DEPRESSION AWARENESS

Carolyn Stout, PharmD
PGY1 Ambulatory Care Resident
Auburn University Pharmacy Health Services
Objectives

- Define major depressive disorder and its diagnosis
- Discuss the prevalence, risk factors, and epidemiology of depression and anxiety
- Provide management options including non-pharmacy choices and medications
- Inform about the risk of suicide and how to seek help
WHAT IS MAJOR DEPRESSIVE DISORDER?
Definition

- **Major Depressive Disorder (MDD):**
  - Mood disorder that persists for at least a period of 2 weeks causing changes in how you think, feel, and carry out daily activities
  - Can affect sleep patterns, appetite, energy levels, and interest in work or social situations
12-month Prevalence of Major Depressive Episode Among U.S. Adults (2014)

Percent

Overall: 6.6
Female: 8.2
Male: 4.8
18-25: 9.3
26-49: 7.2
50+: 5.2
Hispanic: 5.6
White: 7.1
Black: 5.4
Asian: 4.2
NH/OPi*: 6.7
AI/AN**: 6.0
2 or More: 12.7

Data courtesy of SAMHSA

*NH/OPi = Native Hawaiian/Other Pacific Islander
**AI/AN = American Indian/Alaska Native
Major Depressive Disorder Prevalence

• Estimated to affect around 7% of U.S. adults every year
• Leading cause of disability worldwide
• Females have 1.5-3 times higher rates of depression than males
• Depression can arise at any age but is most likely to arise in the 20s and greatly affects people in older age
• Depression is often linked with comorbid diseases:
  • Cancer
  • History of stroke or heart attack
  • Diabetes
  • Substance use
  • Parkinson’s
  • HIV
Risk Factors

- Adverse childhood events
- Family History
- Chronic medical conditions
- Morbid obesity
- Substance use, anxiety, or personality disorders
How Does Depression Occur?

Image obtained from:

Depression Overview
SYMPTOMS

- Decreased mood most of the day nearly every day
- Decreased interest or pleasure in daily activities
- Weight loss or weight gain
- Insomnia or sleeping too much
- Agitation
- Fatigue or loss of energy
- Feeling worthless or guilty
- Inability to concentrate
- Recurrent thoughts of death or thoughts of suicide
Other Types of Depression

- **Postpartum Depression**: Depression following giving birth and results in extreme anxiety, fatigue, and sadness.
- **Dysthymia**: Chronic, low grade depression, most days you feel down but you have periods of normal mood.
- **Seasonal affective disorder**: Decrease in mood that accompanies changes in the seasons.
Other Types of Depression

Substance use depressive disorder
• Depressive symptoms are tied to the use of a particular substance

Depression with anxiety
• Depression that is tied with feelings of restlessness, excessive worry, or fear of something bad occurring

Psychotic depression
• Depression that is linked with the occurrence of false fixed beliefs, known as delusions, or hearing or seeing false things (hallucinations)
TREATMENT OF DEPRESSION
Non-pharmacologic and pharmaceutical options
Goals of Therapy

- **Acute Phase**: to achieve remission
  - Lasts 6-10 weeks
  - Remission: absence of symptoms

- **Continuation Phase**: eliminate lingering symptoms, prevent relapse (return of symptoms within 6 months)
  - Lasts 4-9 months

- **Maintenance phase**: prevent recurrence (separate episode of depression)
  - Lasts 12-36 months
  - Recurrence rate is higher in patients with prior episodes
  - Maintenance antidepressant therapy is considered for patients with 3 or more prior episodes
Psychotherapy: “talk therapy”

- Cognitive Behavioral Therapy
- Group, marital, or family therapy
- Interpersonal psychotherapy
- Problem-solving therapy
- Psychodynamic psychotherapy
## “Talk Therapies”

<table>
<thead>
<tr>
<th>Cognitive Behavioral Therapy</th>
<th>Interpersonal Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Works towards identifying irrational beliefs and distorted attitudes about one’s self and their life</td>
<td>• Identifies what has caused the current episode of depression</td>
</tr>
<tr>
<td>• Goal: to decrease symptoms of depression by motivating patients to change their beliefs and attitudes</td>
<td>• Tries to resolve disputes, false beliefs, builds social skills</td>
</tr>
</tbody>
</table>
“Talk Therapies” Continued

- **Psychodynamic psychotherapy**: interventions that try to identify what is causing vulnerability, personality and symptom development
  - Modify psychological conflicts
  - Focus on conflicts in relationships or anxiety
- **Problem-solving therapy**: 6-12 sessions aimed to prevent depression in comorbid disease or elderly
- **Marital and family therapy**: works to resolve problems at home that may result in depression
- **Group therapy**: works to resolve issues through a mutual support group
Lifestyle Changes

• Balanced diet
• Sufficient sleep
• Good support system
• Exercise
• Engaging in social activities
• Stress management
Pharmaceutical Options

• Factors to consider upon choosing treatment:
  • Prior medication use
  • Drug interactions with current medications
  • Safety and effectiveness of medication
  • Concurrent medical conditions
    • Are they causing depression?
  • Cost
  • Patient preference
# Types of Antidepressants

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Names of Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selective serotonin reuptake inhibitors</td>
<td>Zoloft (sertraline), Prozac (fluoxetine), Paxil (paroxetine), Celexa (citalopram), Lexapro (escitalopram)</td>
</tr>
<tr>
<td>Serotonin norepinephrine reuptake inhibitors</td>
<td>Pristiq (desvenlafaxine), Effexor (venlafaxine), Cymbalta (duloxetine)</td>
</tr>
<tr>
<td>Norepinephrine and dopamine reuptake inhibitor</td>
<td>Wellbutrin (bupropion)</td>
</tr>
<tr>
<td>Tricyclics*</td>
<td>Elavil (amitriptyline), nortriptyline, imipramine, desipramine, doxepin</td>
</tr>
<tr>
<td>Monoamine oxidase inhibitors*</td>
<td>Phenelzine, tranylcypromine, selegiline</td>
</tr>
<tr>
<td>Other agents</td>
<td>Nefazodone, mirtazapine, trazodone</td>
</tr>
</tbody>
</table>

*No longer frequently used
Counseling Points

- Take your medication exactly as prescribed by your doctor
- It may take 4-6 weeks before you see benefit from the medication
- Use other methods of therapy in addition to medications
- Report any adverse reactions to your doctor or pharmacist
  - Thoughts or feelings of suicide should be reported immediately
- Make sure you have sufficient social support
- It may take time and several different medications before you find the best one for you
- Do not stop taking your medication unless told to do so
Selective Serotonin Reuptake Inhibitors

Names: sertraline, paroxetine, fluoxetine, citalopram, escitalopram

Side effects: nausea, vomiting, diarrhea, insomnia, decreased sexual desire, headache, weight gain

Counseling points:
May take with or without food
Take in the morning
May increase falls in the elderly
Taper dose before stopping—consult doctor
Serotonin-Norepinephrine Reuptake Inhibitors

Names: Duloxetine, Venlafaxine, Desvenlafaxine

Side effects: nausea, constipation, dizziness, insomnia, decreased sexual desire, headache, loss of appetite

Counseling points:
May take with or without food
May also help treat anxiety or nerve pain
May increase falls in the elderly
Taper dose before stopping—consult doctor
Wellbutrin (Bupropion)

- Several different formulations—caution with dosing
- May be taken with or without food
- Should not be used in patients with severe anxiety
- Use with caution in patients with history of seizures or seizure disorder
- May cause increases in blood pressure
- **Side effects**: increased heart rate, headache, agitation, dizziness, sweating, weight loss, nausea, dry mouth, blurred vision

Tricyclic Antidepressants (TCAs)

Names: Amitriptyline, desipramine, doxepin, nortriptyline

Side effects: nausea, dry mouth, blurred vision, low blood pressure

Counseling points:
Caution use in elderly and those with seizure disorder
May also help treat chronic pain, migraines, or insomnia
Potential for drug-drug interactions
Taper dose before stopping—consult doctor
Monoamine Oxidase Inhibitors

Names: phenelzine, tranylcypromine, selegiline

Side effects: low blood pressure, hypertensive crisis, dizziness, headache, drowsiness, increased anxiety, constipation

Counseling points:
Do not consume foods containing tyramine or tryptophan: aged cheeses, meats, wine, sour cream, figs, raisins
Caution use in elderly
Significant drug-drug interactions
Taper dose before stopping—consult doctor
TREATMENT RESISTANT DEPRESSION

“Refractory Depression”
Refractory Depression

- No response to adequate treatment trials of at least two antidepressants
- May provide adjunct therapy with other medications
- **Other options:**
  Electroconvulsive therapy, transcranial magnetic stimulation, vagus nerve stimulation, increased psychotherapy
Electroconvulsive Therapy (ECT)

While the patient is under anesthesia, an electrical pulse is applied to the scalp in order to produce a controlled seizure.
Electroconvulsive Therapy

• Preformed unilaterally or bilaterally
  • Less cognitive effects with unilateral placement
• Seizure lasts 20-30 seconds
• Treatments are done 2-3 times weekly for a total of 6-12 treatments in the acute phase
• Side effects: headache, muscle aches, nausea, memory loss
• Very low risk and a very effective treatment
• Modern ECT
<table>
<thead>
<tr>
<th>Transcranial Magnetic Stimulation</th>
<th>Vagus Nerve Stimulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Magnetic coil is placed on the head to produce electrical stimulation of neurons</td>
<td>• Device is implanted onto the vagus nerve to send mild electrical impulses</td>
</tr>
<tr>
<td>• Approved for use in those who do not experience remission after one adequate trial of an antidepressant</td>
<td>• 30 second pulses every 5 minutes</td>
</tr>
<tr>
<td>• Less effective than ECT but less memory side effects</td>
<td>• Used originally in epilepsy</td>
</tr>
<tr>
<td>• Well tolerated treatment</td>
<td>• Only approved for patients with treatment-resistant depression</td>
</tr>
<tr>
<td></td>
<td>• Unsure if it adequately treats depression</td>
</tr>
</tbody>
</table>
Suicide in America

- 10th leading cause of death in the U.S. with 42,773 deaths annually
  - For every suicide, 25 attempts are made
- Women are more likely to attempt suicide, but men are more likely to die by suicide (3.5x higher death rate)
- Second leading cause of death among those aged 15-34
- Older adults have the highest suicide
  - White males make up 80% of all late-life suicides
Warning Signs

- Feeling like a burden
- Aggression or saying goodbye
- Increased alcohol or drug use
- Searching for ways to kill oneself
- Having no reason to live
- Withdrawal from activities
- Aggression or saying goodbye
What To Do

• If you or someone you know is at risk for suicide, seek help immediately
• 911, hospital, walk-in clinic, friends, loved ones
• National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
• Crisischat.org
• Crisis Text Line: Text “Start” to 741-741
Conclusion

- Depression is a serious disorder that involves changes in the brain and can result in significant morbidity and mortality
- Treatments vary for every person and can involve many different modalities
- Feelings or thoughts of suicide should be addressed immediately in order to prevent the loss of life
Questions