PODCAST No. 14

INTRODUCTIONS:

FEEDBACK:

TOPIC: Depression

TIP: Is common in patients with chronic diseases. Consider asking these 2 questions as a screening tool: During the last month have you often been bothered by feeling down, depressed, or hopeless Do you have little interest or pleasure in doing things?

DISCUSSION:

Peter, 30 comes to see you complaining of poor sleep and fatigue for the past 4 weeks. He describes feeling down with no interest in doing anything.
On further questioning he mentions

- **Fatigue**
- **Worthlessness**
- **Recurrent thoughts of death**
- **Diminished ability to think**
- **Psychomotor agitation His wife says he can't sit still.**
- **Insomnia**
- **Significant appetite with weight loss**

It is impacting on his relationship with his wife, and affecting his ability to go to work. He has been missing work over the past 2 weeks as he can't motivate himself to get out of bed. He cares for his mother and has even stopped doing that.

Depression is diagnosed using the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5) criteria.

- **Depression is diagnosed** if the person has at least five out of the nine symptoms listed above, with at least one of these a 'core' symptom. **A symptom is counted as significant if it is sufficiently severe and/or persistent to be causing significant distress or functional impairment.**

INVESTIGATIONS

- **Not routinely indicated** for people with depression, but may be necessary to exclude other causes for symptoms or conditions known to be associated with depression (eg dementia bloods/tfts)

DIFFERENTIAL DIAGNOSIS (psychological)

- **Grief reaction** — it may be difficult to distinguish normal grief from depressive illness. Uncomplicated bereavement and major depression share many symptoms, but active suicidal thoughts, psychotic symptoms, and profound guilt are rare with normal bereavement. Table attached
- **Dementia may present as depression and vice versa.**
    - Approximately a third of people with dementia develop depressive symptoms, and distinguishing depression from dementia can be difficult, as they share symptomatology (disorientation, memory loss, and distractability). A primary diagnosis of depression is suggested by:
        - Preservation of a reasonable memory.
        - Personal or family history of depression.
        - A successful trial of treatment for depression which alleviates dementing symptoms.
- **Substances and adverse drug effects may produces depressive symptoms.**
    - Substance misuse (for example alcohol, anabolic steroids, cannabis, cocaine, narcotics) is frequently associated with symptoms of depression.
    - Drug adverse effects are an uncommon cause of depression. Examples include centrally-acting antihypertensives (such as methyldopa), lipid-soluble beta-blockers (such as propranolol), central nervous system depressants, opioid analgesics, and isotretinoin.
- **Hypothyroidism** may present as depression.

ASSESSMENT

Assessment

- **The risk of suicide.**

How do I assess the risk of suicide?

- Directly ask about suicidal thoughts and intent. Do not avoid the word 'suicide'.
    - Ask:
        - Do you ever feel that life is hopeless and not worth living?
        - Do you ever think about suicide?
        - Have you made any plans for ending your life?
        - Do you have the means for doing this available to you?
        - What has kept you from acting on these thoughts?
    - Follow up on 'not really' answers.

- Identify risk factors that increase the risk of suicide and those that reduce it: good social support and responsibility for children.
- Risk factors
- SOCIAL: Male, young and old, Single, living alone, unemployed.
- HISTORY: Prior suicide attempt(s) Family history of suicide. History of substance or alcohol abuse Recently started on antidepressants
- CLINICAL: Hopelessness Psychosis Anxiety, agitation, panic attacks Concurrent physical illness Severe depression

- **Any safeguarding** concerns for children or vulnerable adults in the care of someone with depression. Follow local safeguarding procedures if appropriate.
- **Co-morbid conditions associated with depression** including:
    - **Alcohol or substance abuse**
    - **Anxiety**
    - **Eating disorders**
    - **Psychotic symptoms**
    - **Dementia**
    - A depression questionnaire. This may be used as well to give an indication of the severity of depression and to help assess improvement over time. Attach PHQ9
- **Social Stresses**:
    - Employment or financial worries.
    - Poor living conditions.
    - Problems with interpersonal relationships (for example partner, children, or parents).
    - Bereavement.
- **A personal and family history of depression.**
- **Sources of support** that might be available to the person, such as friends, family, bereavement councillors, and health visitors.
- **Past experience of, and response to, treatment.**

Peter has a history of depression since his early 20's which responded well in the past to medication. He has suicidal thoughts but no plans and feels he wouldn't act on his thoughts as he couldn't bear the impact on his wife and children. His boss is supportive since he has depression also. Peter drinks a beer occasionally but takes no recreational drugs or prescribed medication. His only stress at home is his elderly mother whom he cares for and who is getting frailer and he worries about her. His children go to school and his wife cares for them. They are both doing well

at school. Financially he is ok.

MANAGEMENT:

- Suicide risk-refer if needs, or regular f/up in 1ary care
- Manage issues arisen during assessment-e.g. alcohol/drugs, eating disorder.
- **Discuss practical solutions to stresses contributing to depression**.
- **For people with mild depression** consider a period of *active monitoring*, and
    - Provide information about the nature and course of depression.
    - Arrange follow up, normally within 2 weeks (consider contacting the person if they do not attend follow-up appointments).
- **For people with moderate or severe depression** — offer an antidepressant *and consider* psychological intervention.

Choosing an antidepressant

- **When choosing an antidepressant, take into consideration:**
    - The person's preference.
    - Adverse effect profile — for example, sedation, sexual adverse effects, weight gain.
    - Toxicity in overdose — avoid tricyclic antidepressants or venlafaxine if there is a history, or likelihood, of overdose.
    - Current drug treatments that may interact with the antidepressant drugs.
    - **If this is a first episode of depression,** consider:
        - Prescribing a generic selective serotonin reuptake inhibitor (SSRI), such as fluoxetine.
    - **If this is a recurrent episode of depression,** consider:
        - Prescribing an antidepressant that the person has had a good response to previously.
    - **If the person has a chronic physical health problem:**
        - Sertraline may be preferred, because it has a lower risk of drug interactions.
        - If an SSRI is prescribed, consider gastroprotection in older people who are taking nonsteroidal anti-inflammatory drugs (NSAIDs) or aspirin.

Explain that symptoms of anxiety may initially worsen, 3 weeks to work, should be continued for 6 months to reduce relapses.

Peter used fluoxetine in the past with good effect. He needed a dose of 40mg to work. He doesn't want to talk to anyone about his mood since he feels his wife is supportive enough. You prescribe him 20mg and arrange follow up.

Follow up

- **In general**
  - Arrange an initial review:
    - Within 1 week for people less than 30 years of age who have been started on an antidepressant.
    - Within 2 weeks for other people.
  - Arrange subsequent reviews every 2–4 weeks for the first 3 months and if the response to treatment is good, longer review intervals can be considered.

Peter is reviewed in 2 weeks and then at 1 month. He makes an improvement with medication and is managing to care for his mother and concentrate at work. His wife has noticed the improvement and he is playing with his children more. He no longer has any suicidal thoughts.

GOODBYES: