BRIDGES TO MENTAL HEALTH

Assessment and Phenomenology of Depression

Epidemiology

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Depression is a common disorder – 280 million people globally

12-month prevalence of Major Depressive Disorder (MDD)7% of adults

Depression affects approx. 5% of adults worldwide any given year (WHO)

Young adults (18-25) have the highest rates of depression

Comorbidities are the rule, not the exception

- *Associations: 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*

2015-2020 National Survey on Drug Use and health, 12yo+ (n=278,176)
National Institute of Mental Health (NIMH), 2023

Epidemiology

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Suicide is 11th cause of death in US (48000+)

WHO 2020: MDD the major cause of ***disability***

From 2005->2010 economic burden of individuals with MDD increased by 21.5% (from $173.2 billion to $210.5 billion, inflation-adjusted dollars),with approximately 45% attributable to direct costs, 5% to suicide-related costs, and 50% to workplace costs.

By 2030, MDD will be the leading cause of ***disease burden*** worldwide

Epidemiology

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- Age of onset: mean is 29, but it can occur at any time
- Lifetime N episodes = 3.8, extreme variability
- Earlier age of onset associated with worse lifetime course, greater chances of recurrence, chronicity, and impairment in role functioning
- Risk for recurrence progressively increases with each episode of MDD (kindling effect?)
- Women:Men 2:1
- Postpartum depression 10-20% of women

Etiology

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Genetics

- 50% of the variance in the transmission of mood disorders is genetic
- Possible evidence for MAOI-A gene and serotonin transporter gene

Biologic

- MRI scans show low frontal lobe volume and high ventricular volume

Environment

- Having one depressed parent doubles the risk for child (both parents depressed quadruples the risk)
- Family conflict or divorce, abuse or neglect, more rejection and less expression of affect, less support, communication problems, family SES, recent stressor or loss

Sequelae in Youth

@ Increased Risk…

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- 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

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- Early-onset mental disorders are associated with early termination of education
- Lower probability of marriage, 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

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Depression

DSM 5 Criteria for Major Depressive Episode

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≥5 symptoms in the same 2-week period with impact on functioning

Not secondary to substance use or medical condition

Sleep:	insomnia or hypersomnia	**C**oncentration:	diminished ability to think or make decisions
Interest:	depressed mood,* anhedonia/loss of interest or pleasure*	**A**ppetite:	weight change
Guilt:	feelings of worthlessness	**P**sychomotor:	psychomotor retardation or agitation
Energy:	fatigue	**S**uicidality:	Preoccupation with death, hopelessness

Phenomenology

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- ***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

Differential Diagnosis of MDD

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Psychiatric

- ***Bipolar depression***
- ***MDD with psychotic features***
- Cannabis, alcohol dependency
- OCD, GAD
- Adjustment disorder
- Borderline PD
- PTSD
- Apathy of primary psychotic dis.
- Complicated grief

Medical

- Hypothyroidism
- Vit 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)

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Every Depression Assessment

Review of Symptoms

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

Bipolar Disorder – Manic Symptoms

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- ❑ 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**

Manic Symptoms

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- B. **DIG FAST**
  - Distractibility
  - Increase in goal-directed activity or psychomotor agitation
  - Grandiosity
  - Flight of ideas or racing thoughts
  - Excessive involvement in pleasurable activities that have high potential for painful consequences
  - Decreased need for sleep
  - More talkative than usual or pressure to keep talking

Diagnostic Considerations

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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

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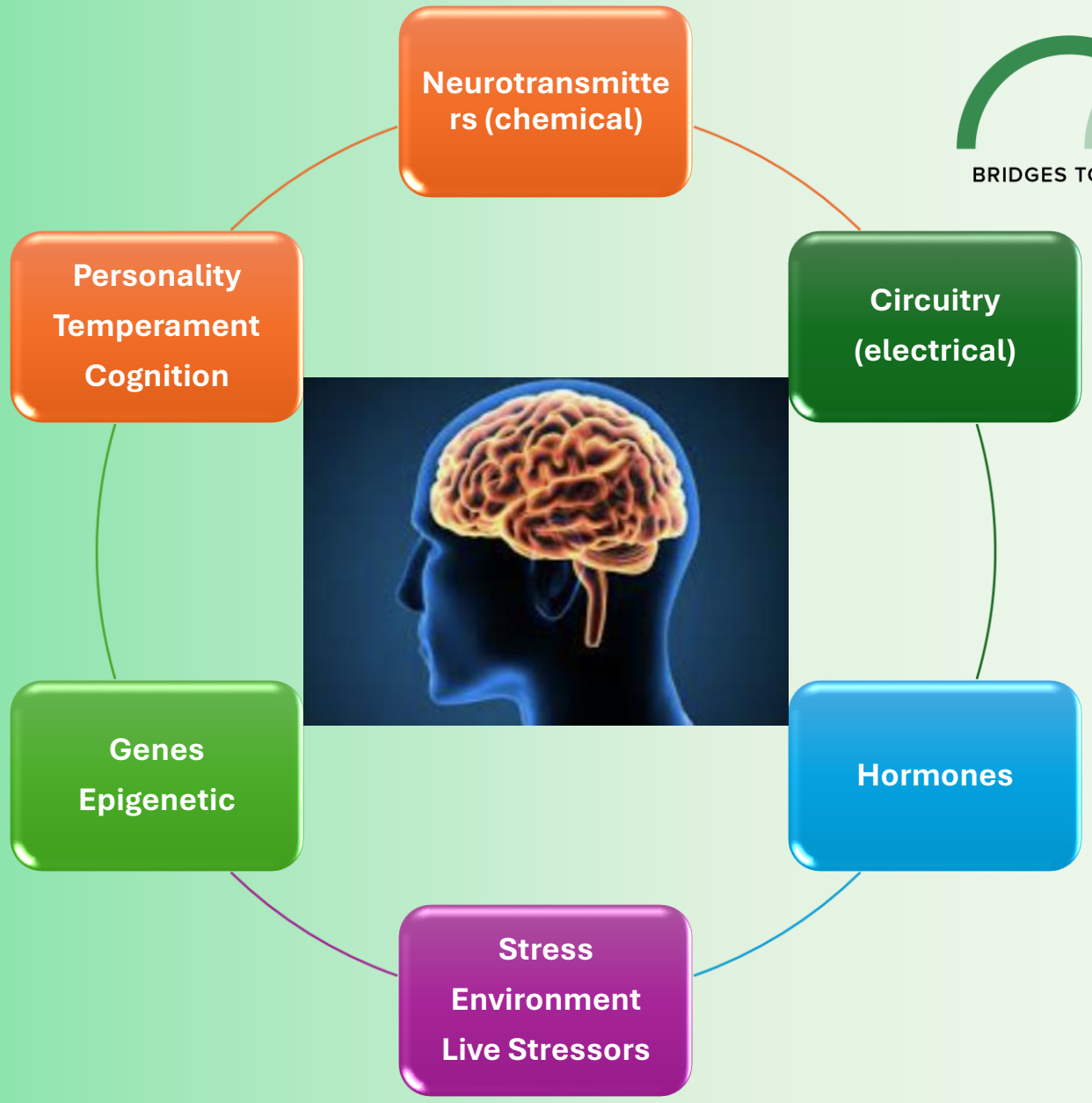
0.35-1% lifetime prevalence – other studies report up to 18% of pts with MDD have psychotic features

Delusions – fixed beliefs, guilt, contamination, nihilistic

Hallucinations – olfactory, auditory

Suicide risk increased

Biology of Depression



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Thank you!