Depressive Disorders

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Introduction

- Depression is the oldest and one of the most frequently diagnosed psychiatric illnesses.
- “The blues” are normal, healthy responses to everyday disappointments in life.
- Pathological depression occurs when:
  - Adaptation is ineffective
  - Symptoms impair functioning

Introduction (continued)

- Mood
  - Pervasive and sustained emotion that may have a major influence on perception
    - Depression, joy, elation, anger, and anxiety
    - *Affect* describes the observable emotional reaction.
- Depression
  - Alteration in mood expressed by sadness, despair, and pessimism
    - Changes in appetite, sleep patterns, and cognition are common.

Epidemiology

- Major depressive disorder (MDD) is one of the leading causes of disability in the United States.
- Depression is one of the most common psychiatric disorder.
- Up to 50 percent of all depression diagnoses may be bipolar illness.

Epidemiology (continued_1)

- 3.1 million (12.8 percent) American teens aged 12 to 17 reported having at least one major depressive episode, and 70 percent of those had severe impairment.
- Age and gender
  - Many factors influence age-related depressive symptoms.
  - Depressive disorder is twice as high in women than in men.
    - Gender difference less pronounced between 44 and 65

Epidemiology (continued_2)

- Age and gender (continued)
  - Biological factors
    - Monoamine oxidase; thyroid dysfunction; hormonal changes
  - Psychosocial factors
    - Stress sensitivity; multiple social roles; poorer coping mechanisms
  - Socioeconomic factors
    - Social class; poverty; education level

Epidemiology (continued_3)

- Race and culture
  - No consistent association between race and depressive disorders have been identified.
  - Racial comparison studies are hampered by multiple variables including
    - Access to health resources and accurate diagnosis
    - Geographic location, immigrant versus nonimmigrant nativity, and discrimination
    - Underdiagnosis of mood disorders/overdiagnosis of schizophrenia with patients of different race or cultural background

Epidemiology (continued_4)

- Marital status
  - Studies have mixed results regarding the effect of marriage on psychological well-being.
    - Lack of social connectedness rather than marital status may be associated with a higher incidence of depression.
- Seasonality
  - Studies have yielded varying results.
    - Seasonal affective disorder is referred to as a separate condition, although the *DSM-5* does not list it as a separate diagnosis.

Types of Depressive Disorders

- Major depressive disorder
  - Characterized by depressed mood
  - Loss of interest or pleasure in usual activities
  - Symptoms present for at least 2 weeks
  - No history of manic behavior
  - Cannot be attributed to use of substances or another medical condition

Types of Depressive Disorders (continued_1)

- Persistent depressive disorder (Dysthymia)
  - Sad or “down in the dumps”
  - No evidence of psychotic symptoms
  - Essential feature is a chronically depressed mood for
    - Most of the day
    - More days than not
    - At least 2 years

Types of Depressive Disorders (continued_2)

- Premenstrual dysphoric disorder (PMDD)
  - Characterized by:
    - Markedly depressed mood, excessive anxiety, mood swings, decreased interest in activities during the week prior to menses, improving shortly after the onset of menstruation, and becoming minimal or absent in the week postmenses

Types of Depressive Disorders (continued_3)

- Premenstrual dysphoric disorder (PMDD) (continued)
  - Difference between PMDD and typical premenstrual mood changes is a matter of intensity and frequency of symptoms.
    - PMDD symptoms interfere with ability to function socially, at work, or school.

Types of Depressive Disorders (continued_4)

- Substance/Medication-Induced Depressive Disorder
  - Considered the direct result of physiological effects of a substance (drug of abuse, medication, toxin exposure)
  - The depressed mood is associated with intoxication or withdrawal from several substances or adverse side effects from many different medications.

Types of Depressive Disorders (continued_5)

- Depressive disorder associated with another medical condition
  - Attributable to the direct physiological effects of a general medical condition

Predisposing Factors to Depression

- Biological theories
  - Genetics
    - Hereditary factor may be involved
    - Twin studies
    - Adoption studies
  - Biochemical influences
    - Deficiency of norepinephrine, serotonin, and dopamine has been implicated

Predisposing Factors to Depression (continued_1)

- Physiological influences
  - Secondary depression is related to:
    - Medication side effects
    - Neurological disorders
    - Electrolyte disturbances
    - Hormonal disorders
    - Nutritional deficiencies
    - Other physiological or psychological conditions
    - Inflammation

Predisposing Factors to Depression (continued_2)

- Psychosocial theories
  - Psychoanalytical theory
    - A loss is internalized and becomes directed against the ego.

Predisposing Factors to Depression (continued_3)

- Psychosocial theories (continued)
  - Learning theory
    - Learned helplessness
    - The individual who experiences numerous failures learns to give up trying.

Predisposing Factors to Depression (continued_4)

- Psychosocial theories (continued)
  - Cognitive theory
    - Views primary disturbance in depression as cognitive rather than affective
    - Three cognitive distortions that serve as the basis for depression
      1. Negative expectations of the environment
      2. Negative expectations of the self
      3. Negative expectations of the future

Developmental Implications

- Childhood depression
  - Symptoms
    1. Less than age 3: Feeding problems, tantrums, lack of playfulness and emotional expressiveness
    2. Ages 3 to 5: Accident proneness, phobias, excessive self-reproach
    3. Ages 6 to 8: Physical complaints, aggressive behavior, clinging behavior
    4. Ages 9 to 12: Morbid thoughts and excessive worrying

Developmental Implications (continued_1)

- Childhood depression (continued)
  - Precipitated by a loss
  - Focus of therapy: Alleviate symptoms and strengthen coping skills
  - Parental and family therapy

Developmental Implications (continued_2)

- Adolescence
  - Symptoms include
    - Anger, aggressiveness
    - Running away
    - Delinquency
    - Social withdrawal
    - Sexual acting out
    - Substance abuse
    - Restlessness, apathy

Developmental Implications (continued_3)

- Adolescence (continued)
  - Best clue that differentiates depression from normal stormy adolescent behavior
    - A visible manifestation of behavioral change that lasts for several weeks
  - Most common precipitant to adolescent suicide
    - Perception of abandonment by parents or close peer relationship

Developmental Implications (continued_4)

- Adolescence (continued)
  - Treatment
    - Supportive psychosocial intervention
    - Antidepressant medication
- NOTE: All antidepressants carry a Food and Drug Administration black-box warning for increased risk of suicidality in children and adolescents.

Developmental Implications (continued_5)

- Senescence
  - Bereavement overload
  - High percentage of suicides among elderly
  - Symptoms of depression often confused with symptoms of neurocognitive disorder
  - Treatment
    - Antidepressant medication
    - Electroconvulsive therapy
    - Psychosocial therapies

Developmental Implications (continued_6)

- Postpartum depression
  - May last for a few weeks to several months
  - Associated with hormonal changes, tryptophan metabolism, or cell alterations
  - Treatments of antidepressants and psychosocial therapies
  - Symptoms include
    - Fatigue, Irritability
    - Loss of appetite
    - Sleep disturbances, Loss of libido
    - Concern about inability to care for infant

Assessment

- All individuals become depressed from time to time, and these symptoms tend to be transient.
- Severe depression is marked by distress that interferes with social, occupational, cognitive, and emotional functioning.
- Four spheres of human functioning
  - Affective
  - Behavioral
  - Cognitive
  - Physiological

Assessment (continued_1)

- Transient depression
  - Symptoms at this level of the continuum are not necessarily dysfunctional
    - Affective: The “blues”
    - Behavioral: Some crying
    - Cognitive: Some difficulty getting mind off of one’s disappointment
    - Physiological: Feeling tired and listless

Assessment (continued_2)

- Mild depression
  - Symptoms of mild depression are identified by clinicians as those associated with normal grieving
    - Affective: Anger, anxiety
    - Behavioral: Tearful, regression
    - Cognitive: Preoccupied with loss
    - Physiological: Anorexia, insomnia

Assessment (continued_3)

- Moderate depression
  - Symptoms associated with dysthymic disorder
    - Affective: Helpless, powerless
    - Behavioral: Slowed physical movements, slumped posture, limited verbalization
    - Cognitive: Retarded thinking processes, difficulty with concentration
    - Physiological: Anorexia or overeating, sleep disturbance, headaches

Assessment (continued_4)

- Severe depression
  - Includes symptoms of major depressive disorder and bipolar depression
    - Affective: Feelings of total despair, worthlessness, flat affect
    - Behavioral: Psychomotor retardation, curled-up position, absence of communication
    - Cognitive: Prevalent delusional thinking, with delusions of persecution and somatic delusions; confusion; suicidal thoughts
    - Physiological: A general slow-down of the entire body

Outcome Identification

- Criteria used for measurement of outcomes in the care of the depressed patient
  - The patient
    - Has experienced no physical harm to self
    - Discusses feelings with staff and family members
    - Expresses hopefulness
    - Sets realistic goals for self
    - Attempts new activities
    - Identifies aspects of self-control over life situation
    - Expresses personal satisfaction and support from spiritual practices

Outcome Identification (continued)

- The patient (continued)
  - Interacts willingly and appropriately with others
  - Maintains reality orientation
  - Concentrates, reasons, solves problems, and makes decisions
  - Eats a well-balanced diet with snacks, to prevent weight loss and maintain nutritional status
  - Sleeps 6 to 8 hours per night and reports feeling well rested
  - Bathes, washes and combs hair, and dresses in clean clothing without assistance

Our concerns..

- Risk for suicide
- Complicated grieving
- Low self-esteem/self-care deficit
- Powerlessness

Treatment Modalities

- Individual psychotherapy
  - Focus is on interpersonal relations and proceeds through three phases and interventions.
- Group therapy
  - Types of groups include therapy, education, and self-help.

Treatment Modalities (continued_1)

- Family therapy
  - Most effective when used in combination with psychotherapeutic and pharmacotherapeutic treatments
- Cognitive therapy
  - Focuses on changing “automatic thoughts” that contribute to distorted affect

Treatment Modalities (continued_2)

- Electroconvulsive therapy (ECT)
  - Electrical currents are applied to the brain, causing a grand mal (generalized) seizure.

Treatment Modalities (continued_3)

- Light therapy
  - Administered by a 10,000-lux light box with a screen that blocks ultraviolet rays

Treatment Modalities (continued_4)

- Psychopharmacology
  - Tricyclics
  - Selective serotonin reuptake inhibitors
  - Monoamine oxidase inhibitors (MAOIs)

Patient/Family Education Related to Antidepressants

- Continue to take medication for 4 weeks.
- Do not discontinue medication abruptly.
- Report sore throat, fever, malaise, yellow skin, bleeding, bruising, persistent vomiting or headaches, rapid heart rate, seizures, stiff or sore neck, and chest pain.
- Rise slowly from sitting position.
- Maintain good oral care.

Patient/Family Education Related to Antidepressants (continued)

Avoid foods and medications high in tyramine when taking MAOIs. These include:

- Aged cheese
- Wine; beer
- Chocolate; colas
- Coffee; tea
- Sour cream; yogurt
- Smoked and processed meats
- Beef and chicken liver
- Canned figs
- Caviar
- Raisins
- Pickled herring
- Yeast products
- Broad beans
- Soy sauce
- Cold remedies
- Diet pills