Depression

ICD-10 Version:2016 and NICE guidance 2016.

In typical mild, moderate, or severe depressive episodes, the patient suffers from:

- lowering of mood,
- reduction of energy,
- and decrease in activity.

Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common.

Sleep is usually disturbed and appetite diminished.

Self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present.

The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as

- loss of interest and pleasurable feelings,
- waking in the morning several hours before the usual time,
- depression worst in the morning,
- marked psychomotor retardation,
- agitation,
- loss of appetite, weight loss,
- and loss of libido.

Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.

Mild depressive episode

- Two or three of the above symptoms are usually present. The patient is usually distressed by these but will probably be able to continue with most activities.
- *Treatment:*
- *Psychoeducation, sleep hygiene, active monitoring (within 2 weeks, make contact is the person does not attend follow up appointments).*
- *Guided self-help, computerised CBT, structured group physical activity.*
- *Do not use antidepressants routinely to treat persistent subthreshold depressive symptoms or mild depression because the risk–benefit ratio is poor, unless*
- *•a past history of moderate or severe depression or*
- *•initial presentation of subthreshold depressive symptoms that have been present for a long period (typically at least 2 years) or*
- *•subthreshold depressive symptoms or mild depression that persist(s) after other interventions*
- *(NICE).*

Moderate depressive episode

Four or more of the above symptoms are usually present and the patient is likely to have great difficulty in continuing with ordinary activities.

Treatment:

For people with moderate or severe depression, provide a combination of antidepressant medication and a high-intensity psychological intervention (NICE).

Severe depressive episode

- An episode of depression in which several of the above symptoms are marked and distressing, typically loss of self-esteem and ideas of worthlessness or guilt.
- Suicidal thoughts and acts are common and a number of "somatic" symptoms are usually present.
- Psychotic symptoms may be present
- Hallucinations, delusions, psychomotor retardation, or stupor.
- So severe that ordinary social activities are impossible;
- There may be danger to life from suicide, dehydration, or starvation.
- The hallucinations and delusions may or may not be mood-congruent.
- *Refer to secondary care.*

Choice of antidepressant (NICE)

- *When an antidepressant is to be prescribed, it should normally be an SSRI*
- *•SSRIs are associated with an increased risk of bleeding.*
- *•Fluoxetine, fluvoxamine and paroxetine are associated with a higher propensity for drug interactions than other SSRIs.*
- *•Paroxetine is associated with a higher incidence of discontinuation symptoms than other SSRIs.*
- *•compared with other equally effective antidepressants recommended for routine use in primary care, venlafaxine is associated with a greater risk of death from overdose.*
- *•tricyclic antidepressants (TCAs), except for lofepramine, are associated with the greatest risk in overdose.*
- *When prescribing drugs other than SSRIs, take the following into account:*
- *•The increased likelihood of the person stopping treatment because of side effects (and the consequent need to increase the dose gradually) with venlafaxine, duloxetine and TCAs.*
- *the potential for higher doses of venlafaxine to exacerbate cardiac arrhythmias and the need to monitor the person's blood pressure*
- *dosulepin should not be prescribed.*

Prevalence of mental disorder.

- The 2007 Office for National Statistics (ONS) household survey of adult psychiatric morbidity in England found that 16.2% of working-age adults had an anxiety or depressive disorder (1-week prevalence). Of these:
- 9.0% had mixed anxiety and depressive disorder
- 4.4% were diagnosed with generalised anxiety disorder (GAD)
- 3.0% with post-traumatic stress disorder (PTSD)
- 2.3% with major depression
- 1.4% with phobias
- 1.1% with obsessive-compulsive disorder (OCD)
- 1.1% with panic disorder.
- 0.5% with psychosis.
- NB the above total is over 16% because patients can have more than one disorder.

Alcohol

- 57 per cent of adults reported drinking alcohol in the previous week. (25.3 million adults in England).
- Those who drank more than 8/6 units on their heaviest day in the last week fell from 19 per cent to 15 per cent
- 595,131 dependent drinkers in England (2.4%)

Patients who are depressed need to stop drinking

Personality Disorder

There have been difficulties in clearly defining personality disorders. Previous research studies have suggested that up to 1 in 5 people might have a personality disorder. However, a larger and more rigorous UK study in 2006 suggested that, at any given time, about 1 in 20 people will have a personality disorder (RCPsych).

Suicidal thoughts, suicide attempts and self-harm.

Suicidal thoughts:

- 13.7%of adults reported that they had thought about suicide at some point in their life.
- 4.3% of all adults said that they had last thought about suicide at some point in the past year.
- 0.8%of adults, this had been in the week prior to interview.

Suicide attempts

- 4.8%of adults said that they had attempted suicide at some point in their life.
- 0.7% said that they had attempted suicide over the past year.

Self-harm

- 3.4%of adults said in the face to face interview that they had, at some point in their life, deliberately harmed themselves without intending to kill themselves

Assessment of suicidal thoughts

- What thoughts have the patient have?
- How often do these thoughts occur?
- How long do they last?
- What are the reasons?
- Have they spoken to anyone?
- Have they made any plans?
- Do they have the means to end their life?
- Have they done anything to prepare for their death?
- Have they harmed themselves before?
- Do they know anyone who has taken their own life?
- What helps them keep going?

Suicidal behaviour and antidepressants.

The use of antidepressants has been linked with suicidal thoughts and behaviour;

children, young adults, and patients with a history of suicidal behaviour are particularly at risk.

Where necessary patients should be monitored for suicidal behaviour, self-harm, or hostility, particularly at the beginning of treatment or if the dose is changed. (BNF)

General advice

- Stop drinking and stop taking drugs.
- Sertraline and then mirtazapine.
- Psychological treatment is helpful if they turn up.
- Regular exercise.
- Work.