Psychotherapy of depressive disorders

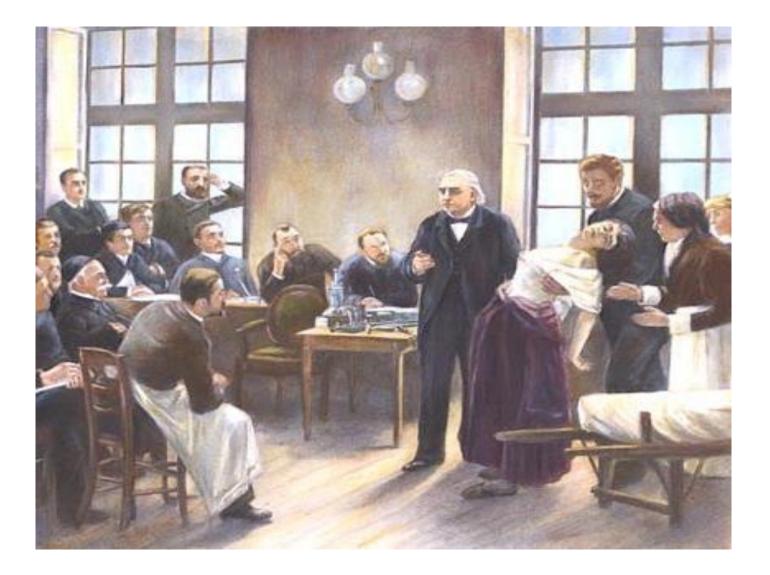
Prof. Tringer László

"Psychotherapy" in the Bible

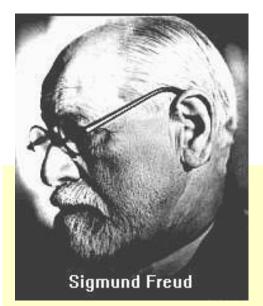




Lecture of Charcot in the Salpêtrière



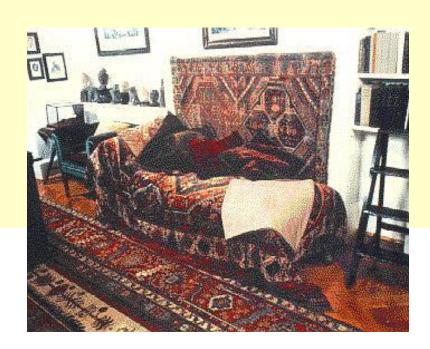
Sigmund Freud



(1856 - 1939)

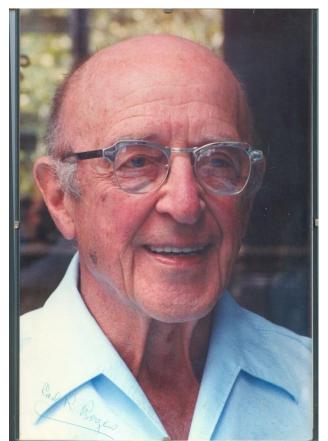
Research in neurology No medical condition behind the complaints

University of Vienna



The theory of Carl R. Rogers

- Humanistic Psychology
- Organism: The individual endeavours to self-realisation
- Self-image: ideas, perceptions, emotions, values and attitudes concerning the self
- Ideal self: the person, the individual desires to become



1902 - 1987

The necessary and sufficient conditions of psychotherapy

Carl R. Rogers

- Empathy verbalisation
- Unconditional acceptance (regard) of the patient
- Congruence

Common factors of psychotherapies

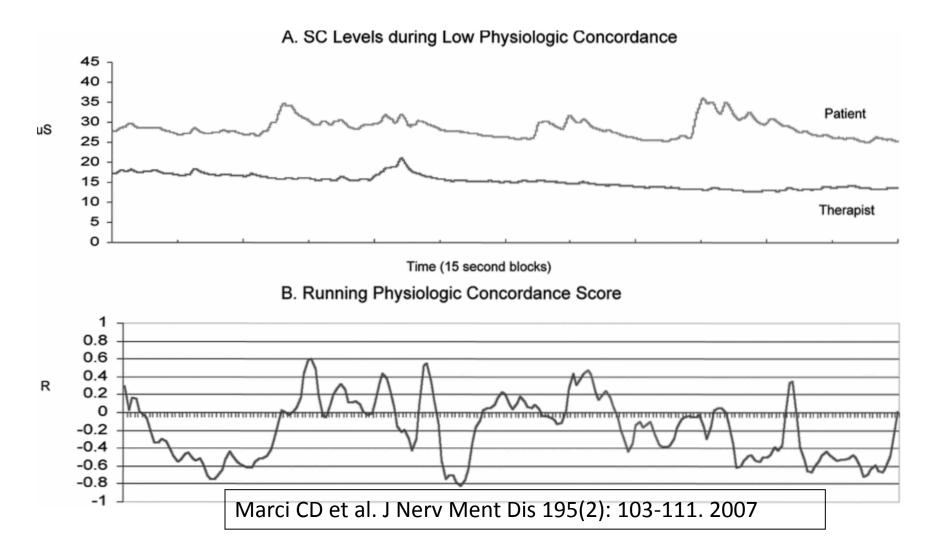
- 1. Positive and warm therapeutic relationship
- 2. Use of effective procedures (support, encouragement, acceptance etc.
- 3. Acceptable explanation of symptoms integrated with the treatment
- 4. Eliciting positive expectations for the treatment

Frank 1991, Arkowitz 1992

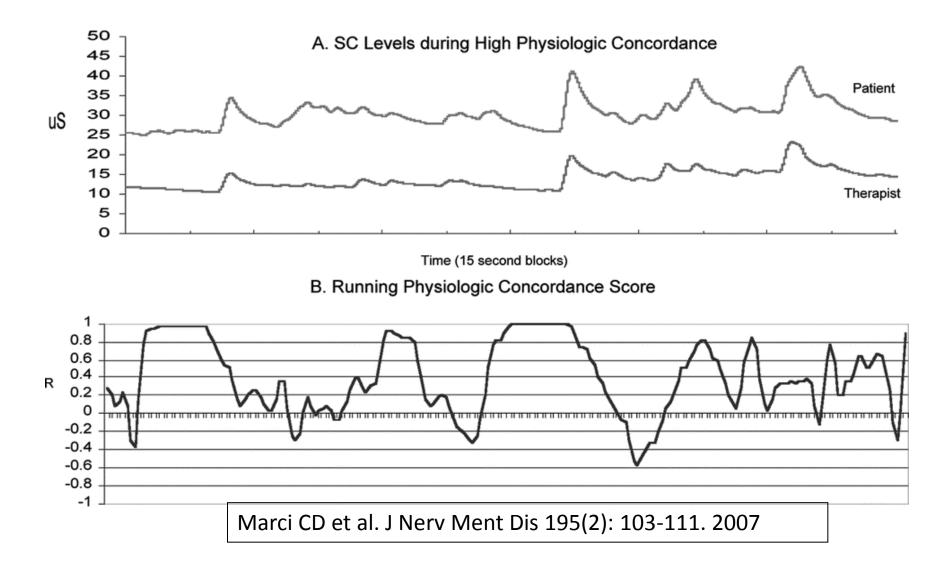
The aim of psychotherapy in neurobiological terms

 Restructuring of neural networks of the subcortical and limbic system, responsible for the non-conscious emotional and motivational dispositions.

Skin conductance and low empathy I.



Skin conductance and high empathy II.



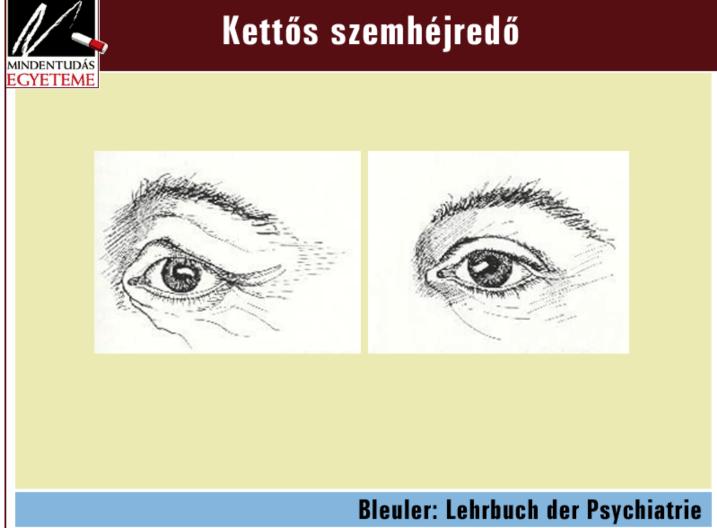
The depressive syndrome

- Behaviour
 - Slowing down, inhibition of movements, thinking, and attention disorders
- SomatiC symptomS
 - Sleep disorder, loss of appetite, loss of weight, sexual disorders
- Subjective Symptoms

 Anxiety, low spirits, hopelessness, worthlessness, sense of guilt, suicidal ideas

The double wrinkle of the upper lid









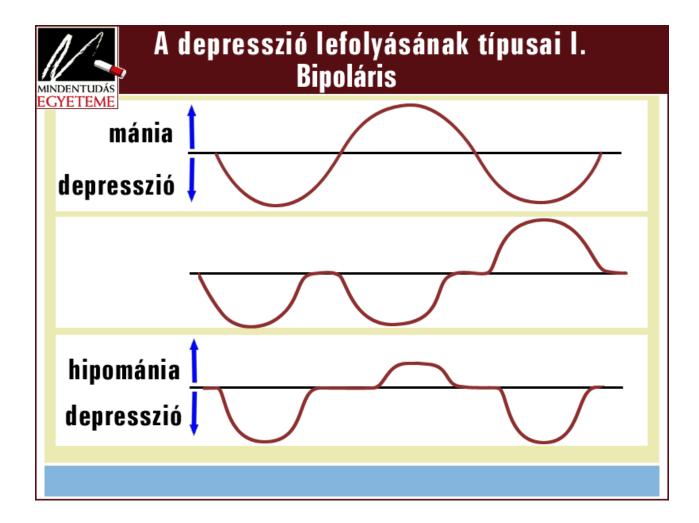
Concepts of depression

Monistic views:

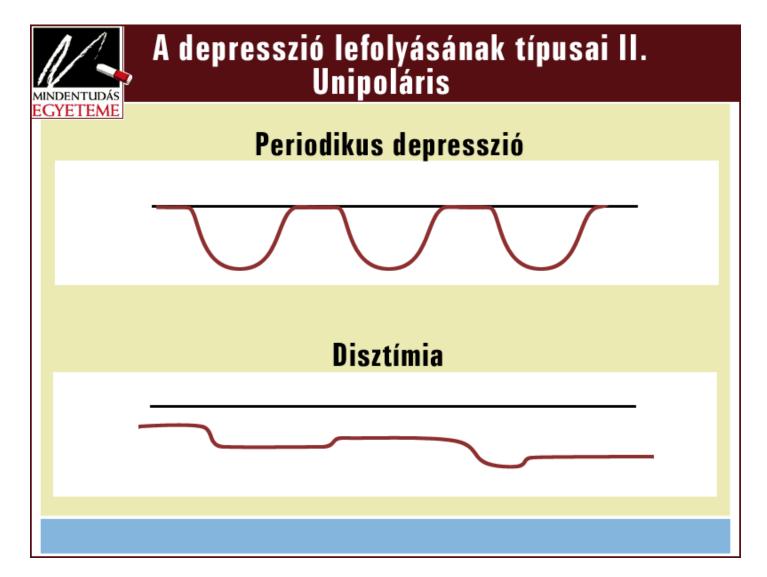
Dualistic views:

- Continuity between normal states and clinically severe forms of depression
- Psychological and biological depressions

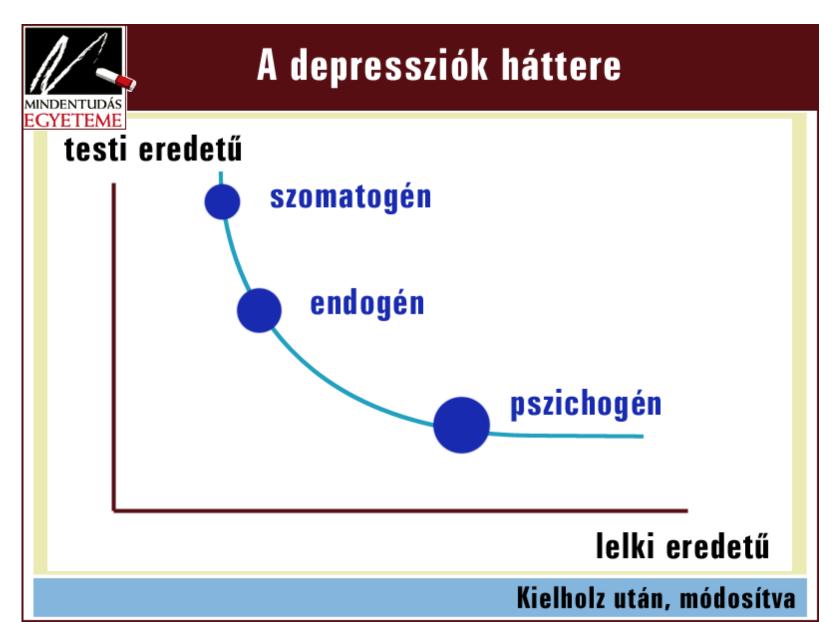
Bipolar course



Unipolar course



View of depressions (Kielholz, modified)

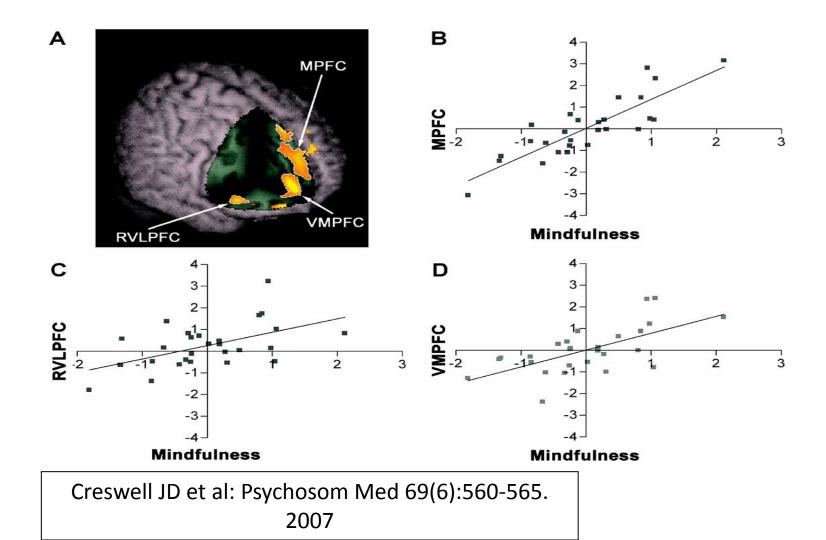


Neurobiological correlations of mindfulness (fMRI studies)

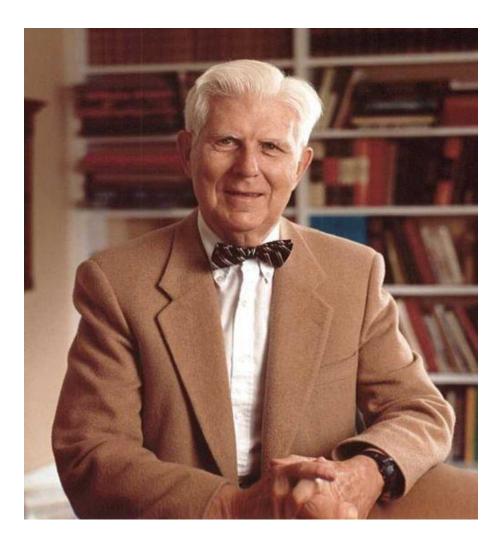
- Increase of the activity of the medial prefrontal cortex
- Decrease of the activity of bilateral amygdala

Creswell JD et al: Psychosom Med 69(6):560-565. 2007

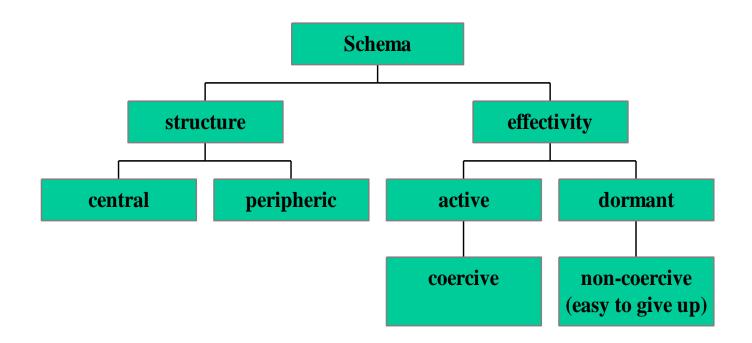
Increase of the activity of prefrontal regions in the function of mindfulness

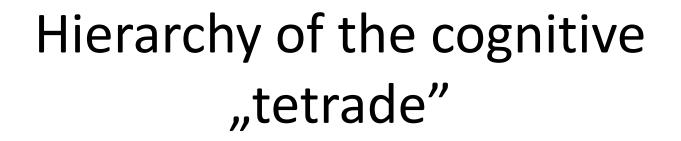


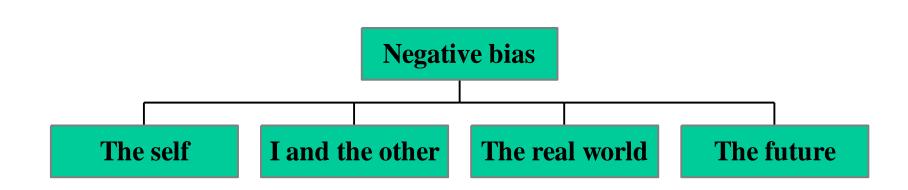
Aaron Beck (1921-)



Classification of cognitive schemata







Cognitive distortions

- All or nothing (dichotomous thinking
- Exaggerated generalisation
- Mental filter (selective abstraction)
- Disqualification of the positive
- Mind reading (early conclusion)
- Future telling
- Catastrophising
- Minimalisation maximalisation
- Emotional logic
- Should statements
- Labelling
- Personalisation

"Superiority" of CBT

Control	Superi- ority	No. of Studies
Waiting list	29%	20
Placebo		
Antidep-	15%	17
ressants		
"Other"	10%	22
apies		
Behavior th.	2%	13
	Waiting list Placebo Antidep- ressants "Other" psychother apies Behavior	OrityWaiting list29%Placebo-Antidep- ressants15%"Other" psychother apies10%Behavior2%

Gloaguen et al. J Affect Dis 1998. 49: 59-72.

Process of cognitive therapy

- Building up relationship
- Aims and priorities
- Identification of automatic thoughts
- Control of automatic thoughts
- Identification and modification of cognitive schemata
- Correction of the self-image