

### Definition

Depressive disorders are characterised by persistent low mood, loss of interest and enjoyment, neurovegetative disturbance, and reduced energy, causing varying levels of social and occupational dysfunction. Depressive symptoms include depressed mood, anhedonia, weight changes, libido changes, sleep disturbance, psychomotor problems, low energy, excessive guilt, poor concentration, and suicidal ideation. [1]

### Aetiology

The aetiology of depression remains poorly understood. Susceptibility to a depressive disorder is 2 to 4 times greater among the **first-degree relatives** of patients with a mood disorder than among other people. It is unclear whether a **gene-environment interaction** can help explain susceptibility to depression or predict response to treatment. A meta-analysis proposed by the National Institute of Mental Health in 2009 supported the previous finding that **stressful life events** have a potent relationship with the risk of depression. However, other studies suggest a role for genetic polymorphisms in predicting medication adverse effects. [14]

### Classifications of Depression:

- According to the DSM Classification :
  - Major Depressive Disorder (Unipolar Depression).
    - 2 weeks of depression at least and 5 symptoms.
  - Dysthymic Disorder (Chronic Depression).
    - low-grade depression for at least 2 years.
  - Postpartum Depressive Disorder.
  - Seasonal Depressive Disorder (Usually in Winter)
  - Depressive Disorder NOS (Not Otherwise Specified).

- **Diagnosis of Depression**

- DSM-IV-TR Criteria for Major Depressive Disorder :

Presence of a single or more major depressive episode (each separated by at least 2 months) for at least 2 weeks.

The major depressive episode is not better accounted for by schizoaffective disorder and is not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or psychotic disorder not otherwise specified.

There has never been a manic episode, a mixed episode, or a hypomanic episode.

- Major Depressive Episode ?

5 of the mentioned clinical features & at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure.

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

C. The symptoms are not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

D. The symptoms are not better accounted for by grief

- DSM-IV-TR Criteria for Dysthymia Depressive Disorder :

A. 2 of the mentioned clinical features for at least 2 years.

B. During the 2 years there has to be no major depressive episode.

C. There has never been a manic episode, a mixed episode, or a hypomanic episode.

D. The symptoms are not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by grief.

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The aim is always treat the cause of the problem and control the symptoms.’

- **Management:**

A. Pharmacological Therapy :

- Usually 3-5 weeks for desired effect, but unfortunately side effects can start within few days.
- These groups are more beneficial than tricyclic drugs ( especially in dysthymic disorder)
  - Selective Serotonin Reuptake Inhibitors (SSRI).
  - Selective Serotonin – Norepinephrine Reuptake Inhibitors (e.g. Venlafaxine, Duloxetine).
  - Monoamine Oxidase Inhibitors (MAOI) :
    - Don't give with SSRI or Tricyclic antidepressants.

B. Psychological Therapy :

- Supportive Therapy.
- Cognitive & Behavior Therapy.

C. Electroconvulsive Therapy (ECT):

- As a last resort.
- Safer in pregnant women than antidepressant .

- **Prognosis**

- Approximately 20 weeks for recovery:
- Relapse in 25% of patients.
- When to Refer to Psychiatrist for Admission?
- Suicidal or Homicidal Patients.
- Severe Psychomotor Retardation and Malnutrition (For ECT).
- Diagnostic Purpose.
- Severe Depression With Psychotic Features ( Possible ECT).

**Summary**

Characterised by persistent low mood, loss of interest and enjoyment, and reduced energy.

Common in primary care, affecting 5% to 10% of patients in this setting.

Often have a personal or family history of depression; have experienced a recent stress, trauma, or loss; or have comorbid medical illness.

Recommendations suggest that centres screening adults should have systems in place that ensure positive screening results are followed by accurate diagnosis, effective treatment, and careful follow-up.

Most patients respond well to psychotherapy, antidepressants, or a combination of both.

Suicidal ideation can occur before, during, or after treatment, so clinicians should assess this at each visit

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