crying spells
- **Feeling empty**
- Hopelessness
- Loss of warm feelings for family or friends
- **Guilt Feelings and self blame** Loss of self esteem
- General slowing down
- Neglect of responsibilities and appearance
- Poor memory
- Change in menstrual cycle (amenorrhea).
- Several immunological abnormalities (e.g. low lymphocytes) increasing the risk to infection
- Inability to concentrate
- Difficulty making decisions
- **Suicidal thoughts, feelings or behaviors**
- **Lack of energy**
- **Change in appetite and sleep (usually reduced but in some patients increased).**
- Weight loss or gain
- **Sleep disturbances.**
- **Loss of sexual desire**
- **Unexplained headaches** or backaches
- Turning downwards of corners of the mouth.
- **Pain threshold becomes low** (gate theory/serotonin).
- **Psychotic Features Associated with Severe Depression.** Eg :auditory hallucination or Visual hallucinations and Delusions

## Differential diagnosis

### Other Psychiatric disorders:

- **Adjustment disorder with depressed mood.**
- **Schizophrenia, schizoaffective disorder.**
- **Anxiety disorder.**

### 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 medications:

- **Antihypertensives** (e.g. beta-blockers, methyldopa, reserpine & Ca- channel blockers).
- **Steroids.**
- Bromocriptine & L-dopa.
- Indomethacin.
- **secondary to substance abuse** : alcohol, cannabis, **Amphetamine**
- **Isotretinoin (Roaccutane)** : treatment of acne.
- **Oral contraceptives**

# Depressive Disorders

## 1- Major depressive disorder (MDD).

### Specific Etiology

Bereavement, Grief, Mourning : Psychological reactions of those who survive a **significant loss**.

- **Mourning** is the process by which grief is resolved.
- **Bereavement** the state of being **deprived of someone by death** & refers to being in the state of mourning ,  
**Normal Bereavement Reactions \*may resemble a depressive episode.**
  - Stage 1: Shock & Denial
  - Stage 2: Anger
  - Stage 3: Bargaining
  - Stage 4: Depression
  - Stage 5: Acceptance

### Epidemiology

- Lifetime prevalence is in the range of 15 - 25 %.
- More common in **women than in men (2:1)**
- The mean age of **onset** is about **40 years - average** - (25 - 50 years).
- It may occur in **childhood** or in the **elderly**.
- In adolescents, it may be precipitated by substance abuse.
- More common in those who lack confiding relationship (e.g. divorced, separated, single...).

### Diagnostic Criteria

- ★ **5 (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.)**<sup>1</sup>
  1. **Depressed mood (e.g., feels sad, empty, hopeless)**
  2. **Markedly diminished interest or pleasure (in almost all activities most of the day, nearly every day)**
  3. Significant weight loss or weight gain , or decrease or increase in appetite.
  4. Insomnia or hypersomnia.
  5. Psychomotor agitation or retardation.
  6. Fatigue or loss of energy.
  7. Feelings of worthlessness.
  8. Diminished ability to think/concentrate.
  9. Recurrent thoughts of death, recurrent suicidal ideation.
- ★ symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of **functioning**.
- ★ The episode is **not attributable to the physiological effects of a substance or to another medical condition**.
- ★ 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.
- ★ **There has never been a manic episode or a hypomanic episode.**

### Prognosis Of MDD

- 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 ( Major depressive episode) is 40% and within one year is 80% of cases <sup>2</sup>
- 20% will develop a chronic form of depression
- About 10 % will eventually develop a manic episode.

### Grief vs MDD

Predominant effect is <b>feeling of emptiness &amp; loss</b>	Persistent depressed mood and inability to anticipate happiness or pleasure
<b>Decrease in intensity</b> over days to weeks	Depressed mood is more <b>persistent</b> .
Pain may be <b>accompanied by positive emotions</b> & humor	Pervasive <b>unhappiness</b> and <b>misery</b>
Preoccupation with memories of the deceased	Self-critical or pessimistic ruminations
Self esteem generally preserved	Feelings of <b>worthlessness</b> and self- loathing
<b>Death &amp; dying</b> focused on the deceased & about <b>jointing the deceased</b>	Thoughts are focused on <b>ending one's own life because of feeling worthless</b> .

1. One of the 5 symptoms should include Low mood or lack of interest or both. To diagnose with depression.  
2. Why do we treat then? To prevent relapse.

# Depressive Disorders

## 2- Persistent Depressive Disorder (Dysthymic Disorder)

### Epidemiology

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

### Diagnostic Criteria

- A. At least 2 years history of chronic low mood** for most of day, for more days than not.
- B. During the 2-years period of the disturbance, No remission periods (being without symptoms) more than two months at a time.**
- C. During low mood there should be  $\geq 2$  out of the following symptoms :**
- low energy or fatigue.
  - low self-esteem.
  - feeling of hopelessness.
  - insomnia or hypersomnia.
  - poor appetite or overeating.
  - poor concentration or difficulty in making decisions.
- D.** The occurrence of the PDD 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.
- D,E and F are common in both PDD and MDD.**

### Prognosis Of PDD

- **The onset is usually insidious before age 25, or late (older than 25).**
- **the course is chronic.**
- Some patients may consider early onset dysthymic disorder as part of life.
- Patients often suffer for years before seeking psychiatric help.
- 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**.
- The prognosis is good with treatment.(the treatment is long-life treatment)
- **HOWEVER**, about 25 % of patients **never attain a complete recovery.**

## 3-Adjustment disorder.

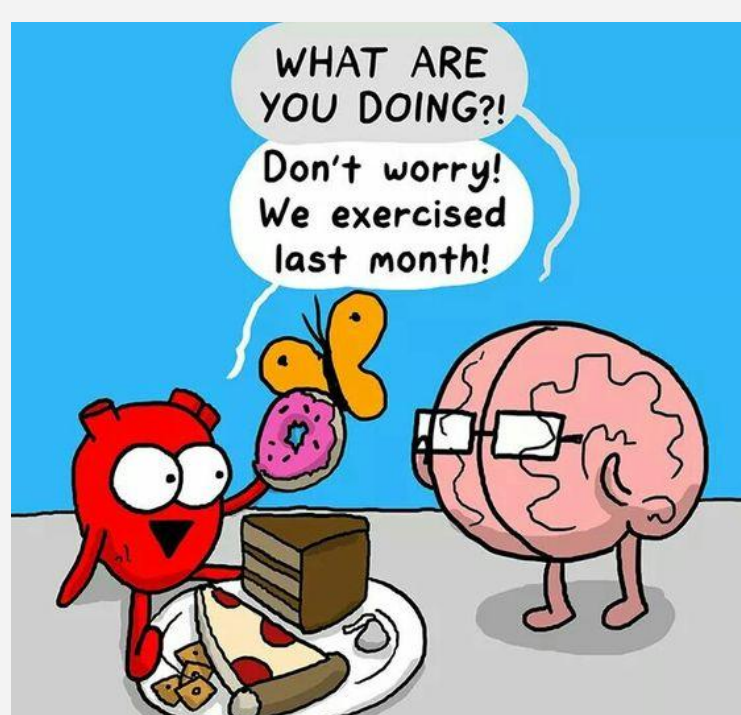
**The adjustment disorders:** emotional response to a stressful event.

The characteristic key points: **\*crying, not sleeping, stressed out.\*** but **Without lack of interest or depressed mood. \*it involves sadness which is transient eg: ( the sadness reduce in the weekend )**

- **The stressor involves financial issues, a medical illness, workplace difficulties, or a relationship problem.**
- **The symptoms must begin within 3 months of the onset of the stressor and must remit within 6 months of removal of the stressor.**
- sometimes if the adjustment disorder Persist for long time it gets worse and then could be converted to depression (no longer adjustment disorder)

### Course and Prognosis:

- **With appropriate treatment (not by drugs but by psychological support), the overall prognosis of an adjustment disorder is generally favorable.**
- Most patients return to their previous level of functioning within 3 months.



# Depressive Disorders

## 4- Perinatal/Post-partum Depression

- About 10 - 15 %.
- **In late pregnancy /within 6 weeks of childbirth (10-14 days after delivery).**
- If not treated may continue for 6 months or more and cause considerable family disruption.
- 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.
- May be associated with irritability, self-blame and doubt of being a good mother, excessive anxiety about the baby's health and death wishes.
- Counseling, additional help with child-care may be needed. Antidepressants or ECT are indicated if there are biological features of depression.

## Management/Treatment

### 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**).

### Medications (Antidepressants)

(**SSRIs**) and (**SNRIs**).

- Antidepressant effect requires a period of time, usually 3-5 weeks.
- **Avoid Tricyclic/Tetracyclic in suicidal patient because of cardiotoxicity in overdose.**
- continued for 6-9 months after clinical recovery, to reduce the rate of relapse.

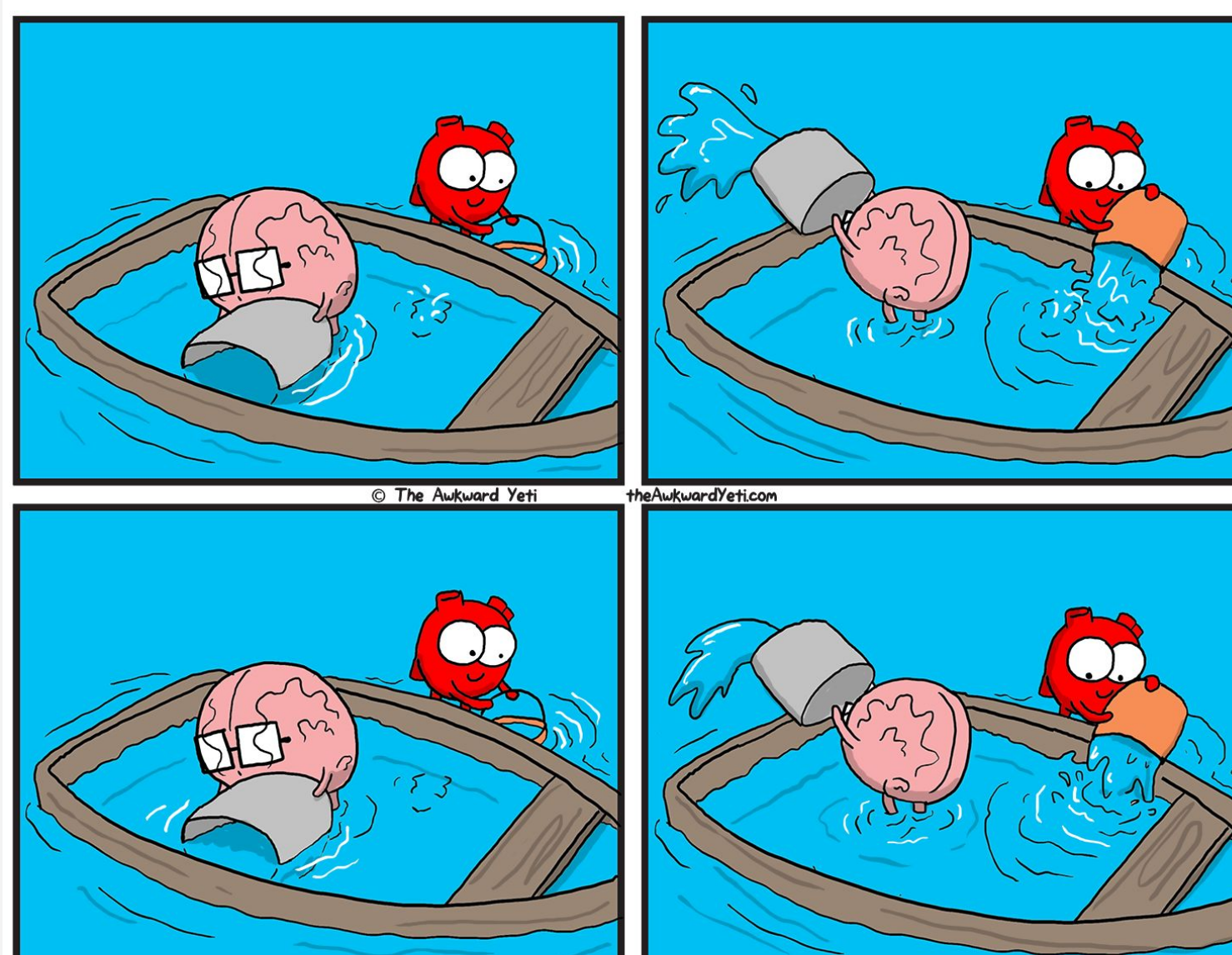
### Brain stimulation

- Electroconvulsive therapy (ECT) :
  - 1- **Fast action.**
  - 2- in severe depression, with severe neurovegetative symptoms/ suicidal, homicidal & psychotic features.
  - 3- **Safer than antidepressants in pregnant depressed.**
- rTMS.<sup>1</sup>
- Light therapy.<sup>2</sup>
- Vagal nerve stimulation.
- Deep brain stimulation.

**The treatment also involve some Psychological and Social Approaches**

### Hospitalization is indicated for:

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



1. rTMS stands for ( repetitive Transcranial magnetic stimulation)  
2. Seasonal therapy.

# Quiz

Answers Key!

1.A 2.C 3.C 4.A 5.D 6.B 7.B

**1-Which one of the following is a major symptom of depression?**

- A. Lack of interest.
- B. Fatigue.
- C. Poor appetite.
- D. Sleep disturbances.

**2-A 39 years old married female complaining of low mood, in ability to enjoy anything, lack of energy. Without any medical diseases. What is the most likely cause?**

- A. Genetic.
- B. Schizophrenia.
- C. Oral contraceptives.
- D. Anxiety.

**3-A 30 years old male present with 4 years history of sadness most of the day. Insomnia. Low energy. What is the diagnosis?**

- A. Major depressive disorder (MDD).
- B. Major depressive episode (MDE).
- C. Persistent depressive disorder (PDD) Dysthymia.
- D. Adjustment disorder.

**4-25 years old woman complaining of 5 weeks history of unremitting sadness. lack of interest. Poor appetites. Insomnia. Diminished concentration. What is the diagnosis?**

- A. Major depressive disorder (MDD).
- B. Major depressive episode (MDE).
- C. Dysthymia (PDD).
- D. Adjustment disorder.

**5-A 33 years old male complaining of remitting sadness. With workplace problems. Insomnia. Poor appetite. What is the diagnosis?**

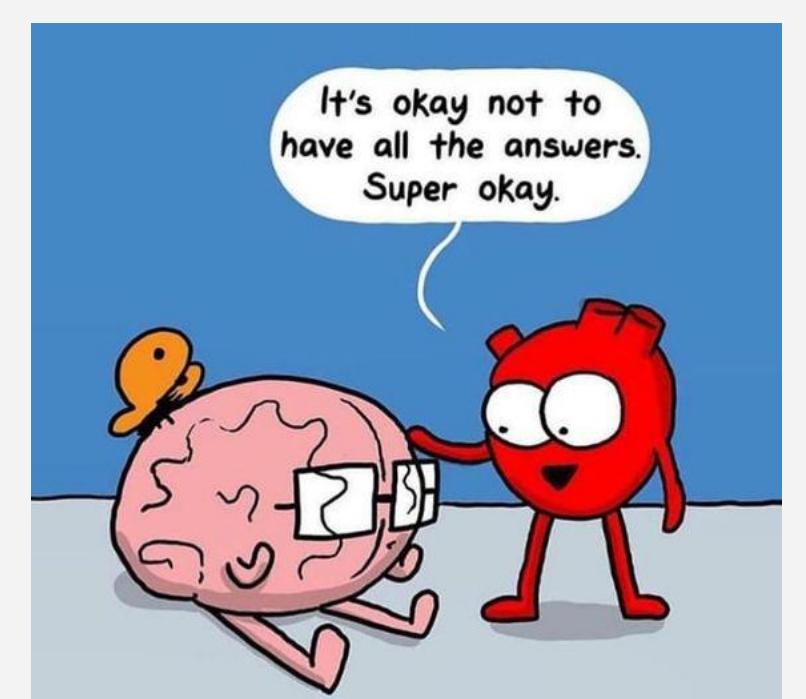
- A. Major depressive disorder (MDD).
- B. Major depressive episode (MDE).
- C. Dysthymia (PDD).
- D. Adjustment disorder

**6-What is postpartum depression?**

- A. Depression during pregnancy
- B. Depression after childbirth
- C. Depression due to breastfeeding
- D. None of the above

**7- Proper nutrition may improve your state of mind. Which of these vitamins may help ease depressed moods?**

- A. Vitamin C
- B. Vitamin B-complex
- C. Vitamin A
- D. Vitamin E



# Good luck!

A pessimist sees the difficulty in every opportunity,  
an optimist sees the opportunity in every difficulty.

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