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# More than the Blues: Depression & Its Treatment

Joe Lasek, MD
*Associate Medical Director, Howard Center*
*Clinical Assistant Professor, University of Vermont College of Medicine*



## Objectives

- Review the spectrum of depressive experiences
- Review remedies for depression
  - Talk therapy
  - Medications & medical interventions
  - Self-help
- What to do when you or someone you know is suicidal



## Depression's impact

- Some form of depression affects 20-25% of Americans 18+ y.o. in a given year
- About 15% experience major depression at some point (up to 25% of women)
- About 5% have chronic depression
- About 1% have bipolar disorder
- The leading cause of disability in U.S.

## Is depression always pathologic?

- Evolutionary theory: milder forms of depression adaptive (reducing conflict, eliciting support from others, saving energy)
- May be connected to increased creativity for some
- Rosenberg: Depression provides us with important information to help us recognize unmet needs (connection, rest, meaning)



## Depression's many forms

- Situational depression: brief, spontaneous recovery
- Adjustment disorder: related to stress/ less severe
- Grieving
- Major depression
  - With a seasonal pattern
  - With psychosis
  - Postpartum & prepartum depression
- Persistent Depressive Disorder (Dysthymia)
- Depression secondary to medical conditions or substances
- Bipolar depression



## Major Depressive Episode (MDE)

- At least 2 weeks in duration with at least 5:
- Sleep problems- too much or too little
- Interests decreased (anhedonia)
- Guilt/hopelessness/helplessness
- Energy decreased
- Concentration problems
- Appetite decreased or increased
- Psychomotor retardation
- Suicidality/passive death wishes



## MDE (contd.)

- These problems cause clinically significant distress in impairment in social, occupational or other areas of functioning
- The episode is not associated with a substance or medical condition

## Seasonal Depression

- Regular worsening of depression during fall/winter
- Depression improves in the spring
- Tx: Light therapy, antidepressant (AD) medications and/or cognitive behavioral therapy



## Major Depression with Psychosis

- Psychosis: an altered mental state where sense of reality changes
- Hallucinations: alterations in senses
  - Seeing things (eg loved ones who have passed)
  - Hearing things (eg derogatory voices)
- Delusions: fixed beliefs out of character for one's general culture
  - Somatic: belief that one is rotting on inside
  - Paranoid: one is being persecuted
- Disorganized thinking/ behavior



## Grieving: When is it "pathological?"

- Significant loss (of loved one, $, job, illness, disability) can lead to feelings of sadness, ruminations, insomnia, poor appetite, etc.
- When do we worry?
  - Symptoms are severe (not eating or sleeping at all)
  - Symptoms persist (weeks, months)
  - Thoughts about wanting to be with one who has died change to thoughts about ending one's life



## Persistent Depressive Disorder

- Used to be called dysthymia
- Depressed mood for more days than not for at least 2 years with same symptoms as for Major Depressive Episode (MDE) but less intense
- Generally same treatments as MDE

## Bipolar Depression

- Presence of both mania/hypomania & depressive episodes
- Criteria are otherwise same as for other forms of depression
- Implications for treatment are complicated
  - Ensure regular routines & psychotherapy
  - Mood stabilizers & antipsychotics
  - Some AD treatments more risky



## Depression secondary to substance use

- Can be the direct result of substance (e.g. alcohol, sedatives, marijuana, steroids, some blood pressure meds)
- Can be result of substance withdrawal (e.g. cocaine, amphetamines, antidepressants)
- Can be result of chronic toxic effects (e.g. Ecstasy (MDMA), cocaine, methamphetamine)



## Depression secondary to medical conditions

- Hypothyroidism
- Anemia
- Vitamin deficiencies (Folate, D)
- Diabetes
- Autoimmune conditions
- Cancer
- Heart disease/ heart attacks
- Strokes
- Hip fractures



## Depression in kids

- Irritability/ listlessness may be present
- Lack of enjoyment in activities
- Lack of weight gain
- Somatic complaints (body aches, difficulty moving)

## Depression in Elders

- Irritability instead of sadness may be present
- May present as somatic or pain complaints
- "Pseudo-dementia" (reversible dementia): marked cognitive impairment
- Need to differentiate normal grief from major depression



## Depression During Pregnancy

- 10%- 25% of pregnant women experience depression
- Depression during pregnancy is strongest predictor of postpartum depression
- 15% of women with untreated depression during pregnancy attempt suicide



## Postpartum Depression

- 50-75% experience "baby blues"
  - Usually in first 10 days & peak around 5 days
  - Symptoms do not interfere with social/ occupational fxn
- 10- 20% of new moms experience major depression usually within a few months of delivery



## Postpartum psychosis

- 1/ 500 women
- 2 days– 4 weeks following delivery
- Delusions & hallucinations
- Mood swings
- Confusion/ disorganized behavior
- Infanticide & suicide in 4% & 5% of women, respectively

# RECOVERY FROM DEPRESSION



## An approach to recovery from depression

- For depression prevention & less intense or briefer forms of depression
  - Good self-care: diet, exercise, meditation, play
  - Social support
  - Support groups
  - Behavioral activation
  - Bibliotherapy (i.e. self-help books)
- More intense & persistent depression? Follow me…



## Exercise

- Extensive literature showing benefits
- Higher energy activity & weight lifting may be superior to moderate exercise
- Studies limited by:
  - Small size, short duration
  - Mostly young, fit subjects
- Consult physician if in doubt about safety of exercise



## Yoga

- Several studies show yoga can reduce depressive symptoms & lead to remission from depression
- Studies limited by:
  - Small, short duration
  - Mostly young, fit subjects
- Side effects include excessive peacefulness, strength & flexibility

## Bibliotherapy

- Self-help (usually CBT) books
  - Feeling Good by Burns
  - Mind Over Mood by Greenberger & Padesky
  - The Mindfulness & Acceptance Workbook for Depression by Strosahl & Robinson
- Can be very effective
- Comparable to CBT provided by therapists in some studies

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## Treatment for depression starts with good assessment

- Careful evaluation extremely important:
  - Medical evaluation to rule out possible underlying causes (disorders, drugs, etc)
  - Mental health evaluation to develop treatment plan
- If having suicidal thoughts, attention required immediately!

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## Goals for depression treatment

- Frequent contact
- Communicate preferences to professionals
- Generally, (but not always) correct underlying problems causing depression first
- Avoid iatrogenic worsening of symptoms (e.g. meds that worsen depression)
- Minimize (or utilize) side effects
- Treat aggressively: Remission the goal

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## How well do treatments work?

- Only half of Americans experiencing an episode of major depression receive treatment
- 80% -90% of people that seek treatment for depression are treated successfully using therapy and/or medication. (TAPS study)

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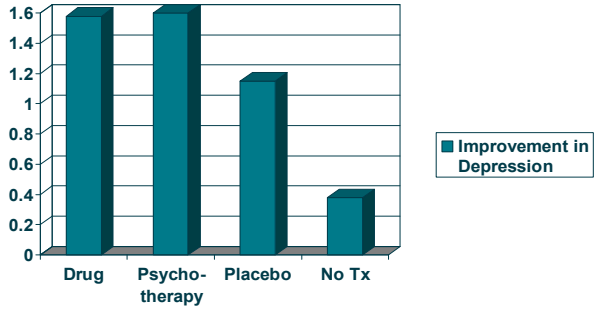
## Depression Treatment Outcomes

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Kirsch 2010 p 10

## PSYCHOTHERAPIES



## Different Types of Therapy

- Most evidence:
  - Cognitive behavioral therapies (CBT): changing thoughts & behaviors
  - Interpersonal therapy (IPT): relationships, role transitions, grieving
- Some evidence for:
  - Psychodynamic therapy: unconscious drives & defenses
  - Behavioral activation therapy
  - Problem solving therapy
  - Social skills training
- Non-directive/supportive therapies least effective



## Effective therapy

- What matters most?
- About 80% of treatment effect due to "intrinsic factors"- what you bring to the work (especially positive expectation)
- About 20 % of effect: relationship with therapist
- Most progress in first 6-12 sessions

## Behavioral Activation Therapy

- Vicious cycle: Depression leads to avoidance & withdrawal (from relationships, job/life routines, thoughts/feelings) which then worsens depression
- BA seeks to increase activity, decrease avoidance/withdrawal & break the cycle



## Behavioral Activation Therapy (contd.)

- Establish/maintain routines
  - Self-monitor
  - Schedule structured daily activities
- Rate degree of pleasure & accomplishment during activities
- Explore alternative behaviors related to eventual goals



## MEDICATIONS



## Selective Serotonin Inhibitors (SSRIs)

- Fluoxetine (Prozac), citalopram (Celexa), sertraline (Zoloft), fluvoxamine (Luvox), paroxetine (Paxil), vilazidone (Viibryd)
- For mild to moderate depression: may not be more effective than placebo
- All about equally effective
- Same rate of side effects as older medications but generally more tolerable

## Serotonin-Norepinephrine Inhibitors (SNRIs)

- Venlafaxine (Effexor), duloxetine (Cymbalta), desvenlafaxine (Pristiq), levomilnacipran (Fetzima)
- May be a bit more effective for depression/pain than SSRIs
- More risk for sweating, headache, increased blood pressure



## SSRIs/SNRIs: Risks

- Headache, irritability, GI symptoms, insomnia, sexual dysfunction, weight gain, dysphoria/anxiety, drowsiness, tremor
- Increased risk of GI bleed, low sodium, low bone density, liver function probs, cardiac problems
- Increased suicidality in kids, teens, adults under 25



## Other 2nd generation antidepressants

- Mirtazapine (remeron)
  - Weight gain & sedation can be problematic
  - Great where sleep or low appetite is a problem
- Bupropion (wellbutrin)
  - Generally avoid in those with significant anxiety
  - Less sexual SE but more problems with HA/jitteriness
- Trazodone: sedating (can help with sleep)



## Tricyclic Antidepressants (TCAs)

- Nortriptyline, amitriptyline, desipramine, imipramine, doxepin
- Older drugs but very useful in certain situations
  - Chronic pain
  - Migraines
  - Insomnia
  - Treatment resistant depression/anxiety

## TCAs: Risks

- Frequent side effects: sedation, weight gain, low blood pressure
- Anticholinergic side effects: dry mouth, blurry vision, constipation, urinary retention, confusion
- Can be cardiotoxic & deadly in OD



## Switching vs augmentation

- If no response: switch
- Partial response: augment
- Avoid switching or augmenting too soon

- Many choices for augmentation:
  - Bupropion
  - Mirtazapine
  - Lithium
  - Thyroid hormone
  - Buspirone
  - Antipsychotics
  - Dopamine agonists
  - Stimulants
  - Fatty acids
  - SAMe
  - Folate



## Other medical interventions

- Electroconvulsive Therapy (ECT)
  - Effective treatment for severe & chronic depression
  - Side effects usually manageable but can be problematic
- Transmagnetic Stimulation(TMS)
  - Probably about as effective as medication
  - Less side effects than ECT
- Vagal Nerve Stimulation: BEWARE!



## OTHER DEPRESSION TREATMENTS

## Light therapy

- Different types of light therapy (bright light, blue light, dawn light, etc.)
- Bright light treatment & dawn simulation for seasonal depression& bright light for non-seasonal depression are equivalent to ADs
- Some studies show light treatment works faster & lower rate of side effects than AD's



## St. John's Wort

- Some studies: comparable to standard ADs for mild to moderate depression (European studies show better effect than US studies)
- Side effects tend to be less than AD drugs
- Can have significant drug-drug interactions (with ADs, oral contraceptives, etc.)



## SAMe

- Metabolite involved in synthesis of neurotransmitters
- Dozens of studies show positive effects in depression (but only 2 open trials in US)
- Side effects comparable to ADs: headaches or GI symptoms
- PRICEY



## Omega-3 Fatty Acids

- 1- 2 g of omega-3 fatty acids generally effective (results have been inconsistent)
- May help ADs work better
- Probably effective in bipolar depression with minimal risk of causing mania
- May be good for heart health & other things
- Benign side effect profile with occasional GI upset/ diarrhea

## Vitamins

- Some evidence for Vitamin D
  - Consider a serum level in evaluating depression
  - Consider supplementing with Vitamin D in those with low levels
- Vitamin B (Folate): probably most useful as adjunct to ADs (but some report stand alone benefits)



## The jury's still out…

- Acupuncture
- Aromatherapy
- Biofeedback
- Chiropractic treatments
- Guided imagery
- Hypnosis
- L-tryptophan
- Massage therapy
- Meditation
- Relaxation



## Treatment During Pregnancy

- Psychotherapy safest & preferred (along with good self-care)
- In women taking AD prior to pregnancy, stopping may increase risk of depression
- Slowly decreasing AD reduces risk of developing depression
- ECT may be an option if depression severe



## Antidepressant (AD) safety during pregnancy

- Most ADs don't cause birth defects (paroxetine increases risk from 3% to 4%)
- Most ADs can cause neonatal withdrawal symptoms
  - Increased muscle tone & motor activity
  - Irritability, jitteriness
  - Abnormal breathing pattern
  - Disrupted sleep
- Persistent pulmonary hypertension of neonate (PPHN): 6- 12 per 1,000 pregnancies
- Fluoxetine & sertraline have most safety data

## Postpartum Depression Treatment

- Psychotherapy, supportive interventions preferred
- Data on ADs limited
- Breastfeeding:
  - Generally avoid ADs
  - Paroxetine, sertraline, nortriptyline safest



## Treatment in kids

- Psychotherapies generally most effective
- Use antidepressants with caution
  - Most have been shown to be ineffective (fluoxetine most effective)
  - Lower doses
  - Increased risk of suicidal thoughts/ behavior highest in adults < 25 y.o.



## Treatment in Elders

- Treat medical conditions (especially pain & insomnia)
- Stop drugs that may worsen depression
- Psychotherapies generally effective
- ADs are effective but require caution:
  - More sensitivity to side effects
  - Lower doses (slower metabolism)
  - Avoid anticholinergic/ sedating/ BP lowering/ long acting meds



## DEPRESSION & SUICIDE

## Depression & Suicide

- Over 90% of people who die by suicide have clinical depression or another mental health issue
- 15% of those with major depression attempt suicide at some point
- Suicidal thinking never a "normal" response to stress
- Suicidal thoughts, gestures or behaviors require immediate attention



## Suicide facts

- 10th leading cause of death in US across all ages (12.1 per 100,000 people/ yr or 38, 000/ yr)
- 1 of every 25 suicide attempts successful
- ~250,000 become suicide survivors each year
- Age Disparities
  - 2nd leading cause of death, ages 15-24
  - 4th leading cause of death, ages 18-65
  - Highest risk group: males 50+ (30/ 100,000); aged 75+ (36/100,000)
- Suicide rates for females highest: 45-54 y.o. (9 per 100,000)



## Suicide gender disparities

- Females more likely to have suicidal thoughts & attempt 3x more than males
- Males complete suicide 4x's more frequently than females & represent 79% of suicides
- Firearms most commonly used method of suicide for males (51%)
- Poisoning most common method of suicide for females



## Suicide risk factors

- Transgender identification (41% attempt suicide) (NTDS)
- Lesbian, gay, bisexual (10-20% attempt)
- Prior suicide attempts (20%- 50% of people who commit suicide had previous attempt)
- Divorced, widowed or single
- Caucasian or Native American
- Active substance abuse (particularly alcohol)

## Suicide risk factors

- Adverse or traumatic life events (e.g. physical or sexual abuse, bullying)
- Family history of suicide, mental health issue or substance abuse
- Family violence
- Access to firearms
- Chronic physical illness, including chronic pain
- Exposure to suicidal behavior of others



## Suicide warning signs

- Worsening depression
- Anxiety, agitation, insomnia
- Losing interest in things one used to care about
- Having a "death wish," tempting fate by taking risks that could lead to death, such as driving fast or running red lights
- Frequently talking or thinking about death
- Making a plan/ seeking access to lethal means



## Suicide warning signs

- Making comments about being hopeless, helpless or worthless (i.e. “It would be better if I wasn't here" or "I want out“)
- Putting affairs in order, tying up loose ends, changing a will
- Visiting or calling people to say goodbye
- Sudden, unexpected switch from being very sad to being very calm or appearing to be happy



## Common misconceptions about suicide

- "People who talk about suicide won't really do it."
- Not True. Almost everyone who attempts suicide gives a clue or warning. Don’t ignore talk.
- "If a person is determined to kill him/herself, nothing is going to stop him/her."
- Not True. Most suicidal people do not want to die; they want the pain to stop. The impulse to end it all does not last forever.

## Common misconceptions about suicide

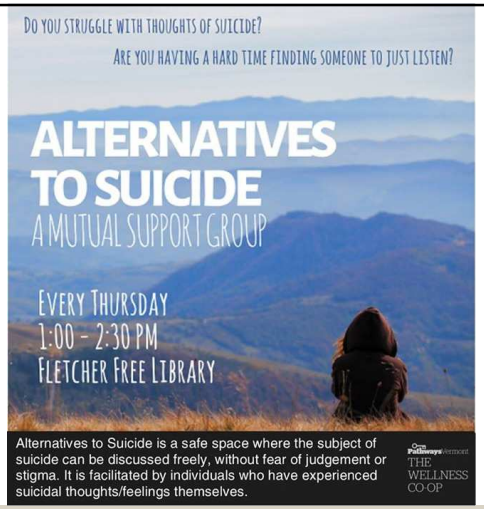
- "People who commit suicide were unwilling to seek help."
- Not True. Studies show a majority saw a medical professional within 1 month of their death.
- "Talking about suicide with someone may give them the idea."
- Not True. You don't give a suicidal person ideas by talking about suicide. The opposite is true- raising the topic of suicide & discussing it openly is one of the most helpful things you can do.



## What to do if someone is suicidal

- Never leave a suicidal person alone
- DON'T argue, dispute, belittle, harangue
- DO stay calm, listen, validate, show concern, encourage talking
- DO tell person you will help them get the help they need
- If concerned, remove access to means (e.g. guns, knives, pills, etc.)








## Resources for suicide prevention

vtspc.org/

www.umatterucanhelp.com

www.suicidepreventionlifeline.org

## Suicide hotlines

- National Hopeline Network: 1-800-442-HOPE (4673) www.hopeline.com
- National Suicide Prevention Lifeline: (800) 273-8255/ TTY: (800) 799-4889
- GLBT National Hotline: 1-888-843-4564 www.glnh.org
- GLBT National Youth Talkline: 1-800-246-PRIDE (7743) Online Peer Support Chat: www.glnh.org/chat/index.html
- If US military veteran: (800) 273-8255 and press 1



## If suicide appears imminent

- Call local crisis hotline (488-6400)
- Dial 911 or bring person to nearest ER



# Thanks!

**Questions?**
**Comments?**
**Compliments?**

Questions/ comments:
josephl@howardcenter.org