DEPRESSIVE DISORDERS

Core Features (CMI)

1. ↓ Energy
2. ↓ Mood
3. ↓ Interest (Anhedonia: loss of pleasure from formerly previously pleasurable activities)

Other Important Features (DIGEST-CAPS)

① Depressed Affect / Mood (A)
② ↓ Interest (Anhedonia) (A)
③ Pathological Guilt (NC)
④ ↓ Energy (Fatigue) (V)
⑤ Sleep Problems → Early Morning Awakening / Terminal Insomnia (V)
⑥ ↓ Concentration (NC)
⑦ Apetite Changes (↓ Intake, loss of taste, significant weight loss) (V)
⑧ Psychomotor Changes (retardation/agitation)
⑨ Suicidal behaviour (NC)

~~NOTE:~~

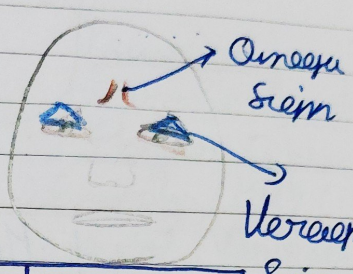
DIAGNOSIS

- 5 out of 9 symptoms with atleast 2 core symptoms are persistent & pervasive for ≥ 2 weeks

NOTE:
Initial Insomnia → Anxiety
Terminal Insomnia → Depression

NOTE: Significant weight loss
↳ 5% Body Weight in 1 month

OBJECTIVE SIGNS of Depression

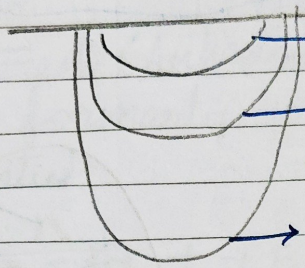


	OMEGA SIGN	VERAGUTH SIGN
Described by	Charles Darwin	Otto Veraguth
Appearance	Ω shaped folds at the root of nose	Triangular/ diagonal folds in upper eyelid
Due to Contraction of	Corrugator & Procerus muscle	Palpebral Muscle

In Veraguth Sign → patient appears to stare

Date :

Severity of Depression



	Mild	Moderate	Severe
Symptoms of Depression	Less Prominent	Prominent	Very Prominent
Vegetative Symptoms (Affects sleep & apetite)	Absent	Present	Present
Mood Congruent Psychotic Symptoms (eg: Nihilistic delusion)	Absent	may be Present	may be present
Functionality	Normal	Normal	Affected

COTARD SYNDROME

① Nihilistic Delusion (Delusion of negation, eg: person believes body part is absent) +

② Severe Depression

Date :

Types of Depression

I Based on Number of Episodes

- Single episode depression
- Recurrent depressive disorder (ICD) / Major Depressive disorder (MDD) (DSM) / Unipolar Depression
  - ≥ 2 episodes of depression (including current episode)

II NOTE: ICD Classification of Single Episode

1. Mild severity
2. Moderate without psychotic symptoms
3. Severe without psychotic symptoms
4. Moderate with psychotic symptoms
5. Severe with psychotic symptoms
6. In partial remission
7. In full remission
8. Other specified single episode depressive disorder
9. Unspecified single episode depressive disorder

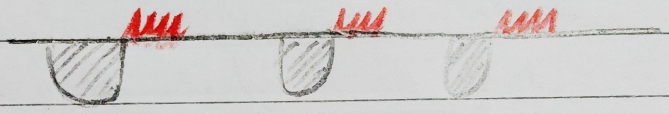
III Special Types

① Pre-menstrual Dysphoric Disorder (PMDD)
- aka: Pre-menstrual Syndrome / Symptoms (PMS)

- Depressive symptoms before onset of menstrual cycle & resolves after onset of menstrual cycle.

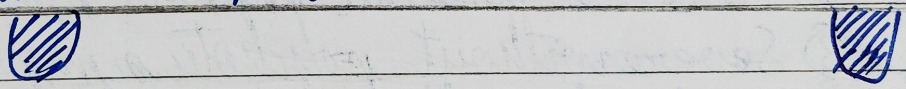
Risk Factors for depression if recurrent.

℞: SSRIs if necessary.



② Seasonal Affective Disorder (SAD)

Winter Spring Summer Autumn Winter



- Depressive episodes during winters with NO OTHER TRIGGERS.

℞

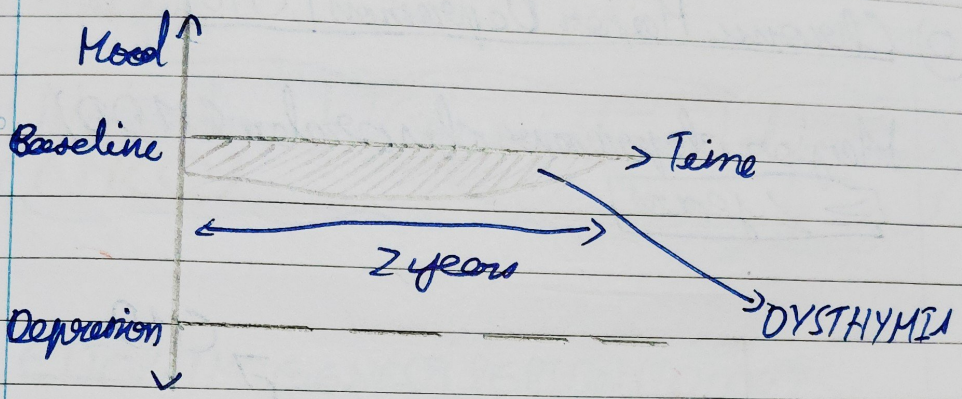
① Light therapy / Phototherapy (Specific Treatment of Choice)
② Antidepressants

③ Persistent Mood disorders

A) Dysthymia

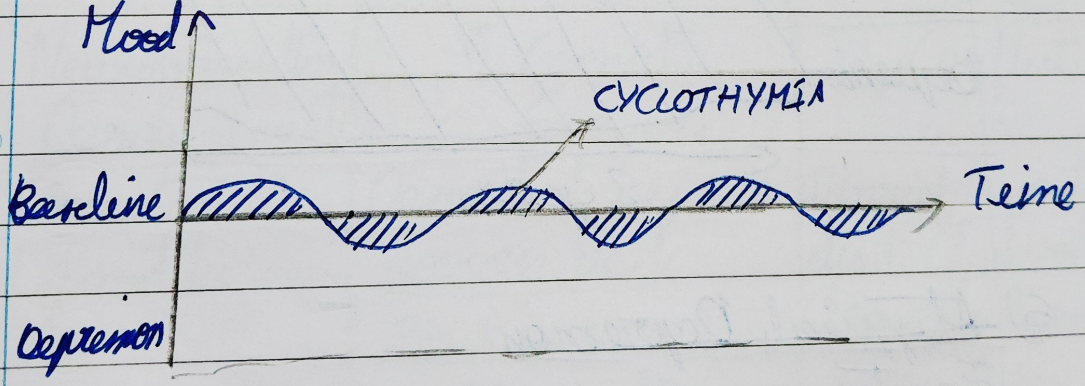
- Chronic low mood persisting for ≥ 2 years

eg: in cancer patients with long term medical comorbidities



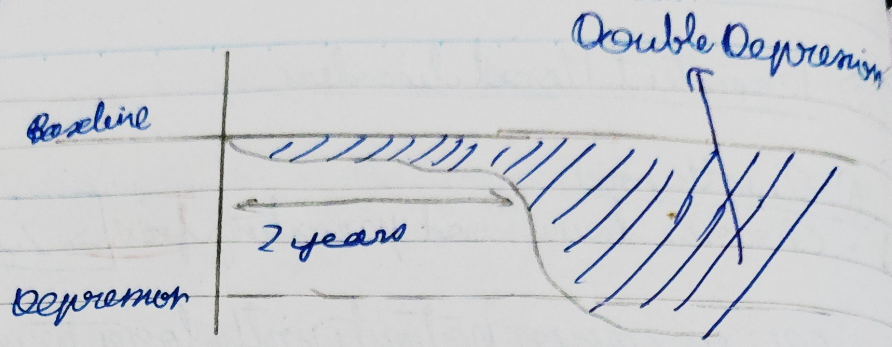
B) Cyclothymia

Cyclical low & high moods for ≥ 2 years



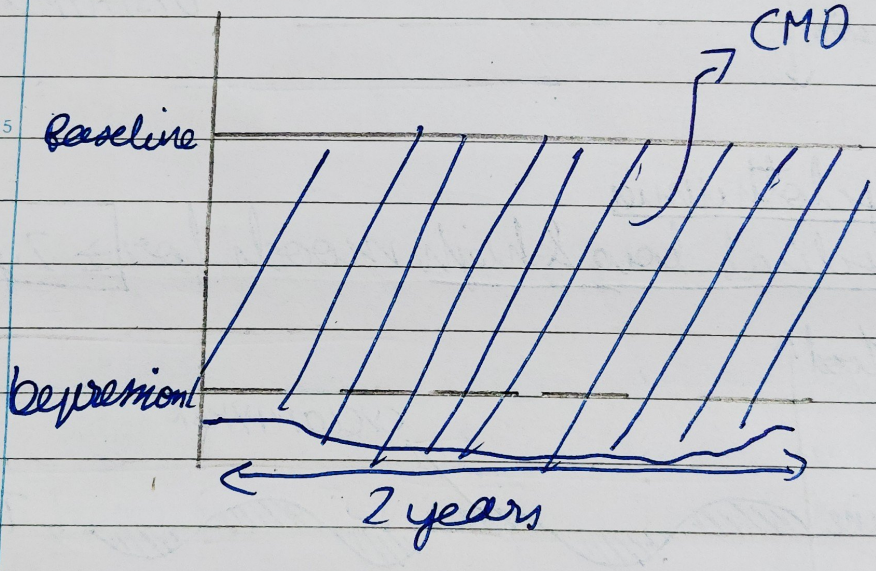
C) Double Depression [MCQ]

- Depression developing in a patient with dysthymia.
- Bad prognosis → due to resistance to treatment.



5) Chronic Major Depression [CMD]

Major depressive disorder (MDD)
≥ 2 years



6) ~~Atypical Depression~~

Features:

1. ~~Hypersomnia~~
2. ~~Hyperphagia~~ (Carbohydrate Craving)
   ↳ Weight gain & Obesity
3. ↑ Interpersonal Sensitivity (become very sensitive to criticism)

Double Depression

④ Preserved reactivity (eg: depressed but laughs at jokes)

⑤ Leaden paralysis (feeling of heaviness / paralysis of body part) MCQ

℞

① SSRIs preferred

② MAOIs

Note: Avoid TCAs in Atypical depression (MCQ)

ETIOPATHOGENESIS & EPIDEMIOLOGY

Aetiopathogenesis

I Neurotransmitter Derangements

① ↓ 5HT (Serotonin) → feel good hormone

② ↓ NE

③ ↓ Dopamine

④ ↓ BDNF (Brain derived Neurotropic Factor)

⑤ 5-HIAA (5 hydroxy indole acetic acid) → Serotonin Metabolite ↓ in Suicidal

II Cognitive Errors

Described by Aaron Beck.

BECK'S COGNITIVE TRIAD of Depression

WORTHLESSNESS

HOPELESSNESS HELPLESSNESS

III Conflicts

① Grief: mostly due to Ambivalence

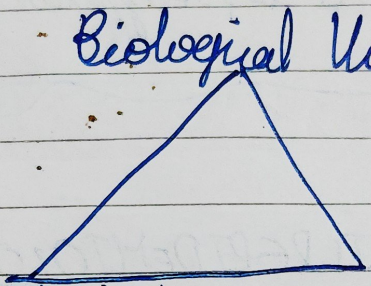
② Anger Turned inwards

③ Introjection (taking responsibility for events out of their control)

NOTE: (MCQ)
↓S-HIAA in individual who are suicidal

BIOPSYCHOSOCIAL MODEL

- Depression is multifactorial.



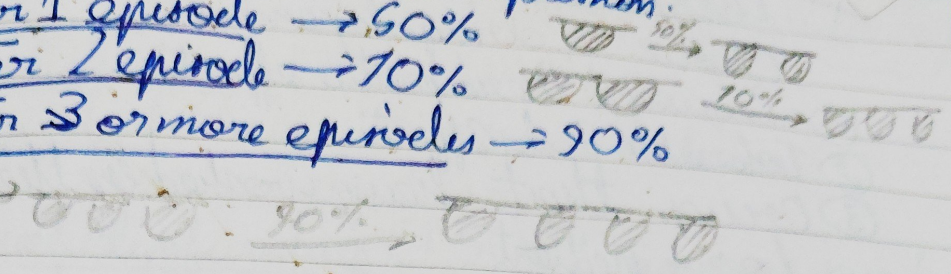
EPIDEMIOLOGY

1. Mental Illness → 2nd highest disease burden
   ↳ 15%

2. Depression → MC mental illness
   ↳ most burdensome

3. 5-15% population → have atleast 1 episode of depression

4. Risk of Recurrence in depression:
① After 1 episode → 50%
② After 2 episode → 70%
③ After 3 or more episodes → 90%



4. Chronic Condition (episodes can last between 6 months to 1.5 years)

5. Resistant depression → 10-20% case

NOTE:
① Most burdensome illness: CAROTOVASCULAR DISEASE
② 15% cases with mood disorders succumb to Suicide

TREATMENT

2 types

- Pharmacological
- Psychological

I Pharmacological Interventions (ANTIDEPRESSANTS)

Choice of drug depends on:

① Required therapeutic effects
② Tolerable Side Effects
③ Drugs that have worked in the past for a patient.

A) SSRI (Selective Serotonin Reuptake Inhibitors)

MoA: Inhibit 5HT transporter (SERT) on presynaptic membrane

↓

prevents reuptake

↓

↑ Concentration of Serotonin at the synapse

Immediate Action → Side Effects

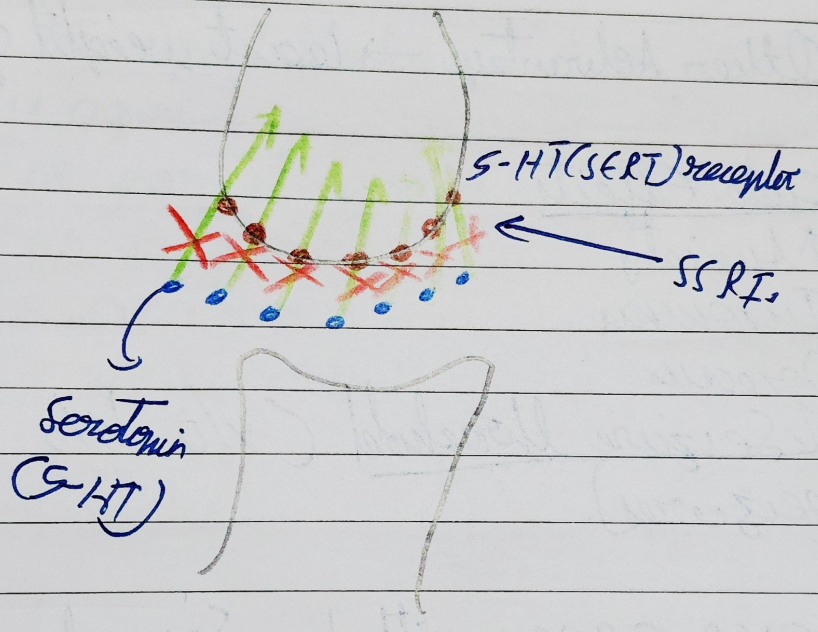
2-3 weeks → Downregulation of Pre-synaptic receptors

↓

Improvement of symptoms

Side Effects → (Avoided by gradually increasing the dose)

① GI disturbance (MC): N/V/GI distress
② Sleep disturbance: Insomnia / Sedation / Vivid dreams / nightmares
③ Sexual dysfunction (↑ S-HT): Anorgasmia / ↓ libido / erectile dysfunction / delayed ejaculation
④ ↑ Sweating
⑤ Weight Gain



B) SNRI (Serotonin & Norepinephrine Reuptake Intake)

MoA → Dual-acting antidepressants → ↑ 5-HT, ↑ NE

- Efficacy: similar to SSRIs.
- Drugs: ① Duloxetine ② Venlafaxine ③ Milnacipran

Anti-depressants with decreased sexual side effects

① least sexual side effects : BUPROPION

MoA → ↑ dopamine, ↑ norepinephrine
↳ no ↑ in 5HT

Other Uses → Nicotine antiwearing agent

Other Advantage → least weight gain

Side Effects
a) ↑ Anxiety
b) Insomnia
c) Dreams
d) ~~↓ Seizure threshold~~ (c/o h/o seizures).

OTHER DRUGS with less Sexual

① Mirtazepine
↳ S/E: Sedation, Weight Gain, Agranulocytosis

② Trazadone
↳ S/E: Priapism (MCQ)

③ Agomelatine → Acts on M1/M2 receptors + Serotonin receptors

④ ~~Vilazodone~~, Vilazodone → 5HT1A partial agonist

⑤ Vortioxetine (MCQ)

↳ Newer multi-modal serotonergic agent

MoA

- 5HT transport blocker
- 5HT1A agonist
- 5HT1B partial agonist
- 5HT1D antagonist
- 5HT3 antagonist
- 5HT7 antagonist → PROCOGNITIVE EFFECT

↓

↑ Working Memory, Attention & Focus

Duration of treatment

9 months - 12 months

| NO RELAPSES

↓

Taper & stop medication

Withdrawal Symptoms

- Seen upon abrupt stoppage

Least Withdrawal Symptoms (MCQ)

↓

Fluoxetine (long $t_{1/2}$ with active metabolites)

Most Withdrawal Symptoms (MCQ)

↓

Paroxetine (very short t1/2)

Withdrawal Symptoms

Physical	Sensory
Irritable	Itching
Moody	Tingling
Body aches	Numbness
Headaches	
Nausea	

- Withdrawal symptoms usually spontaneously resolve in 7-10 days

TREATMENT OF RESISTANT DEPRESSION (10-20%)

I. Augmentation Strategies

1. Augmentation works by combining anti-depressants with different mechanisms of action

OR

① $AD_1 + AD_2$
② AD +

2. Combine Anti-depressants with low dose of:

- Anti-psychotics
- Thyroxine
- Folic Acid
- Lithium

3. Combine with Electroconvulsive Therapy

4. Combine with Light Therapy

5. Combine with Ketamine (Nasal form: Esketamine)

AUGMENTATION

① $AD_1 + AD_2$
② AD + low-dose → FA, anti-Psychotic, T, Li
③ AD + ECT
④ AD + Phototherapy
⑤ AD + Esketamine

POST-PARTUM DISORDERS

Post-partum period:
1. DSM → 4 weeks
2. ICD → 6 weeks
3. Clinically → 6 months

	POST-PARTUM BLUES (BABY BLUES)	POST PARTUM PSYCHOSIS	POST PARTUM DEPRESSION
Timing (After delivery)	Occurs & resolves within 2 weeks PP Lasts for a few days	• Abrupt Onset • Prominent within 48-72 hrs • Occurs around 2 weeks post-partum	Onset > 2 weeks after 1 week
Incidence	50-80% of post partum women	1 in 1000 pregnancies (Rare)	5-15% of post partum women
Features	• Self-limiting • Lasts for few days	• Psychotic symptoms +ve • Poses DANGER to baby & self	Symptoms of depression (DIGFAST CAPS)
Treatment	Conservative Management	• Antipsychotics • Mood Medicator	SERTRALINE (preferred SSRI)

NOTE: SSRIs to be avoided in pregnant & lactating women

① Paroxetine
② Fluoxetine

Note:
FDA-approved Neurosteroids for Post-partum Depression (PPD)

① Brexanalone
② Zuranolone
→ Allopregnalone analogues

PSYCHOLOGICAL INTERVENTIONS IN DEPRESSION

1. Solution Focused therapy: Shift focus from thoughts to actions

2. Interpersonal Psychotherapy (IPT)
Goals
① Effective Communication
② ↑ Help seeking behaviour
③ ↑ Safety Net
→ ↓ feeling of helplessness & ↑ support

③ Cognitive Behaviour Therapy (CBT)