

# Treating depression: when and how

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# When to treat?

- Beware empathy and understanding
- They lead to under-treatment

# When to treat?

- Depression persistent
- Moderate or severe in intensity
- Hindering recovery from medical illness
- Affecting adherence to treatment
- Not resolving when physical illness improving

# Benefits of treatment

- Less apparent for mild depression
- Less apparent for acute onset depression

# Treatment options

- Psychological
- Pharmacological
- ECT

# Psychological Therapies

( 23 types listed by BACP )

- Counselling
- Cognitive behaviour therapy
- Psychoanalytic therapies
- But often not available

# Counselling

- “A form of psychological therapy that gives individuals an opportunity to explore, discover and clarify ways of living more resourcefully, with a greater sense of well being.”
- Department of Health,2001

# Cognitive behaviour therapy

- Cognitive techniques challenge negative thoughts
- Behaviour techniques encourage graded exposure and increased activity of tasks previously avoided
- CBT relieves symptoms by changing maladaptive thoughts, beliefs and behaviour



# Psychoanalytic therapies

- Aim to resolve a conflict arising from early experience that is being re enacted in adult life producing(mental) health problems.
- Relationship with therapist (transference) provides opportunity for unconscious conflicts to be re-enacted and interpreted.
- Long term process(12 months or more)

# Evidence for psychological treatments

- More impressive for CBT
- Effective for milder severity of depression
- Effective for reducing depression in some cancers
- Effective for “functional” disorders eg chronic fatigue syndrome, IBS, non-cardiac chest pain

# Antidepressant drugs

- Tricyclics
- Mono-amine oxidase inhibitors
- Selective serotonin re-uptake inhibitors
- Others

# Antidepressants in medically ill Cochrane Review

- Effective in wide range of illnesses
- Reasonably acceptable to patients
- Four patients needed to be treated to produce one recovery which would not have occurred with placebo
- Trend towards tricyclics being more effective than SSRI's
- Tricyclics had higher drop-out rate

# Patient information on antidepressants

- Explain biochemical basis of depression
- Drug restores balance of chemistry in brain
- Side-effects common but usually transient
- Therapeutic effect delayed 2-4 weeks
- Drug should be continued at least 6 months after remission
- Should not be stopped abruptly

# Selective serotonin reuptake inhibitors

- Probably are drugs of first choice
- Better tolerated
- Lower risk of suicide
- Sexual side-effects
- Discontinuation syndrome
- Citalopram and sertraline do not inhibit cytochrome P450 isoenzymes

# Other antidepressants

( Kent JM,Lancet,2000;355:911-918)

- SNaRI-venlafaxine
- NaSSA-mirtazapine
- NaRI-reboxetine

# Venlafaxine

- Serotonin noradrenergic reuptake inhibitor
- Dose range 75-225mg daily
- Little affinity for muscarinic histaminic or alpha adrenergic receptors
- Superior to fluoxetine and paroxetine in some studies
- Drug interactions rare
- Main side-effects nausea drowsiness sexual dysfunction sweating dry mouth hypertension



# Reboxetine

- Noradrenaline reuptake inhibitor
- Dose range 8-12mg daily
- No inhibition of serotonin or dopamine reuptake
- Drug interactions rare
- Main side effects: dry mouth, constipation, insomnia, sweating, tachycardia

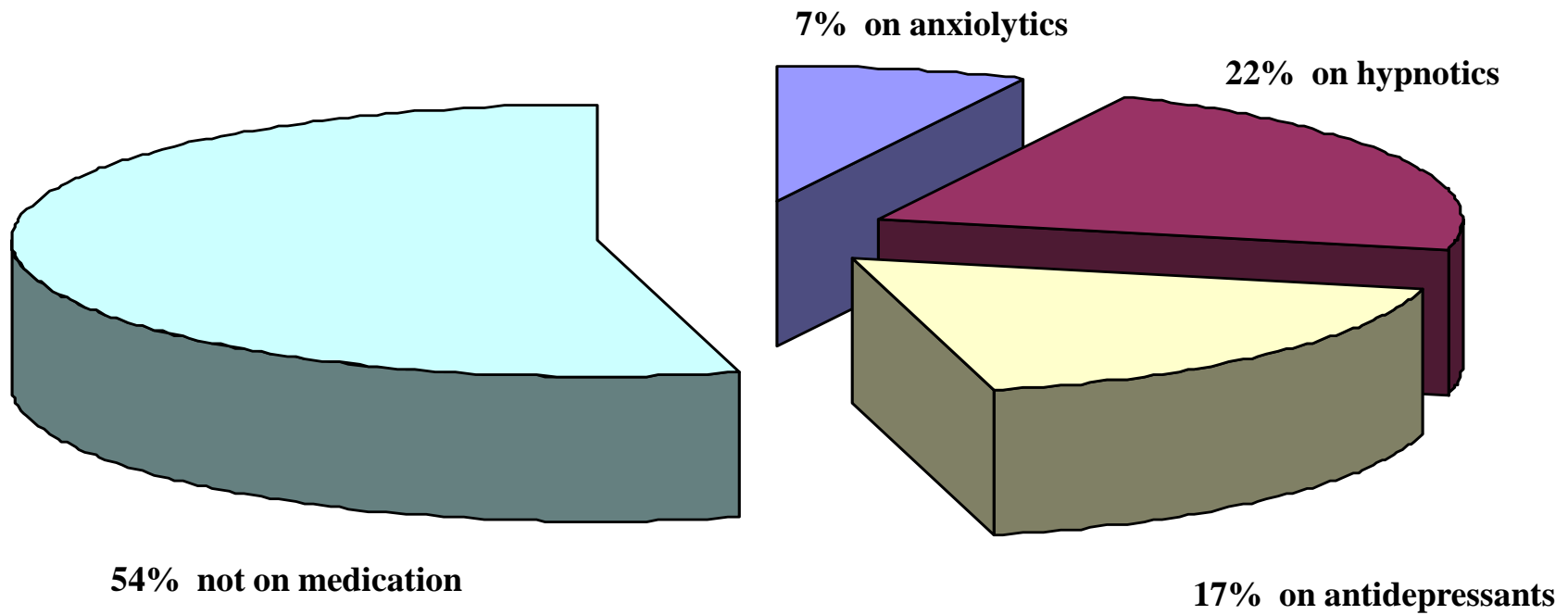
# Mirtazapine

- Noradrenergic and specific serotonergic antidepressant
- Dose range 15-45mg daily
- High affinity for histamine receptors
- Similar efficacy to tricyclics
- Sexual dysfunction rare
- Seizure threshold not affected
- Main side effects: drowsiness, weight gain, raised liver enzymes, neutropaenia

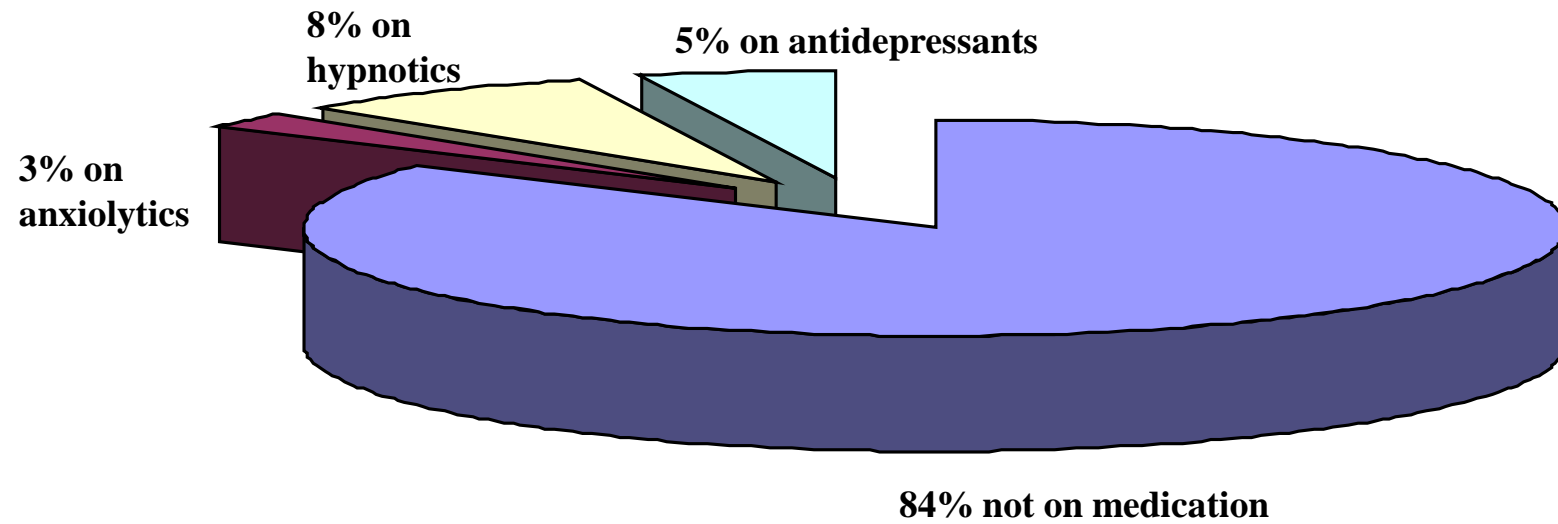
# Which antidepressants do physicians use?

- Survey of 213 outpatients at HIV clinic
- 87(41%) on psychotropic drugs
- 30(14%) on antidepressants

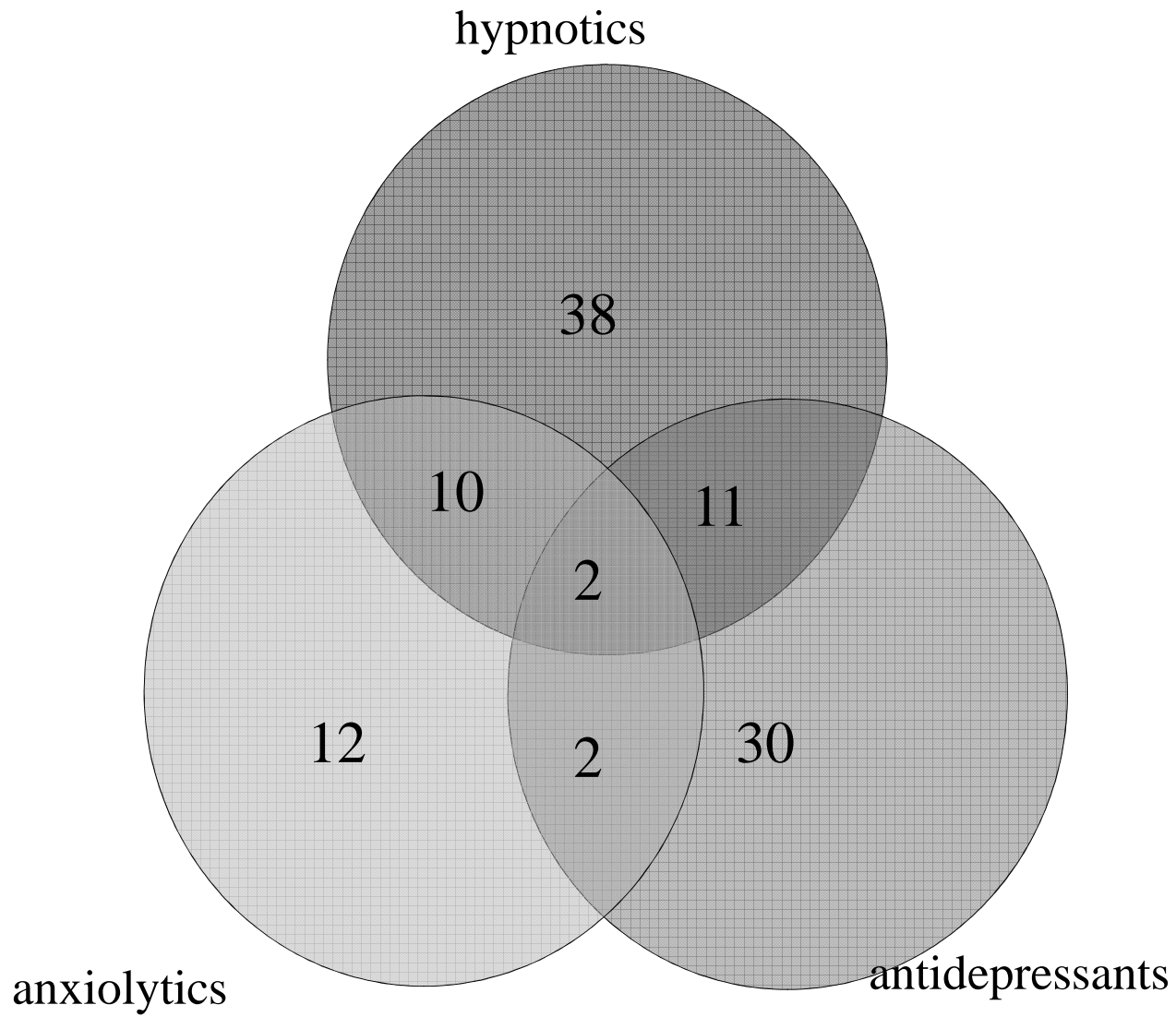
## % of men on psychotropics



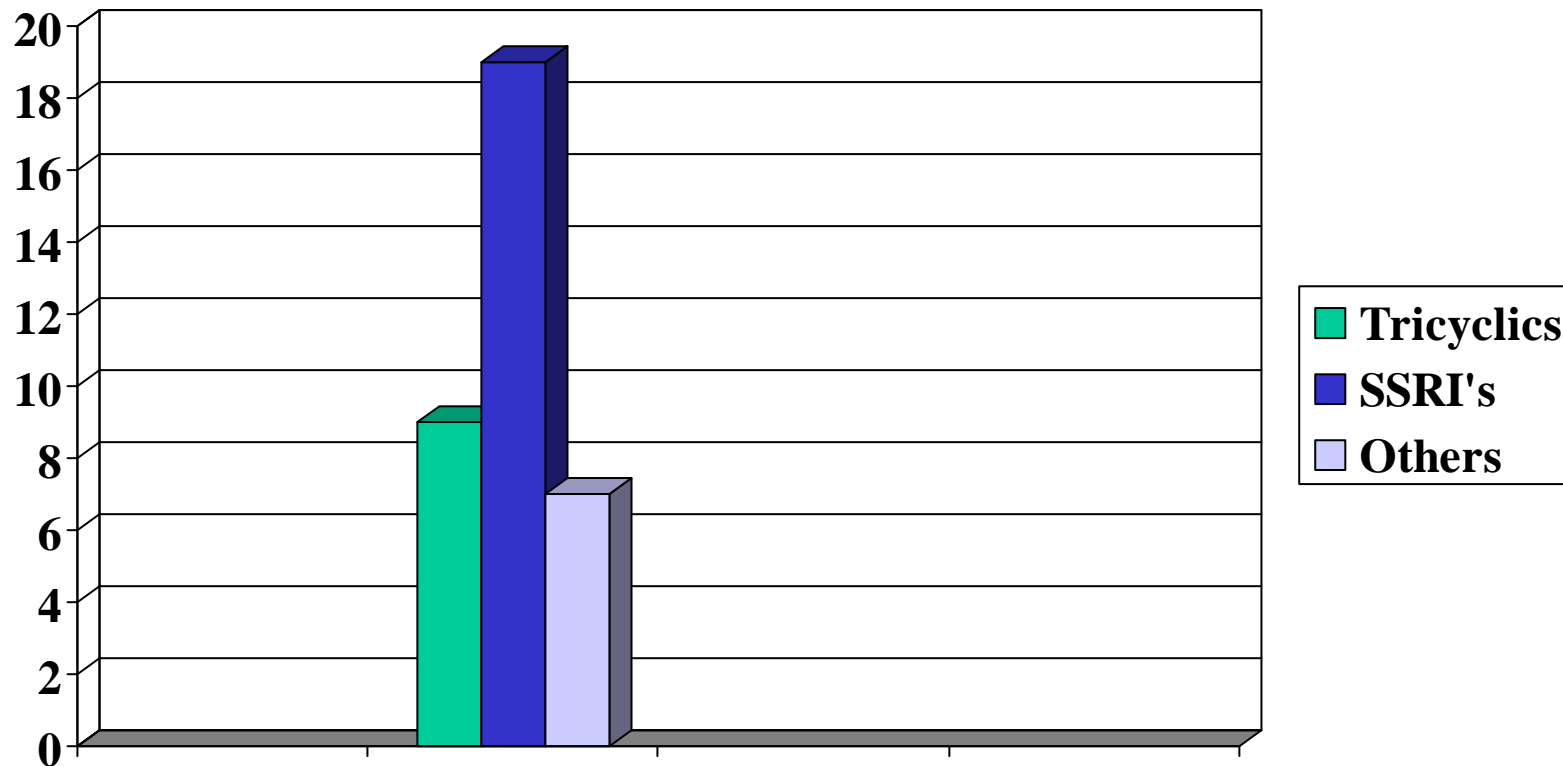
## % of women on psychotropics



**no. of men taking combination of medication**



# Antidepressants prescribed



# Indications for ECT

- Failure to respond to antidepressants
- Severe depression with suicidal risk
- Depression with psychotic symptoms
- Inability to tolerate side-effects of medication
- Depressive stupor with poor intake of fluid and nutrition



# Contra-indications to ECT

- No absolute contra-indications
- Recent myocardial infarction
- Raised intra-cranial pressure
- Recent stroke
- Chest infection
- Unstable cervical spine

# Summary

- Depression in medically ill undertreated
- Anti-depressants first choice of treatment
- SSRI's are current favourites
- Newer antidepressants not evaluated in medically-ill
- Psychological therapies effective for milder depression