

Depressive Disorders

50% of depression cases are under-diagnosed and untreated

Of 200 people in the community

40 will present to family physician

20 have psychological symptoms

10 will be correctly diagnosed

1 will be adequately treated with anti-depressants

Substance-induced Depressive Disorder

Symptoms directly r/t physiological effect of substance

Associated with withdrawal or intoxication of substance

Alcohol, amphetamines, cocaine, hallucinogens, opioids, sedatives, anxiolytics

Monoamine Oxidase Inhibitors (MAOI)

Cannot ingest tyramines as it may lead to hypertension crisis

Cheese, liver, wines, most dairy, bananas, soy sauce, beer, avocados

Watch use of over-the-counter drugs

ie.

Phenelzine (Nardil), Tranylcypromine (parnate), isocarboxazid (marplan)

MDD with psychotic Features

Depressed but also experiences delusions and hallucinations

Mood congruent - put client at serious risk for self-harm/suicide

Moon incongruent - hears voices disagreeing with their current beliefs regarding self-esteem

ECT treatment of choice

MDD - Peripartum onset

50% post partum depression begins prior to delivery

may occur up to 1 year post-delivery

Predictor for bipolar disorder in later years

Etiology

Combination of hormonal, metabolic and psychosocial influences

Treatment is based on severity

4-25% developing post-partum depression in fathers

Tricyclic Antidepressants

Inhibits re-uptake of norepinephrine and serotonin

Elevates levels of neurotransmitters therefore elevating mood

May cause sedation

Anticholinergic effects (Dry mouth, blurred vision, N&V, constipation)

Amitriptyline, Desipramine, Nortriptyline, Imipramine

May take up to 8 weeks to be effective

Take as directed, usually at hs

Epidemiology of Depression

Higher in females than males (2:1)

Women experience depression from age 10-midlife

Age 44-65 gender difference is less pronounced

65+ y/o have higher tendency to be depressed

Other Antidepressants

Norepinephrine dopamine re-uptake inhibitor

Wellbutrin (bupropion)

Serotonin norepinephrine Disinhibitor Remeron (mirtazapine)

Alter neurotransmitters in the brain

Predisposing Factors

Genetics

Monozygotic twins: 37% MDD common amongst first degree relatives

Biochemical Factors

Deficiency in neurotransmitters (Norepinephrine, serotonin, dopamine and Acetylcholine)

Serotonin plays important role in mood/anxiety/arousal/etc.

Electrolyte disturbances

Excessive sodium bicarbonate/calcium levels

Excess potassium

Hormonal Disturbances

Dysfunction in adrenal cortex

Depression associated with hyperthyroidism

Imbalance of estrogen and progesterone

Nutritional Deficiencies

Vitamin B, Vitamin C, iron, folic acid, zinc, calcium, potassium

Glucose intolerance fluctuations, abnormal fatty acids

MDD - Atypical Features

Different presentation of Symptoms

Mood reactivity, weight gain, hypersomnia, leaden paralysis, etc.

Intervention with anti-depressants may worsen symptoms

Treated with mood stabilizers

Lithium, lamotrigine, carbamazepine



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Selective Serotonin Reuptake Inhibitors (SSRIs)

Blocks neural uptake of serotonin which increases levels of serotonin available

Increases serotonin therefore elevating moods

Fewest adverse and cardiotoxic effects

Decreases libido, agitation, insomnia, weight loss, seizures, increase suicidal ideation

Fluoxetine (prozac), paroxetine (paxil), Citalopram (Celexa), Sertraline (zoloft), and venlafaxine (Effexor)

Benzodiazepines

Used to treat anxiety and anxiety disorders

Potentiates the action of GABA - major calming neurotransmitter in the CNS

Diazepam (valium), Alprazolam (xanax), lorazepam (ativan)

Decreases anxiety while antidepressant takes effect

Should be decreased and stopped once antidepressant becomes effective

Serotonin Syndrome

Assess if pt is on high doses of SSRIs

Signs and Symptoms

Change in mental status

Diaphoresis

Lethargy

Abdominal pain

Myoclonus/tremors *specific for serotonin syndrome*

Hyperthermia & tachycardia

apnea

Discontinue SSRIs immediately

Treatment of Depression

Pharmacotherapy

Psychotherapy

Cognitive Behavioural Therapy

Interpersonal Therapy

ECT

Develops quick response

Group Therapy

Works better after recovery has begun

MDD - With Anxious Distress

Meets criteria for MDD but experiences anxiety symptoms

Anxiety usually present in depression

Clinical Aid Dx Depression

S Sleep disturbances

A Appetite changes

D Dysphoria

A Anhedonia

F Fatigue

A Agitation

C Concentration

E Esteem

S Suicide

Premenstrual Dysphoric Disorder

Depressed mood

Excessive anxiety

mood swings

decreased interest in activities

Occurs week prior to menstruation

Becomes minimal or absent in well post menstruation

Persistent Depressive Disorder Dysthymia

Similar to MDD, but milder

Chronically depressed for most of day, more days than not for at least 2 years