Depression Basics

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Objectives

Following this session, participants will –

1. Give DSM 5 criteria for depression
2. Describe how depression can present in primary care
3. List medical therapies for depression
4. List non-medical therapies for depression
5. Provide mechanistic rational for choosing appropriate antidepressant medications

Faculty/Presenter Disclosure

- **Faculty:** Rick Ward
- **Relationships with commercial interests:**
  - **Grants/Research Support: Pfizer, Lilly, Cortria Corp**
  - **Speakers Bureau/Honoraria:** Astra Zeneca, Bayer, Boehringer Ingelheim, BMS, Eli Lilly, Forest, Janssen, Leo Pharmaceuticals, Novartis, Merck , Pfizer, Sanofi Aventis, Schering-Plough, Shire
  - **Consulting Fees:** Astra Zeneca, BI, Shire, Pfizer, BMS
  - **Other:** Nil

Disclosure of Commercial Support

- **This program has NOT received financial support**
- **Potential for conflict(s) of interest:**
  - **:** Astra Zeneca, BMS, Eli Lilly, , Pfizer

Mitigating Potential Bias

Content is evidence based and guideline supported. I will qualify my 'opinion' statement when discussed.

Your needs..

What I most want covered today about "depression" is…

Depression criteria

S

I

G

E

C

A

P

S

Depression criteria

S – sleep disturbance

I – impaired interest

G – excessive guilt

E – low energy

C – impaired concentration

A - appetite changes

P – psychomotor agitation/retardation

S – suicidal ideation

Depression criteria

Sleep disturbance – key is non-restorative

Impaired interest – anhedonia, low sex drive

Guilt – self deprecation, rumination, rejection sensitivity

Energy – productivity, napping through day

Concentration – forgetful, driving, 'presentiism'

Appetite – classically anorexic but often CHO crave

Psychomotor – anxiety, flat, withdrawal

Suicidal – hopelessness, 6-49 'what if…'

Fine print

How many?

How long?

But…

Fine print

How many?

5/9

How long?

2 weeks

But…

Primary Care Presentation

1. Fatigue
2. Multiple unrelated somatic complaints
3. "Stress"
4. Sleep disturbance
5. Concerns about memory
6. Dyspnea at rest (air hunger)
7. Excessive worry
8. "Mid-life crisis"
9. Irritability, frustration, short fuse

Primary Care DDx

1. Substance abuse
2. Relationship issues
3. Grief reaction/adjustment disorder
4. Unresolved past trauma
5. Medical – low T, thyroid, anemia
6. Axis 2 – BPD etc.

Treatment Options

Psychotherapy and MDD

- Few psychotherapies have been evaluated specifically for MDD in randomized trials
- Mild depression – psychotherapy is effective on its own
- Moderate to severe depression – pharmacotherapy is usually more effective
- Combination treatment (psychotherapy and pharmacotherapy) may be more effective than either on its own

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When is psychotherapy indicated for treatment of MDD?

In addition to strength of evidence, consider:

- **Patient Factors**
  - Clinical: suicidality, severity, subpopulations
  - Medication contraindications
  - Patient preference
  - Motivation and adherence
- **Provider Factors**
  - Training and experience
  - Capacity to engage patient
- **System Factors**
  - Availability
  - Cost
  - Coverage

Parikh SV et al. *J Affect Disord* 2009; 117:S15–S25.

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Major Psychotherapies for MDD

Psychotherapy	Premise	Activities
Cognitive behavioural therapy (CBT)	"Distorted beliefs about the self, the world, and the future maintain depressive affect"	• Recognize negative cognitions • Respond to negative thoughts and behaviours • Problem solve and test assumptions
Interpersonal therapy (IPT)	"Current interpersonal issues maintain depressive affect"	• Identify issue (role transition, role dispute, grief, interpersonal deficits) • Focus on social context
Problem solving Therapy	"Problem solving therapy incorporates some CBT strategies and is based upon the principle that depression is connected to social problems"	• Uses CBT principles • Focus on problems that may be contributing to depression and solutions to address

Parikh SV et al. *J Affect Disord* 2009; 117:S15–S25.

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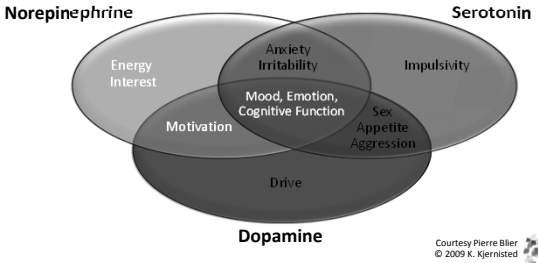
Medications

Class	Activity	Examples
SSRI's	Serotonin	Cellexa, Cipralex, Luvox, Zoloft, Prozac etc
SNRI's	NE + Serotonin	Effexor, Pristiq, Cymbalta
Buproprion	NE + Dopamine	Wellbutrin
NaSSA	NE + Serotonin	Remeron
Mood Stabilizer	Dop/Glutamate - GABA	Lithium
Atypical	Augment all	Seroquel, Abilify

Functional Overlap Between Aminergic Systems

- Features of Depression



Courtesy Pierre Blier
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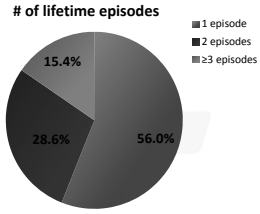
MDD as a Chronic Disease

- Many patients have multiple episodes over many years
- Multiple areas of impairment
- Increasing focus on managing depression as a chronic disease

Recurrence of MDD: # of lifetime episodes



- **After the 1st episode, there is a 60% chance of having a second episode**
- **After the 2nd episode, there is a 70% chance of having a third episode**
- **After the 3rd episode, there is a 90% chance of having a fourth episode**

Patten SB, et al. *J Affect Disord* 2009;117 Suppl 1:S5-14.
CCHS 1.2, Public Use Microdata File

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PHQ-9

- A 9-item, self-reported depression scale that is useful in diagnosing MDD as well as selecting and monitoring treatment

The Patient Health Questionnaire (PHQ-9) – Overview. Available at: http://www.cqaimh.org/pdf/tool_phq9.pdf. Accessed 2 February, 2015.

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Patient Health Questionnaire 9 (PHQ-9)

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, os sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3
ADD COLUMNS				
TOTAL SCORE				
10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people				
□ Not difficult at all □ Somewhat difficult □ Very difficult √ Extremely difficult				

The Patient Health Questionnaire (PHQ-9) – Overview. Available at: http://www.cqaimh.org/pdf/tool_phq9.pdf. Accessed 2 February, 2015. © 1999 Pfizer Inc.

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PHQ-9 Scoring

PHQ9 Score	Provisional Diagnosis	Treatment Recommendation
0 - 4	Not depressed	
5 - 9	Minimal symptoms*	Support, educate to call if worse, return in 1 month
10 - 14	Minor depression ++ Dysthymia* Major depression, mild	Support Antidepressant or psychotherapy Antidepressant or psychotherapy
15 - 19	Major depression, moderately severe	Antidepressant or psychotherapy
≥ 20	Major depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

*** If symptoms present ≥ two years, then probable chronic depression that warrants antidepressants or psychotherapy (ask, "in the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?").**
++ If symptoms present ≥ one month or severe functional impairment, consider active treatment.
The Patient Health Questionnaire (PHQ-9) – Overview. Available at: http://www.cqaimh.org/pdf/tool_phq9.pdf. Accessed 2 February, 2015. © 1999 Pfizer Inc.

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Questions