VANDERBILT UNIVERSITY
MEDICAL CENTER

Depressive Disorders

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5/30/12

Case Presentation

- ID: KM, a 43-year-old African American woman, presents during your Internal Medicine walk-in clinic hours.

- Chief Complaint: “I’m tired all the time, can’t sleep at night, hurt all over, and just don’t feel right.”

Case Presentation (cont'd)

- HPI:
  - KM reports that, for the past four weeks, she increasingly has felt fatigue and lethargy with a decrease in appetite and an associated weight loss of ~10lbs. She has had intermittent brief periods of tachycardia with related shortness of breath and diaphoresis. As a result of her symptoms, she has experienced difficulty concentrating at work and has noticed an overall decline in her performance. She has taken six "sick days" over the past month.

- What else do you want to know?

Case Presentation (cont'd)

- ROS:
  - Constitutional: Tired/fatigued with myalgias.
  - EENT: Unremarkable.
  - Skin: Unremarkable.
  - Respiratory: Intermittent shortness of breath.
  - Cardiovascular: Intermittent palpitations/tachycardia.
  - Genitourinary: Unremarkable.
  - Gastrointestinal: Chronic constipation.
  - Neurologic: "Forgetfulness".
  - Musculoskeletal: Unremarkable.
  - Endocrine: Intermittent diaphoresis.
  - Immunologic: Unremarkable.
  - Hematologic: Unremarkable.
  - Psychiatric: Endorsed sometimes thinking, "I can't go on feeling like this". Denied any past or present auditory/visual hallucinations.

Case Presentation (cont'd)

- Past Medical History:
  - Anemia
- Past Surgical History:
  - None
- Home Medications:
  - Daily iron supplements
  - OCPs

Case Presentation (cont'd)

- Social History
  - Married, but recently learned that husband has been having an affair
  - Two children, youngest of which left for college several months ago
  - Successful patent lawyer
  - No nicotine history; drinks two glasses of wine a night; remote history of marijuana use
  - Sexually active with husband
- Family History
  - Mother with "Bipolar Disorder"
  - Sister with SLE & Anemia

Case Presentation (cont'd)

- Physical Exam
  - VS: HR 90, RR 12, BP 120/80, T 98.6
  - General: Thin middle-aged woman in NAD
  - Otherwise, exam is unremarkable

Case Presentation (cont'd)

- Labs
  - CBC with Diff, BMP, LFTs, TSH, ESR unremarkable
  - STI screen (including HIV) unremarkable
  - UA unremarkable
  - U-Tox & BAL negative

- Other Studies
  - EKG: sinus tachycardia; otherwise normal

Case Presentation (cont'd)

- Differential Diagnoses:
  - Medical diagnosis
  - Psychiatric diagnosis
    - Major Depressive Disorder
    - Dysthymic Disorder
    - Adjustment Disorder with Depressed Mood
    - Bipolar Disorder
    - Mood Disorder due to General Medical Condition
    - Substance-Induced Mood Disorder
      - Alcohol/Drugs & Medications (prescribed & unprescribed)
    - Anxiety Disorder, Not Otherwise Specified (NOS)
    - Panic Disorder

What's Depression Got to Do With You?

- ***Depression is a medical illness***
- Facts:
  - Affects one in eight Americans
    - Lifetime prevalence:
      - Men: 7-12%
      - Women: 20-25%
  - Costs US economy >$43 billion annually
    - Approximately 25% of depressed patients abuse alcohol or illegal drugs ("self-medication") vs. 8% of general population
  - Mood symptoms are often seen in general medical patients
    - Although 20% of patients in primary care clinics are clinically depressed, only 50% of these 20% had been diagnosed as such by a physician
      - Stigma
    - Cause increased use of medical services
    - Become medically ill more often with greater physical disability and sometimes greater death rates when ill
      - Death rate 6 months after acute MI is five times greater in depressed patients
  - 15% of patients with severe mood disorders die from suicide
  - About 20% of suicide victims had contact with mental health services within 1 month of their suicide. On average, 45% of suicide victims had contact with primary care providers within 1 month of suicide.
  - Primary care physicians are the main prescribers of SSRI antidepressants

Major Depressive Disorder

- DSM IV Criteria for Major Depressive Episode
  - Depressed mood OR Anhedonia (loss of interest/pleasure)

    AND
  - Change in appetite/weight
  - Change in sleep
  - Psychomotor agitation/retardation
  - Fatigue/loss of energy
  - Feelings of worthlessness / built
  - Diminished ability to think/concentrate or indecisiveness
    - In extreme, “pseudodementia” – typically in elderly
  - Recurrent thoughts of death or thoughts/actions of suicide

  - 5+ criteria present during same 2-week period with at least one symptom being depressed mood or anhedonia

Major Depressive Disorder (cont'd)

- SIG-E-CAPS:
  - Sleep disorder (either increased or decreased sleep)
  - Interest deficit (anhedonia)
  - Guilt (worthlessness, hopelessness, regret)
  - Energy deficit
  - Concentration deficit
  - Appetite disorder (either decreased or increased)
  - Psychomotor retardation or agitation
  - Suicidality

Major Depressive Disorder (cont'd)

- Specifiers for MDD, recurrent:
  - Severity/Psychotic/Remission Specifiers
  - Chronic
  - With Catatonic Features
  - With Melancholic Features
    - "Classic form"
    - Severe anhedonia, lack of reactivity, depressed mood, diurnal variation (mornings worse than evenings), early morning insomnia, psychomotor agitation/retardation, decreased appetite with weight loss
  - With Atypical Features
    - Increased sleep and appetite, extreme fatigue, sometimes mood reactivity
    - Preferential treatment with SSRIs & Monoamine oxidase inhibitors (MAOIs)
  - With Postpartum Onset
    - 10% of women have post-partum mood disorders (not just depression)
  - With Seasonal Pattern

- Also of note, anxiety in the form of worry or outright panic often accompanies pessimistic thoughts

Dysthymic Disorder

- DSM IV Criteria
  - Depressed mood for at least 2 years
  - Presence , while depressed, of 2+ of following:
    - Change in appetite
    - Change in sleep
    - Low energy or fatigue
    - Low self-esteem
    - Poor concentration or indecisiveness
    - Feelings of hopelessness
  - During the 2-year period, person has never been without above symptoms for more than 2 months at time
  - “Rule of 2s”

Depressive Disorder, Not Otherwise Specified (NOS)

- DSM IV Criteria
  - Disorders with depressive features that do not meet criteria for…

    Major Depressive Disorder

    Dysthymic Disorder

    Adjustment Disorder with Depressed Mood

    Adjustment Disorder with Mixed Anxiety and Depressed Mood

  - Includes…
    - Premenstrual Dysphoric Disorder
    - Minor Depressive Disorder (2 weeks of fewer than five criteria)
    - Episodes of 5+ criteria for less than 2 weeks' duration

Grief/Bereavement versus MDD

- If symptoms present beyond two months

  AND/OR

- If person has…
  - Guilt about things other than actions taken or not taken by survivor at time of death
  - Thoughts of death other than the survivor feeling that he or she would be better off dead or should have died with deceased person
  - Morbid preoccupation with worthlessness
  - Marked psychomotor retardation
  - Prolonged and marked functional impairment
  - Hallucinatory experiences other than thinking that he or she hears the voice of or transiently sees image of the deceased person
- Then it's MDD and no longer "normal bereavement"

“Normal” versus “Abnormal”

- A mood disorder is distinguished from normal moods and reactions by…
  - Duration & intensity of patient’s suffering
  - Degree of his/her functional impairment
- When certain emotions predominate and persist beyond their usefulness in motivating appropriate behaviour, they become pathological

Suicide

- Risk factors:
  - Melancholia
  - Psychosis
  - Extreme hopelessness
  - Substance abuse
  - Marked impulsivity
  - A poor response to medications
  - Definite plans for committing suicide
  - A history of prior attempts
  - A family history of suicide
  - Race
    - Non-Hispanic whites > people of colour
  - Marital status
    - Divorced persons > widowed persons > single persons > married persons
- Men are three times more successful in their suicide attempts than are women, although women are ten times more likely to attempt suicide
- Asking will NOT make suicide more likely

Emergencies

- Suicidality / Homicidality
- Psychosis
- Significant functional impairment

- NB: All relative to baseline
  - You may encounter chronically sick individuals with baseline symptoms (e.g., ongoing passive suicidal ideation in someone with chronic depression)
  - Heads-up if there is a change from baseline
  - Important to communicate with other providers

“Stereotyped” Mental Status Exam

- Appearance: Disheveled; poor ADLs
- Attitude: Distant and disengaged
- Behaviour: Psychomotor slowing (or agitation)
- Speech: Slow; low volume; speech paucity; prosody decrease
- Mood*: “Depressed”, “sad”, “blue”, “down”, “tired”+
- Affect*: Dysphoric; constricted range; decreased reactivity
- Thought Process: Linear, though slowed; perhaps some concreteness
- Thought Content: Focused on worthlessness & guilt; somatic sx’s?
- Suicidality/Homicidality: Passive vs. active suicidal ideation
- Perceptual Disturbances: None endorsed vs. AVH present
- Cognition: Alert & oriented
- Insight: Fair
- Judgment / Impulse Control: Fair

* Mood is amalgam of emotions that person feels (subjective); Affect is the way the mood is displayed (objective)

+ Some patients do not sense or articulate sadness; they demonstrate *alexithymia* (meaning without words or feelings)

Treatment

- Interviewing
  - Approach
    - Depressed patients tend to discount the past (including positive times) and struggle to imagine a better future
    - Try to establish a baseline
    - Be active & directive
    - Goldilocks' "just right" principle
      - Encouragement without simplistic reassurance
  - Countertransference
    - Parallel hopelessness
    - Resentment
      - Depression is not a failure of "will powers" or some other form of moral weakness
      - Depression is a medical illness

Treatment (cont'd)

- Therapies
  - Supportive therapy
    - Consciously support already-present strengths
  - Cognitive therapy
    - Target incorrect cognitions that cause depression
  - Interpersonal therapy
    - Address painful social experiences & troubled interpersonal relationships that contribute to depression
  - Psychodynamic psychotherapy
    - Link past experiences (e.g., of loss or guilt) to current life conflicts that recreate earlier feelings

Treatment (cont'd)

- Antidepressants
  - SSRIs
  - TCAs
  - MAOIs
- ECT

Questions

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