








# Depression

Editing File



**Click here for the  
summary!**

-  Important
-  Dr's notes
-  Only in male slides
-  Only in female slides
-  Extra information

# Objectives:

- **To understand what depression is.**
- **To know the various types of depression.**
- **To recognize features of depression.**
- **To be aware of pathophysiology/etiology of depression.**

# Introduction to Mood Disorders

## Keywords

### Mood\*

It is a sustained and pervasive feeling tone that influences a person's behavior and perception of the world. It is internally experienced. Mood can be normal, depressed, or elevated.

### Affect\*

It is the person's present transient emotional state. It represents the external expression of mood.

## Mood Disorders vs. Mood Episodes

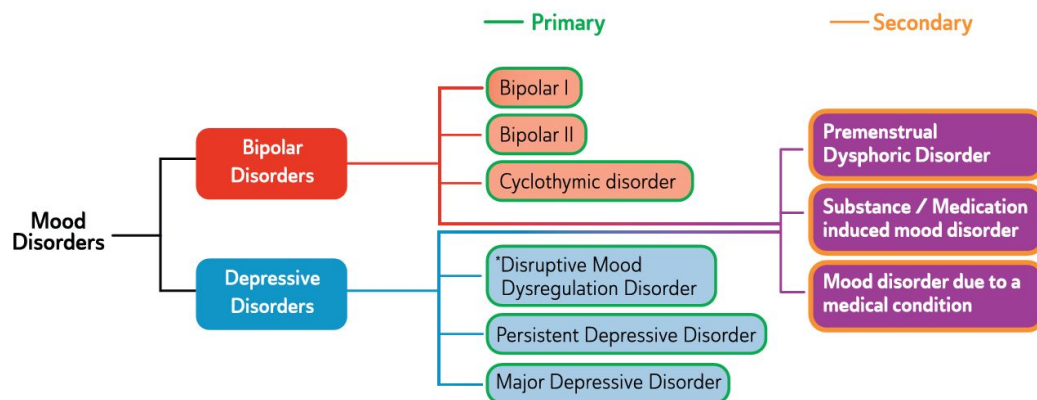
### Mood Episodes

They are distinct periods of time in which some abnormal mood is present. They include depression, mania, and hypomania.

### Mood disorders

They are defined by their patterns of mood episodes. They include major depressive disorder (MDD), bipolar I disorder, bipolar II disorder, persistent depressive disorder, and cyclothymic disorder. Some may have psychotic features (delusions or hallucinations).

Figure 1. Classification of mood disorders.



## Depression

It is 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.

# Depression 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**.

## Epidemiology\*

### Prevalence

- Depression is the most common psychiatric illness
- Lifetime prevalence of nearly 17% for major depression and about 2% for bipolar I and II disorders.

### Peak Age

Mean age is around **32** years

### Sex

More common in women



Male



Female

## Etiology

- **Genetics**
- Neurobiology: Neurotransmitters disturbances (catecholamine hypothesis, decrease of norepinephrine) / serotonin/dopamine\*. **Drugs that decrease serotonin level cause depression.**
- Bio-Psycho- Social\*
- Social and Environmental Factors\*  
**It's not a direct cause. Ex: someone poor can be depressed due to his economical status**
- Neuroimaging Studies: (subgenual prefrontal cortex (SGPFC) **reveal?** ↓ blood flow\*)
- Abnormalities in Neuroendocrine Function (abnormal diurnal variation in cortisol production, hypothalamic- pituitary-adrenal axis, Growth hormone)\*

## (DSM-V) depressive and related disorders\* or Types of Depression\*

According to DSM-V, Depression has been classified into various types.

Primary Depression	Depression Secondary to
<ul style="list-style-type: none"><li>• <b>Major depressive disorder</b> (discussed later)<ul style="list-style-type: none"><li>○ Single episode*</li><li>○ Recurrent episodes*</li></ul></li><li>• <b>Persistent depressive disorder</b> (discussed later) (Dysthymic Disorder and Chronic MDD*) <b>It's longer in duration but less severe than MDD</b></li><li>• Disruptive Mood Dysregulation Disorder (in children)*</li><li>• Premenstrual Dysphoric Disorder*</li><li>• Depressive episodes of bipolar disorder*</li><li>• <b>Adjustment disorder with depressed mood*</b> (discussed later)</li></ul>	<ul style="list-style-type: none"><li>• <b>Medical condition</b> (e.g: hypoth.) <b>Especially some chronic diseases</b></li><li>• <b>Medications</b> (ex. OCPs, steroids, anticancer Rx, beta blockers*)</li><li>• <b>Substance Abuse</b></li><li>• Brain insult (ex. CVA)*</li><li>• Others</li></ul>



## Clinical Features of Depression\*

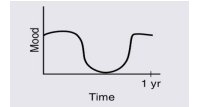
<b>Biological Features (Neurovegetative Signs)</b>	<ul style="list-style-type: none"> <li>● <b>Change in appetite, weight, and sleep</b> (usually reduced but in some patients increased).</li> <li>● <b>Fatigability, low energy level</b> (simple task is an effort).</li> <li>● Low libido and /or impotence.</li> <li>● Change in bowel habit (usually constipation)</li> <li>● Change in menstrual cycle (amenorrhea).</li> <li>● <b>Pain threshold becomes low</b> (gate theory/serotonin) (due to low serotonin).</li> <li>● Several immunological abnormalities (e.g. low lymphocytes) increasing the risk to infection.</li> <li>● Body physiology is adversely affected (HPT axis).</li> </ul>
<b>Cognitive Functions &amp; Thinking</b>	<ul style="list-style-type: none"> <li>● <b>Deficit in attention</b>, concentration, memory, &amp; decision making ( In elderly this may be mistaken as dementia pseudo dementia)</li> <li>● Depressed thinking process.</li> <li>● Pessimistic thoughts about:             <ul style="list-style-type: none"> <li>○ <b>Present:</b> patient sees the unhappy side of every event (discounts any success in life, no longer feels confident, sees himself as failure)</li> <li>○ <b>Past:</b> unjustifiable guilt feeling and self-blame.</li> <li>○ <b>Future:</b> gloomy preoccupations; hopelessness, helplessness, death wishes. (may progress to <b>suicidal ideation and attempt</b>).</li> </ul> </li> </ul>
<b>Appearance &amp; Behavior</b>	<ul style="list-style-type: none"> <li>● Neglected dress and grooming.</li> <li>● Facial appearance that express sadness:             <ul style="list-style-type: none"> <li>○ Turning downwards of corners of the mouth.</li> <li>○ Down cast gaze, tearful eye, reduced rate of blinking.</li> <li>○ Head is inclined forwards.</li> </ul> </li> <li>● <b>Psychomotor retardation (or agitation occurs):</b> <ul style="list-style-type: none"> <li>○ Lack of motivation and initiation</li> <li>○ Slow movements, slow interactions.</li> </ul> </li> <li>● Social isolation and withdrawal.</li> </ul>
<b>Mood Changes</b>	<ul style="list-style-type: none"> <li>● Low mood beyond the usual sadness (severity/duration).</li> <li>● <b>Lack of interest/pleasure (anhedonia).</b></li> <li>● Feeling lonely &amp; Irritability.</li> </ul>

# Major Depressive Disorder (MDD)



## Characteristics

- Also known as **unipolar depressive disorder**\*
- Presence of major depressive **episodes (MDEs)**\*, which is a period of two weeks or longer in which a person experiences certain symptoms of **major depression**.
- There has **never** been a manic episode\*. A manic episode is experiencing feelings of **abnormal heightened energy, creativity, and euphoria** which occurs in bipolar disorders.
- Severity varies (mild-moderate- severe)\*



Check course of MDD

## Types of Episodes\*

**Episodes** are discrete periods of abnormal mood: low, high, or mixed mood.

### Major Depressive Episode (MDE)

2 weeks or more of low mood/loss of interest and other features.

### Mixed Episode

1 week or more of both depressed and manic mood and other features. **Seen in Bipolar.**

تجيبه نوبة اكتئاب لمدة اسبوع بعدين يجيبه هوس، او الاثنين يجون خلال اسبوع واحد

## Epidemiology\*

### Prevalence

- The **highest** lifetime prevalence (15-25%) of **any psychiatric disorder**
- More common in those who lack confiding relationship (ex. divorced, separated, single)
- It may occur in childhood or in the elderly
- In adolescents, it may be precipitated by substance abuse (**adolescents think that it will treat their depression but in the long run it will make it worse**)

### Peak Age

Mean age of onset is around 40 years (**25 - 50 years**)

### Sex

More common in women  
Ratio **women to men (2:1)**



Male



Female

## Clinical Features\*

هي عبارة عن ملاحظات سريرية اكلينيكية توضح للدكتور ان المريض **ممکن** يكون عنده دبرشن ولكن مانقدر نشخصه بناء عليها، التشخيص يكون عن طريق الـ Diagnostic Criteria.

01 Alteration of mood

04 Difficulty in concentrating or thinking clearly

07 Decrease sex drive

02 **Psychomotor retardation or agitation**

05 Feeling chronically tired or lack of energy

08 Diurnal mood variation  
غالبا المريض يكون بأسوأ حالاته في الصباح ويكون مكتئب جدا ومهموم، ومع مرور الوقت يبدأ يخف هالشعور

03 Feelings of worthlessness and **guilt or hopeless**

06 **Vegetative or somatic symptoms**  
(ex. decreased appetite or insomnia, weight loss)

09 Depressed patients may think a great deal about death or dying

50% **attempt** suicide  
15% **commit** suicide

### Mnemonic - DIGS SPACE

Depressed mood, Interest wanes, **Guilt**, Suicidal tendencies, **Sleep** disruption, Psychomotor retardation, **A**ppetite or weight changes, **C**oncentration loss, **E**nergy loss



# Extra Information on Major Depressive Disorder (MDD)



## ▶ Subtypes of MDD (specifiers)

### What are specifiers?

**Specifiers** are extensions to a diagnosis to further clarify a **disorder** or illness. They allow for a more specific diagnosis. They are used extensively in the (DSM-5) primarily in the diagnosis of **mood** disorders.

1. MDD with **atypical features**. Ex: Hypersomnia and weight gain.
2. MDD with **melancholic features**
3. MDD with **peripartum onset**
4. MDD with **mood-congruent psychotic features** مثال: يعتقد ان الجيران راح يذبحونه و يتآمرون ضده
5. MDD with anxious distress
6. MDD with mixed features
7. MDD with catatonia
8. MDD with **seasonal pattern** (recurrent episode only) Ex: people at the North Pole tend to have seasonal depression during winter

## ▶ Severity of MDD

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) usually 5 symptoms
- **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)

# Major Depressive Disorder (MDD)



Osmosis

Amboss

## DSM-5 Diagnostic Criteria for Major Depressive Episodes\*

- **DSM-5 stands for:** Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. It is the source used for diagnosis of many psychotic disorders including MDD.
- In DSM-5, patients with an episode of major depression must have **at least** five of nine symptoms of depression (and one of them must be depressed mood or loss of interest or pleasure).
- These characteristic symptoms define major depression, and they must be present for at least 2 weeks **to rule out transient mood fluctuations**. Also, the symptoms must cause distress or impairment in order to differentiate a disorder from normal fluctuations in mood.

الـ clinical features or symptoms توضيح للدكتور  
ان المريض **ممکن** يكون عنده دبرشن ولكن ماقتدر نشخصه بناء عليها، التشخيص يكون عن طريق الـ  
Diagnostic Criteria

**Five (or more) of the following symptoms present during the same 2-week period** and represent a **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** (must be present with other 4 symptoms) most of the day, nearly every day, as indicated by either subjective report (eg, feels sad, empty, or hopeless) or observation made by others (eg, appears tearful). **Note: In children and adolescents, can be irritable mood.**

اما ان الشخص يلاحظ على نفسه التغير في المزاج او الناس الي حوله يلاحظون

**(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).

**(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 gain.)

**(4)** Insomnia or hypersomnia nearly every day **mostly in teens**

**(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.

غالبا المرضى يرددون عبارة (ودي اموت وافتك من الحياة) أو (أريخ لو ماكنت موجود) و تعتبر عبارات غير مباشرة للموت

A

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 another medical condition.

**Note:** Criteria A – C constitute a major depressive episode. Major depressive episodes are common in bipolar I disorder but are not required for the diagnosis of bipolar I disorder.

If a patient fulfills all of these criteria and has a chronic disease then he has a MDD secondary to a medical condition



# Major Depressive Disorder (MDD)



## Differential Diagnosis for Major Depressive Disorder\*

<b>Psychiatric Disorders</b>	<ul style="list-style-type: none"> <li>• Dysthymic disorder (<b>chronic</b> &amp; less severe depression)(see later). However, <b>both may occur together</b>; dysthymic disorder complicated by major depressive episodes (<b>double</b> depression)</li> <li>• <b>Schizophrenia</b>, schizoaffective disorder <b>schizophrenic patients can develop depression, but not vice versa.</b></li> <li>• <b>Anxiety disorder</b></li> <li>• Somatization disorder</li> <li>• Adjustment disorder with depressed mood (see later)</li> </ul>	
<b>Depression Secondary to</b>	<b>Medical diseases</b>	<ul style="list-style-type: none"> <li>• <b>Hypothyroidism</b> most common</li> <li>• <b>Diabetes mellitus</b></li> <li>• Stroke; see <b>post stroke depression (PSD)</b>. <b>50% of stroke patients develop MDD.</b>Most heart disease can cause depression due to the "handicap" feeling.</li> <li>• Cushing's disease</li> <li>• Parkinson's disease</li> <li>• Carcinoma (especially of the pancreas and lungs)</li> <li>• Autoimmune diseases; SLE, multiple sclerosis.</li> </ul>
	<b>Medications</b>	<ul style="list-style-type: none"> <li>• <b>Antihypertensives</b> (e.g. beta-blockers, methyldopa, reserpine &amp; Ca-channel blockers)</li> <li>• <b>Steroids (chronic use)</b></li> <li>• <b>Oral contraceptives:</b> Progestin-containing <b>contraceptives</b> (compared to estrogen-containing contraceptives, which can reduce depression risk)</li> <li>• Bromocriptine &amp; L - dopa</li> <li>• Indomethacin</li> <li>• Isotretinoin (Roaccutane); treatment of acne</li> <li>• Tamoxifen (estrogen-receptor antagonist used in breast cancer): it may induce depression that can be difficult to treat with antidepressants</li> <li>• Chemotherapy agents e.g. vincristine, interferon (may induce severe depression with suicidal ideas)</li> <li>• Antipsychotics</li> </ul>
	<b>Substance abuse</b>	<ul style="list-style-type: none"> <li>• Upon <u>dis</u>continuation of stimulants or cannabis (= marijuana). <b>E.g. Discontinuation of amphetamine may lead to major depression as a result of the dependency of the drug (ادمان) (MCQs)</b></li> </ul>

# Major Depressive Disorder (MDD)

## Psychotic Features Associated with Severe Depression (Seen in 1/3 of cases)

Psychotic = Loss of reality testing

**Hallucinations** (mood-congruent) (الهلاوس)  
disturbance in one of the five senses without stimuli

- Usually second person **auditory hallucinations** (addressing derogatory repetitive phrases). غالباً الكلام الذي يسمعه سلبياً.
- Visual hallucinations (ex. scenes of death and destruction) may be experienced by a few patients

**Delusions** (mood-congruent) (الضلالات)  
fixed false beliefs

- 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** **most common** (patient accepts the supposed persecution as something he deserves, **in contrast to schizophrenic patient**)

## Course and Outcome of Major Depressive Disorder

- 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**)
- 20% will develop a chronic form of depression **80% of the cases can be treated**
- **↑ Suicidal risk:**
  - **Having a history of a prior suicide attempt most important factor**
  - Being divorced or living alone ماعنده دعم اجتماعي
  - Having a history of alcohol or drug abuse
  - Being older than 40
  - Expressing suicidal ideation (particularly when detailed plans have been formulated).

مثلاً يحط وصية، او يتكلم مع أهله كأنه يودعهم

## Prognosis

- About 25 % of patients have a **recurrence** within a year
- 10% percent will eventually develop a manic episode (**be careful about antidepressants**)
- A group of patients have chronic course with residual symptoms and significant social handicap

**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)



# Major Depressive Disorder (MDD)

## Treatment

### Pharmacological Therapy

- **Antidepressants** have proven to be very useful in the treatment of severe depression. They shorten the duration in most cases.
  - **Avoid Tricyclics / Tetracyclics** in suicidal patient because of cardiotoxicity in overdose.
  - Selective Serotonin Reuptake Inhibitors (**SSRIs**) e.g. fluoxetine, paroxetine.
  - Selective serotonin – Norepinephrine Reuptake Inhibitors (SNRIs) e.g. venlafaxine, duloxetine. Other new agents e.g. mirtazapine.
  - Desirable therapeutic antidepressant effect requires a period of time, usually 3–5 weeks. **Side effects may appear within the first few days.**
- After a **first episode** of a unipolar major depression, treatment should be continued for **six 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 a year after clinical** recovery to reduce the risk of relapse. **It can be a lifelong treatment if episodes are current**
- Lithium Carbonate can be used as **prophylaxis** in recurrent unipolar depression.

### Electroconvulsive Therapy (ECT)

- It is a procedure used to treat certain psychiatric conditions. It involves passing a carefully controlled electric current through the brain, which affects the brain's activity and aims to relieve severe depressive and psychotic symptoms.
- The effect of ECT is **best seen in severe depression** especially with marked biological neurovegetative symptoms (recall: it includes change in appetite, weight, and sleep), suicidal and psychotic features. **Due to its fast response**
- It is mainly the speed of action that distinguishes ECT from antidepressant drug treatment. **The mechanism is unknown.**
- In **pregnant depressed patient**, ECT is safer than antidepressants.



### Psychosocial Therapy

Psychosocial therapy is used for less severe cases or after improvement with medication. It includes:

- Supportive therapy
- Family therapy
- Cognitive-behavior therapy (CBT)

# MDD with Peripartum\* / Perinatal\* / Postpartum\* Onset

## Peripartum Depression

- The peripartum onset specifier identifies those patients who experience a depressive, manic, or hypomanic episodes during pregnancy or within the first 4 weeks postpartum
- **50% of “postpartum”** depressive episodes actually begin in late pregnancy (prior to delivery) or within 6 weeks of childbirth (10–14 days after delivery).

## Incidence

About 10-15 % of pregnant women

### Associated with:

- Increasing age
- **Family distress**
- **Past psychiatric history.**
- Physical problems during pregnancy and prenatal period
- Mixed feelings about the baby

### May be accompanied by:

- Irritable mood
- Panic attacks\*
- Death wishes\*
- Severe anxiety about the baby's health
- Self-blame and doubt of being a good mother\*

## Treatment

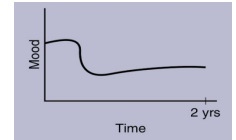
- Counseling
- Additional help with child-care may be needed.
- Antidepressants or ECT are indicated if there are biological features of depression. **Severe case**
- If not treated may continue for 6 months or more and cause considerable family disruption.

# Persistent Depressive Disorder (Dysthymia)



## Overview

- Persistent depressive disorder (dysthymia) is a **chronic, less severe, and persistent** disturbance in mood that has been present for **at least 2 years**
- Individuals whose symptoms meet major depressive disorder criteria for 2 years should be given a diagnosis of persistent depressive disorder as well as major depressive disorder. (Dysthymia can develop into MDD when symptoms become severe and meet the criteria)



## DSM-5 Diagnostic Criteria for Dysthymia

- This disorder represents a consolidation of DSM-IV-defined chronic major depressive disorder and dysthymic disorder.

Distinctive features of Dysthymia:

- No loss of interest
- Longer than MDD
- ★ No suicidal thoughts

<b>A</b>	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 of <b>chronic low mood</b> ) <b>Note:</b> In children and adolescents, mood can be <b>irritable</b> and duration must be at least <b>1 year*</b>
<b>B</b>	Presence, while depressed, of two (or more) of the following: 1) Poor appetite or overeating      4) Low self-esteem 2) Insomnia or hypersomnia        5) Poor concentration or difficulty making decisions 3) Low energy or fatigue              6) Feelings of hopelessness
<b>C</b>	During the <b>2-years period</b> of the disturbance, the individual has never been <b>without the symptoms</b> in criteria A and B ( <b>No remission periods</b> ) for <b>more than 2 months at a time</b> .
<b>D</b>	Criteria for a major depressive disorder may be continuously present for 2 years
<b>E</b>	There has never been a manic episode or a hypomanic episode, and criteria have never been met for cyclothymic disorder
<b>F</b>	The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder
<b>G</b>	The symptoms are not attributable to the physiological effects of a substance (eg: a drug of abuse, a medication) or another medical condition (eg: hypothyroidism)
<b>H</b>	The symptoms cause clinically significant distress or impairment in social, occupational, or other important area of functioning

# Persistent Depressive Disorder (Dysthymia)



## Course and Prognosis\*

- The course is **chronic**.
- The onset is usually insidious **before age 25**. 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.
- Prognosis is good with treatment. However, about 25% never attain a complete recovery.

## Treatment

The most effective treatment is the **combination** of pharmacotherapy and cognitive or behavior therapy (CBT).

### Pharmacological Therapy

These groups may be more beneficial than tricyclic drugs in the treatment of dysthymic disorders:



- Selective serotonin reuptake inhibitors (SSRI) e.g. **fluoxetine 20 mg**.
- Selective serotonin – Norepinephrine Reuptake Inhibitors (SNRIs). (e.g. venlafaxine **150 mg**, **duloxetine**).
- Monoamine oxidase inhibitors (MAOI), avoid combining it with SSRI or tricyclic antidepressants\*

### Physiological Therapy

يستجيب لها المريض أكثر

- **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.
- Supportive therapy\*

# Adjustment Disorder with Depressed Mood

<b>Definition</b>	<ul style="list-style-type: none"> <li>● Maladaptive psychological responses to usual life stressors resulting in impaired functioning (social, occupational or academic).</li> <li>● In other words adjustment disorders are emotional response to stressful events</li> <li>● Stressors involve financial issues, medical illness, workplace difficulties or a relationship problem</li> </ul>	
<b>Symptoms</b>	<ul style="list-style-type: none"> <li>● Develop within 3 months of the onset of the stressor.</li> <li>● These symptoms are clinically significant, as evidenced by one or both of the following:             <ul style="list-style-type: none"> <li>○ There should be a marked distress that exceeds what would be expected from exposure to the stressor.</li> <li>○ There should be a significant functional impairment.</li> </ul> </li> </ul>	
<b>Etiology</b>	<b>Abnormal personality traits:</b> <ul style="list-style-type: none"> <li>● High anxiety temperament.</li> <li>● Less mature defense mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>● Overprotection by family.</li> <li>● Low frustration tolerance.</li> <li>● Low self-esteem.</li> </ul>
<b>Epidemiology</b>	<b>Prevalence:</b> <ul style="list-style-type: none"> <li>● 2-8% of the general population</li> <li>● Common among college students &amp; hospitalized patients for medical and surgical problems.</li> </ul>	<b>Age:</b> May occur at any age but most frequent in <b>adolescents</b> . <b>Sex:</b> Female : Male 2 : 1 <div style="display: flex; align-items: center; justify-content: center; margin-top: 10px;">  <span style="margin: 0 10px;">&lt;</span>  </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span>Male</span> <span>Female</span> </div>
<b>Treatment</b>	<b>Psychological</b> <b>(Treatment of choice)</b>	<ul style="list-style-type: none"> <li>● Empathy, understanding, support &amp; ventilation.</li> <li>● Exploration (explore the meaning of the stressor to the patient).</li> <li>● <b>Crisis Intervention:</b> (Several sessions over 4-8 weeks)</li> <li>● The patient during crisis, is passing through emotional turmoil that impairs problem-solving abilities.</li> </ul>
	<b>Medications</b>	<ul style="list-style-type: none"> <li>● Short course of benzodiazepines in case of adjustment disorder with anxious mood.</li> <li>● Small doses of antidepressants might be beneficial for adjustment disorder with depressed mood.</li> </ul>

# MCQs :

**1. Which of the following is the most common cause of secondary depression due to a medical disease?**

A. Hypothyroidism	B. SLE	C. Hypertension	D. Carcinoma
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**2. A 35 years old male present with 4 years history of sadness most of the day. Insomnia. Low energy. What is the diagnosis? No loss of interest**

A. Adjustment disorder	B. Persistent depressive disorder (PDD) Dysthymia	C. Major depressive disorder (MDD)	D. Major depressive episode (MDE)
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**3. Which one of the depressive disorders is more in children ?**

A. Premenstrual Dysphoric Disorder	B. Major Depressive Disorder	C. Disruptive Mood Dysregulation Disorder	D. Persistent Depressive Disorder
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**4. 20 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)	Persistent depressive disorder (PDD) Dysthymia	D. Adjustment disorder
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**5. Which one of the following is a major symptom of depression?**

A. Sleep disturbances	B. Poor appetite	C. Fatigue	D. Lack of interest
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# **G** **d Luck!**

## **Team leaders**

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## **Team Members**

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**Sarah Alaidarous**

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