

Screening of mood disorders in Primary Care

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SEMMEWEIS EGYETEM

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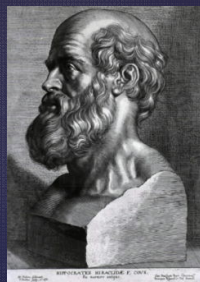


' By 2020 depression will be the
second biggest health problem '
WHO

Hippocrates (460-377 B.C.)

The body humor hypothesis:

- ⊗ Black bile – melancholia
- ⊗ Yellow bile – mania
- ⊗ Hysteria – disease of uterus
- ⊗ Paranoia
- ⊗ Sacred disease - epilepsy



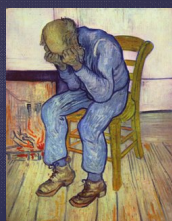
Rubens' Hippocrates

Depression in Famous People

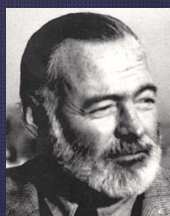
- ⊗ Many famous people have suffered from depression.
- ⊗ In fact, one scientific study of the lives of almost 300 world famous men, found that over 40% had experienced some type of depression during their lives.
- ⊗ Famous writers are particularly prone to the problem (72%), but others also suffer high rates of depression (artists 42%; politicians, 41%; intellectuals 36%, composers 35%, scientists 33%).

Post F, Brit J Psychiat, 1994; 161: 22-34

DEPRESSION: abnormal sadness, loss of joy and motivation, decreased energy, desperation, and suicide



Van Gogh



Hemingway

Epidemiology (%)

prevalence	Lifetime	1 year	1 month
<i>International data</i>			
⊗ Major depression	4.6-15.7	3.4-5.2	1.5-5.2
⊗ Bipolar depression	0.5-5.5	0.3-1.7	0.1-0.6
<i>National data</i>			
⊗ Major depression	15.1	7.1	2.6
⊗ Bipolar depression	5.1	1.1	0.5

Szádóczky et al, J Affect Disord 1998, 50: 153-162.
Rihmer és Angst, Compr Textbook of Psychiatry, 2005.

The prevalence of MDE

The prevalence of MDE and percentage of treated MDE:

- ❖ Before 1991
10 - 15 % and 5 - 7 %
- ❖ After 1996
62 - 85 % and 33 - 50 %

Lecrubier, Int J Psychiat Clin Pract, 2001; 5 (S-1) 3-10.
Berardi et al, Psychother Psychosom, 2005; 74: 225-230.

The difficulties of the depression screening

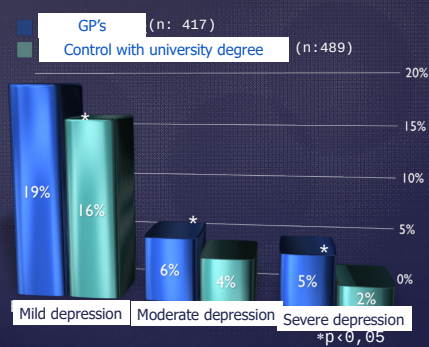
Patient's side

- ❖ It is not a disease
- ❖ Untreatable
- ❖ Stigmatization
- ❖ They talk about only somatic symptoms
- ❖ Lack of information

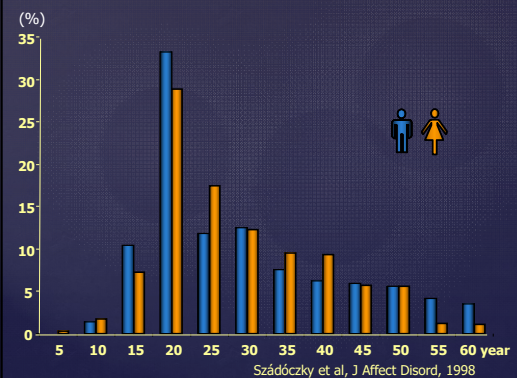
Doctor's side

- ❖ The curriculum is mostly about somatic disease
- ❖ The lack of confidence in mood disorder's management
- ❖ Lack of time
- ❖ Prejudice against mood disorders

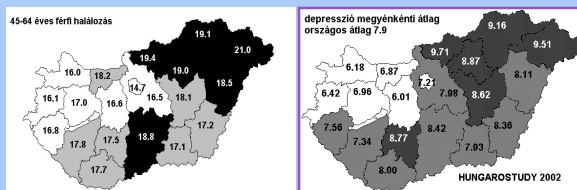
Depressive symptoms (BDI short version)



The first depressive episode (%)



The percentage of death among middle age men and the BDI average score in the Hungarian counties



The efficacy of the depression screening

The complains of the patient

psychiatric

somatic

Diagnosis of depression

81%

10%

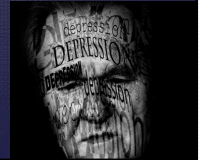
Szádóczky és mtsai.,
2003

Genetics, enviroment, depression

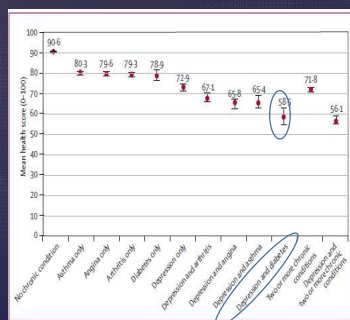
Genetic	Early event	Late event	Possibility of depression
+	+	+	80%
+	+	-	50%
+	-	+	50%
+	-	-	30%
-	+	+	30%
-	+	-	10%
-	-	+	10%
-	-	-	0%

Causes of Depression: Whole Person

- ⌘ Stressful event, life change
 - ❖ Death, divorce, job loss, major illness
 - ❖ Even happy events can be stressful
 - ❖ Marriage, parenthood, new job
- ⌘ Chronic stress
 - ❖ Poverty, war, sexual abuse, anxiety
 - ❖ Chronic disease (diabetes)

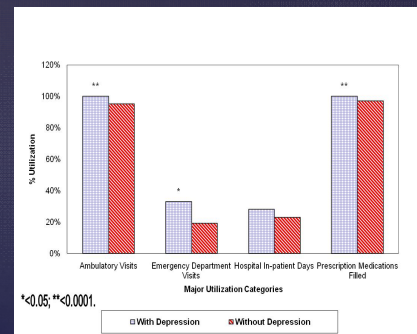


Mean health score of the diabetic patients with different chronic illnesses



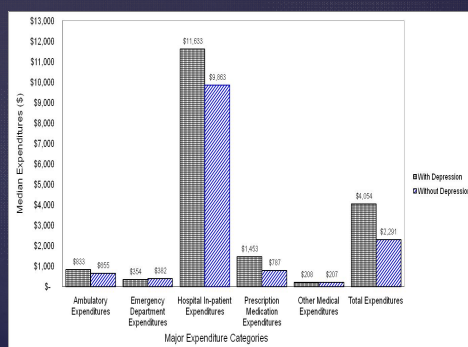
(Moussavi et al., Lancet 2007;370:851-858).

Utilization among diabetic patients with or without diabetes



From Egede LE. Medical costs of depression and diabetes. In: Depression and Diabetes. Katon W, Maj M, Sartorius N (eds). Chichester: Wiley, 2010

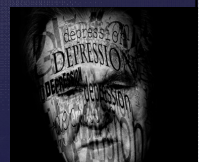
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 - ❖ Chronic disease (diabetes)
 - ❖ Chronic pain
 - ❖ Social defeat stress

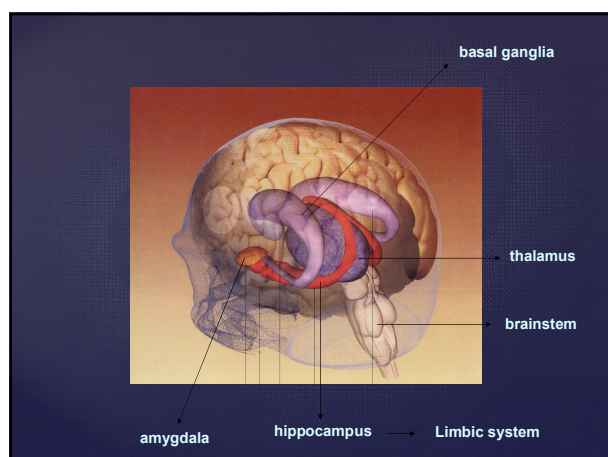


Other Causes of Depression

- Genetic: depression runs in families
- Gender/hormones: women are more likely to get depressed
- Child birth
- Head injury
- Endocrine disorders (hypothyroidism)
- AIDS

Cellular & Molecular Causes of Depression

- Neurotransmitter abnormalities
 - Monoamine hypothesis
 - Serotonin, norepinephrine, dopamine
- Hormonal abnormalities
 - Hypothalamic-pituitary-adrenal axis (HPA)
 - Elevated cortisol
- Brain structure abnormalities
 - Neuronal loss in:
 - hippocampus
 - prefrontal cortex
 - Decreased activity in:
 - Amygdala
 - Cingulate gyrus
 - Prefrontal cortex



Frontal lobe:

- Higher cognition (lateral part)
- Emotional and social functions (bottom part)
- **Schizophrenia**

Basal ganglia:

- Movement regulation
- Skill and habit learning (feedback and reward)
- **Parkinson's disease**

Amygdala:

- Emotion, fear, anxiety
- **Depression**

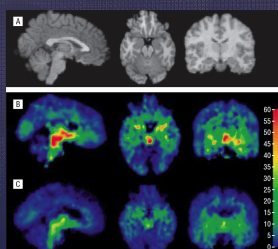
Hippocampus:

- Remembering facts and events (explicit memory)
- **Alzheimer's disease**

Depression = the level of serotonin is too low in your brain?

No, but depressed patients (C) have fewer transporter molecules pumping back serotonin from the synaptic cleft to the neuron

Antidepressants, such as Prozac, act on these molecules



Oquendo et al., 2007

Criteria for Major Depressive Disorder

Symptoms should be present for at least two weeks in a persistent fashion. Five symptoms are needed. At least one must be one of the two main features:

1. Persistent sad mood (most of the day, on most days)
2. Loss of interest or pleasure (anhedonia) (Either by subjective report or observations of others)

The remainder can be from the following symptoms (on most days)

- a) Increase or decrease in appetite or weight
- b) Increase or decrease in sleep duration
- c) Psychomotor agitation or retardation
- d) Fatigue
- e) Worthlessness or guilty feelings
- f) Difficulty concentrating or indecisiveness
- g) Recurrent thoughts of death or suicidal thoughts or plans

"Spontaneous" Depression

- ❖ First depression is usually triggered by stress of some sort.
- ❖ After several depressions (usually >4), new episodes may occur without any obvious trigger.
- ❖ The more depressions, the more likely this will occur.



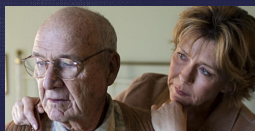
List of risk factors for suicide

- ❖ Elderly (>60 year)
- ❖ Male (female-male, 2-2,5:1)
- ❖ Caucasian
- ❖ Living alone, low pension
- ❖ Prior suicide attempt
- ❖ Family history of suicide
- ❖ Medically ill
- ❖ Psychosis
- ❖ Alcohol or other substance abuse

Note: Older males are at higher risk for suicide than any other demographic group, and they tend to use violent methods (such as a gun) that often result in completed suicide



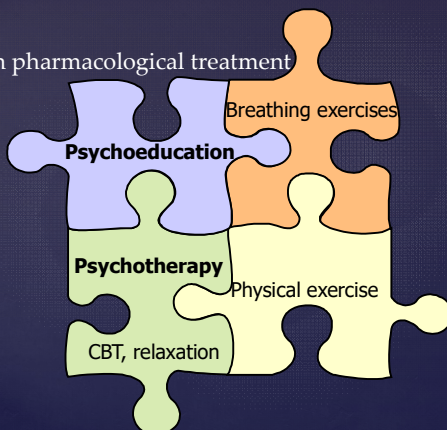
- ◆ Although suicide and attempted suicide are relatively rare events, depression, the major cause of suicide, is common in primary care.
- ◆ Up to 60% and 40% respectively of suicide victims contact their GPs 4 weeks and 1 week before the death. Many attenders consult for other reasons.
- ◆ Many people do not readily present depression or suicidal ideas or intent in primary care, so a high index of suspicion is needed, especially in high-risk groups.
- ◆ There is some evidence that mental health training for GPs may be linked to the reduction of depressive suicides.



Modern psychotherapy

1. Focusing on abnormal thinking (e.g. extreme pessimism and hopelessness in depression) – **COGNITIVE-BEHAVIOR THERAPY**
2. Focusing on human relationships (e.g. dispute, role changes, grief, communication skills) – **INTERPERSONAL PSYCHOTHERAPY**

Non pharmacological treatment



Modern social therapy

Instead of large institutions to "store" the patients:

1. Case manager that helps the patient in everyday activity
2. Sheltered houses
3. Supported employment
4. Daytime "hospitals" and clubs
5. Social skill training