

Management of Depression in Primary Care Settings

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13 September 2009

Epidemiology of Depression

- Major depression in community (UK)
 - 4% in men
 - 8% in women
- Lifetime risk
 - 15%
 - Risk increase with age and higher in urban areas
- Among 300 famous men
 - 40% had some type of depression during their lives
 - Highest rates in writers: 72%
 - Artists: 42%
 - Politicians: 41%
 - Intellectuals: 36%
 - Composers: 35%
 - Scientists: 33%
- Suicide rates in major depression
 - 10%

Causes of Depression

- Predisposing causes
 - Genetic: family history of depression
 - Social: early maternal death, parental neglect, a long period of separation from a parent during childhood, childhood sexual abuse
 - Current situation: unemployment, lack of a confiding relationship
- Precipitating causes
 - Stressful life events: bereavement, being made redundant, the break up of a relationship
 - Physical illness: post-stroke depression, heart disease
 - Childbirth: post-partum depression
- Biochemical factors
 - Monoamine hypothesis of depression: reduced serotonin (5HT), reduced noradrenaline
 - Reduced dopamine neurotransmitter

- Increased plasma cortisol
- Reduced thyroid-releasing hormone

Key Symptoms of Depression

- Typical Symptoms
 - depressed mood (worse in the morning)
 - diminished interest or pleasure
 - loss of energy
- Biological symptoms
 - decreased appetite
 - weight loss of >5% in one month
 - insomnia:
 - terminal insomnia
 - wake up at least 2 hours earlier than usual pattern
 - retardation or agitation
 - decreased sex drive
- Cognitive symptoms
 - Past: guilty feeling, self-blame
 - Present: inferior feeling, low self esteem, worthlessness
 - Future: helplessness, hopelessness
- Suicidal idea

Atypical symptoms of Depression

- headache
- pain
 - atypical chest pain
 - low back pain
 - atypical facial pain
- poor memory
- hypersomnia
- excessive eating
- heavy limbs

Diagnosis of Depression

- Symptoms + Duration
- Symptoms
 - At least 2 of the 3 typical symptoms
 - depressed mood
 - fatigue

- loss of interest
- Plus at least 2 other symptoms from the followings
 - biological symptoms
 - cognitive symptoms
- Duration
 - At least 2 weeks

DDx of Depression

- Other psychiatric disorders
 - Dysthymia, anxiety disorders
- Neurological disorders
 - Dementia, parkinson's disease
- Endocrine diseases
 - hyper/hypothyroidism, addison's disease, cushing's disease
- Medication-related
 - antihypertensive (beta-blockers), steroids, H2 blockers (ranitidine, cimetidine)
- Substance misuse
 - Alcohol, benzodiazepines, opiates, cannabis

Management of Depression

- History taking
 - Alcohol and drug use
 - Psychological history
 - Suicide risk assessment
- Mental state examination
 - Focused on subjective mood symptoms, biological symptoms, suicidal thoughts and psychotic symptoms
- Physical Examination
 - Focused on possible differential diagnosis
- Baseline investigation
 - TFT

Treatment of Depression

- Pharmacological treatment
 - Antidepressant drugs
 - TCAs (Tricyclic Antidepressants)
 - Amitriptyline

-Side effects: cardiac arrhythmia, constipation, urinary retention

-SSRIs (Selective Serotonin Reuptake Inhibitors)

-Fluoxetine (Prozac)

-Citalopram (Cipram)

-Escitalopram (Lexapro)

-Paroxetine (Seroxat)

-Sertraline (Zoloft)

-Side effects: nausea, headache, insomnia

-SNRI (Serotonin Norepinephrine Reuptake Inhibitor)

-Venlafaxine (Efexor)

-Duloxetine (Cymbalta)

-Side effects: GI upset, headache, increased BP

-NaSSA (Noradrenergic & Specific Serotonergic Antidepressant)

-Mirtazapine (Remeron)

-Side effects: sedation, weight gain

-Others

-Trazodone

-Antidepressant drugs are effective in 70% of patients with depression

-If no response to first drug with full dosage for 6 weeks, change to another class of antidepressant

-Maintain on the drug for 6 months after full recovery

Antidepressant discontinuation symptoms

-Usually occur within 5 days of stopping treatment

-Symptoms:

-flu-like symptoms, dizziness, insomnia, excessive dreaming and irritability

-Risk factors:

-short-half-life drugs: paroxetine, venlafaxine

-had anxiety symptoms at the start of antidepressant therapy

-centrally acting medication: antihypertensives, antihistamines, antipsychotics

-children and adolescents

-past history of discontinuation symptoms

-How to avoid:

- antidepressant should be discontinued over at least a 4-week period
- switch to long-half-life drug: fluoxetine
- Psychological intervention
 - Cognitive behaviour therapy
 - Interpersonal therapy
- Social Intervention
 - Relationship difficulties
 - Financial problems
 - Housing problems

Refer to specialist clinics if

- severe depression with psychotic symptoms
- suicidal risk
- treatment resistant
- atypical presentations
- poor social support

Bereavement

- A normal grief reaction following the death of a close relatives or spouse lasts up to 6 months
- 3 stages
 - Shock:** with a feeling of numbness and unreality, usually lasting a few days
 - Sadness:** with tearfulness and loss of sleep and appetite, sometimes along with anger or guilt at not having been able to do more, illusions or fleeting hallucinations of hearing or seeing the deceased person
 - Acceptance**
- Treatment:** brief counseling and psychoeducation on stages of normal grief
- Abnormal bereavement
 - Symptoms longer than 6 months
 - Severe or unusual symptoms
 - More likely if unexpected death, abnormal relationship, interrupted normal grief
 - Need treatment with antidepressant or psychotherapy

Seasonal affective disorder

- ‘winter depression’

- Occurs as day length shorters

- Symptoms: mild to moderate

 - Low self-esteem, hypersomnia, fatigue, increased appetite and weight gain, decreased social and occupational functioning

- Treatment

 - Light therapy: rarely done in Hong Kong

 - Pharmacological therapy:

 - best evidence for fluoxetine (Prozac)