

DEPRESSION

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Disclaimer.

- No relevant financial relationships with commercial interests to disclose.
- All medications mentioned in this lecture will be in their generic names.

Major Depressive Disorder

- Five or more of the following symptoms have been present during the same 2 week period and represent a change from previous functioning; at least one of the symptom is either
 - 1. depressed mood
 - 2. loss of interest or pleasure

Criteria Cont.

- Depressed mood most of the day, nearly every day, as indicated by either subjective reports or observed by the others. (in children it can be irritable mood)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day.
- Significant weight loss when not dieting or weight gain, or decreased or increased in appetite nearly everyday (in children its failure to make expected weight gain)

Criteria Cont.

- Insomnia or Hypersomnia nearly everyday
- Psychomotor agitation or retardation nearly every day (observed by others)
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt nearly everyday.
- diminished ability to think or concentrate, or indecisiveness nearly every day.
- Recurrent thoughts of death, recurrent suicidal ideations without a specific plan, or a Suicide attempt, or specific plan for committing suicide.

Signs and Symptoms of Mood Disorders.

- Emptiness
- Melancholic
- Distressed
- Irritable
- Disconsolate
- Elated
- Euphoric
- Labile
- Alternating rapidly between extremes

Screening Test Disclaimer

- Please keep in mind that the screening tests are only tools to aid in your diagnosis
- They should NEVER be used solely
- Do not rely heavily on the score as it depends on the mood of the respondent
- Your diagnosis must consist of detailed H&P to rule out other medical condition, and must meet the DSM-V diagnostic criteria: **5 symptoms** + depressed mood/loss of interest (for > 2 weeks)

Depression Screening Tests

- **Hamilton Depression Rating Scale**
 - Most frequently used
 - Good for diagnostic purpose
- **Montgomery-Asberg Depression Rating Scale**
 - Sensitive to change
 - Can be used to assess effectiveness of therapy
- **Melancholia Scale**
 - Based on Hamilton, less popular

Depression Screening Tests Cont.

- **Zung Depression Scale**
 - Rarely been used
- **Hamilton Anxiety Scale**
 - GAD is MDD's best friend
- **Beck Scale for Suicidal Ideation**
 - Normally used in inpatient
 - **If you suspect suicidal intent, call your local CRISIS RESPONSE immediately!!**

Mood Disorders

- Depression
- Bipolar disorder, Type I, II and Unspecified.
- Cyclothymia
- Dysthymia

Depression and Bipolar disorder

- Continuum of depression and bipolar spectrum.
- History of Bipolar illness dates back to Hippocrates as he used the terms “Mania and Melancholia”
- Careful and detailed history taking is the KEY.

Bipolar Disorders Criteria

MANIC EPISODE

- A. A distinct period of abnormally and persistently elevated, expansive or irritable mood and abnormally and persistently increased goal directed activity or energy, Lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary)
- B. During the period of mood disturbance and increased energy or activity, three or (or more) of the following symptoms are present to a significant degree and represent a noticeable change from usual behavior :

Criteria Cont.

1. Inflated self-esteem or grandiosity
2. Decreased need for sleep
3. More talkative than usual or pressure to keep talking .
4. Flight of ideas or subjective experience that thoughts are racing.
5. Distractibility
6. Increase in goal-directed activity or psychomotor activity.
7. Excessive involvement in activities that have high potential for painful consequences (unrestrained buying sprees, sexual indiscretions, foolish business investments)

Criteria Cont.

C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

D. The episode is not attributable to the psychological effects of a substance (a drug of abuse, a medication, other treatment) or to another Medical condition.

Note: Criteria A-D constitute a manic episode, At least ONE lifetime manic episode is required for the diagnosis of bipolar I disorder.

Criteria Cont.

- Hypomanic episode :
- Episode is NOT severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization, IF there are psychotic features , the episode is, by definition, Manic .
- Episode is NOT attributable to the physiological effects of a substance.

Management of Depression and Bipolar disorders.

A. Medications :

Antidepressants:

-SSRIs, SNRIs, NDRIs, Tricyclic antidepressants ,
Atypical Antidepressants, MAO I,
Newer medicine : Esketamine nasal Spray.

Medications Cont.

- Other meds:

Atypical Antipsychotics.

Mood stabilizers: Lithium

Hormones : Thyroid

L-MethylFolate

Management of Bipolar disorder.

- Medications:

Mood stabilizers : Lithium,

Anticonvulsants as Mood stabilizers:

Valproic acid,

Carbamazepine, Oxcarbazepine, Lamotrigine,

Topiramate, Zonisamide, Gabapentin,

Pregabalin, Levetiracetam.

Meds Cont.

- Atypical antipsychotics: Ziprasidone, Quetiapine, Brexpiprazole, Aripiprazole, Risperidone, Paliperidone,
- Other agents used in Bipolar disorder: Benzodiazepines, Memantine, Amantadine, Ketamine, Omega-3 Fatty acids, Thyroid Hormones.

Therapy for Bipolar disorder

- CBT
- Insight Oriented Therapy
- Supportive Therapy.

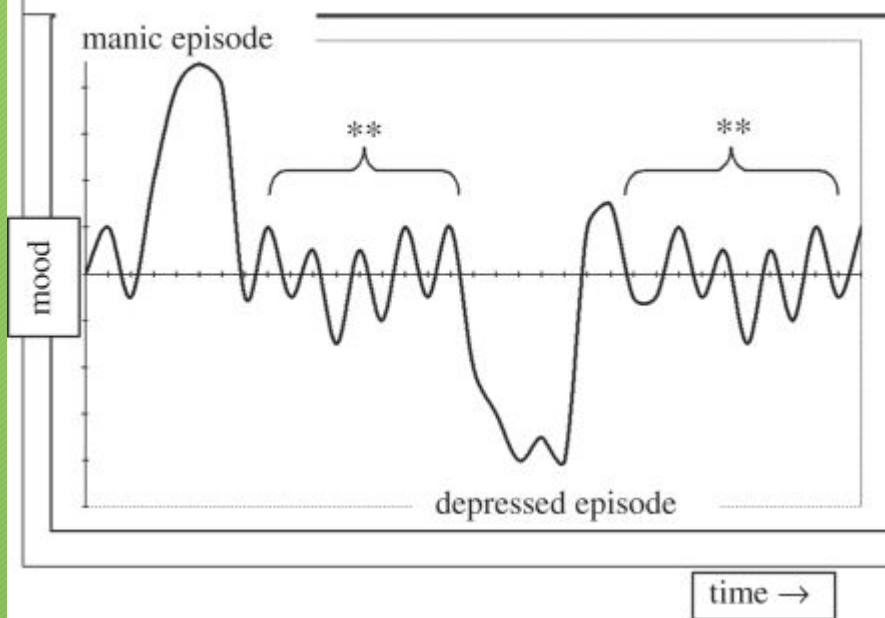
Y-MRS

Young Mania Rating Scale (Y-MRS)

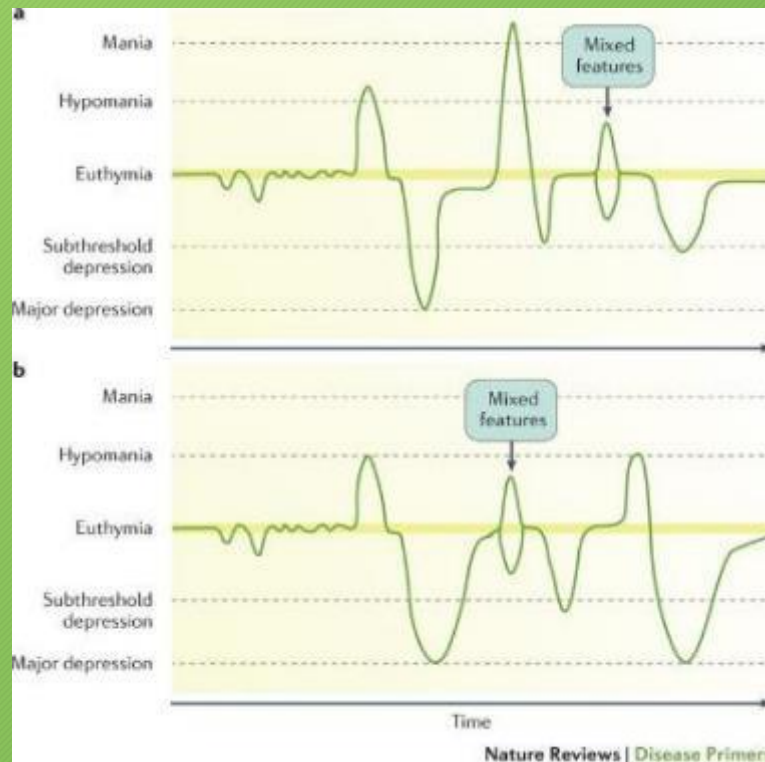
- Elevated mood
- Hypersexuality
- Irritability
- Racing thoughts / flight of ideas
- Disruptive behavior
- Increased activity
- Decreased sleep
- Abnormal thought content
- Rapid/pressured speech
- Inappropriate appearance
- Poor insight

Y-MRS was the primary efficacy variable for both studies

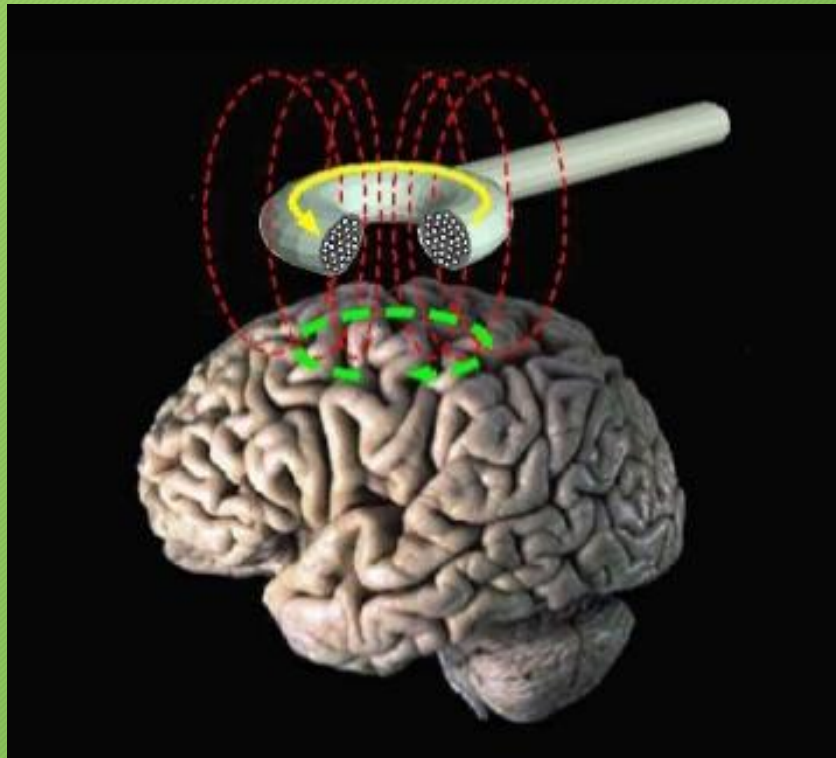
illustration: inter-episodic mood instability marked by**



Diagrammatic presentation of Bipolar Cycles



TMS



Questions

- How many episodes of Mania are required to diagnose Bipolar I disorder ?
- If a patient is diagnosed with Bipolar II disorder, can additional diagnosis of Psychotic features be given with it ?
- What's the risk of treating Bipolar disorder patient with antidepressants alone ?
- What are the absolute Contraindications of ECT ?

References

1. DSM -5
2. Clinical Psychiatry , Kaplan and Sadock, 11th edition
3. Stahl's Essential Psychopharmacology ,
Stephen Stahl