

# Assessment and Phenomenology of Depression

# Why This Matters

- Depression is a **common** disorder – 280 million people globally
- Untreated depression increases morbidity, mortality, and healthcare costs (WHO 2020: MDD major cause of disability)
- Primary/non-psychiatric specialty care is often the first (and only) point of contact
- Clinician comfort and competence in recognizing and managing depression can be life changing

# Sequelae in Youth

Increased risk for:

- Bipolar disorder
- Suicidal behavior
- Homicidal behavior
- Tobacco use
- Alcohol and drug use
- Impaired interpersonal relationships
- School problems
- Physical problems
- Early pregnancy
- Impairment in global functioning

# Sequelae in adults

- Early-onset mental disorders are associated with early termination of education
- Lower probability of marriage, greater dissatisfaction in relationship
- Unemployment, under-employment, disability
- Financial instability
- MDD is significantly associated with a wide variety of chronic disorders: obesity, arthritis, asthma, cancer, cardiovascular disease, diabetes, hypertension, chronic respiratory disorders, and a variety of chronic pain conditions

The Epidemiology of Depression Across Cultures  
RC. Kessler and EJ. Bromet  
Ann Rev of Public Health 2013 34:1, 119-138

# Epidemiology Snapshot

- 2015-2020 National Survey on Drug Use and Health: MDD in 12yo+ (n=278,176)
  - 12-month prevalence (US, 2020): 9.2%
  - Highest rates: 18–25 y/o (17.2%), adolescents 12–17 (16.9%)
- Sex difference: 2:1 female to male
  - Postpartum depression 10-20% of women
- Mean age of onset is 29, but vulnerability starts with puberty
- Chronicity: average lifetime episodes = 3.8 (sig variability)

# Etiology: A biopsychosocial Model

- **Biological:** Neurotransmitters, circuitry, hormones, genetics, inflammation
- **Psychological:** Cognitive distortions, temperament, trauma history
- **Social:** Interpersonal stress, socioeconomic factors, cultural norms

# DSM 5 Criteria for Major Depressive Episode (MDD)

**≥5 symptoms\* in the same 2-week period with impact on functioning**  
**Not secondary to substance use or other medical condition**

|                   |                                                             |                        |                                               |
|-------------------|-------------------------------------------------------------|------------------------|-----------------------------------------------|
| <b>S</b> leep:    | insomnia or hypersomnia                                     | <b>C</b> oncentration: | diminished ability to think or make decisions |
| <b>I</b> nterest: | depressed mood,*<br>anhedonia/loss of interest or pleasure* | <b>A</b> ppetite:      | weight change                                 |
| <b>G</b> uilt:    | feelings of worthlessness                                   | <b>P</b> sychemotor:   | psychomotor retardation or agitation          |
| <b>E</b> nergy:   | fatigue                                                     | <b>S</b> uicidality:   | Preoccupation with death, hopelessness        |

# Phenomenology

- **Melancholic** - deep and pervasive sadness, profound anhedonia, diurnal variation/depression worse in the morning, early morning wakening, psychomotor disturbance, loss of appetite
  - “lost the light in his eyes”
  - more likely to “come out of the blue” and more severe than expected in relation to any stressors
- **Atypical** – mood reactivity: temporary boost in mood with positive events, increased sleep, increased appetite/carbohydrate cravings, leaden paralysis, sensitivity to criticism

# Common Comorbidities with MDD

- **Psychiatric comorbidities** are the rule, not the exception
  - OR of 5.7 (95% CI, 4.98-6.50) with **Generalized Anxiety Disorder**
  - OR of 1.8 (95% CI, 1.63-2.01) with **Alcohol Use Disorder**
  - OR of 3.0 (95% CI, 2.57-3.55) for any **Substance Use Disorder**
- **Other Medical** comorbidities may include diabetes, CVD, cancer, chronic pain, autoimmune disease

# Differential Diagnosis of MDD

## Psychiatric

- **Bipolar depression**
- **MDD with psychotic features**
- Adjustment disorder
- Borderline Personality Disorder
- Cannabis, alcohol dependency
- Anxiety Disorder, OCD
- PTSD
- Apathy of primary psychotic disorder
- Complicated grief

## Other Medical

- Hypothyroidism
- Vitamin deficiencies (B12, Folate)
- Anemia
- Endocrine: Diabetes, Cushing's
- Neuro: MS, Parkinson's, TBI
- Autoimmune: SLE, RA
- Chronic Pain
- Cancer
- Vascular dementia (early stage)
- Drug-induced (IFN)

# Every Assessment of Depression

should include review of:

- Hopelessness, suicidality
- Anxiety Sxs – panic, worry, obsessions
- Psychotic Sxs – paranoia, delusions, hallucinations
- Substance Use – intoxication, withdrawal, self-medication
- Manic Sxs

# Bipolar Disorder/ Manic Symptoms



- ☐ A. Distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary)
- ☐ B. During the period of mood disturbance, 3 (or more) of the following symptoms have persisted (4 if mood is only irritable) and have been present to a significant degree: **DIG FAST**
  - ☐ **D**istractibility
  - ☐ **I**rritability and agitation
  - ☐ **G**randiosity
  - ☐ **F**light of ideas or racing thoughts
  - ☐ Excessive involvement in pleasurable **A**ctivities that have high potential for painful consequences
  - ☐ **S**leep disturbance (decreased need for sleep)
  - ☐ More **T**alkative than usual , pressured speech

# Diagnostic Considerations

- Predictors of manic switching:
  - Family history of bipolar disorder
  - Psychotic features
  - Earlier age of onset of depression
  - Rapid onset of depression
  - Psychomotor retardation
  - Atypicality
  - Treatment resistance
- No antidepressant uniquely “safe”

# MDD with psychotic features

- 0.35-1% lifetime prevalence – other studies report up to 18% of pts with MDD have psychotic features
- Most common psychotic symptoms
  - Delusions, fixed beliefs: guilt, contamination, nihilistic
  - Hallucinations: auditory, olfactory
- Associated with higher suicide risk
- Differentiate from primary psychotic disorders: meet MDD criteria, psychotic features only during depressive episode



# Thank you!