Depression: Assessment and Evidenced Based Treatments

By: Jennifer Layden, LCSW, LMFT
Statistics on Depression?

Depression is the leading cause of disability worldwide (2005-2006)

Rates of depression are:
- highest in women
- people ages 40-59
- non-Hispanic blacks
- the poor

5.4% of Americans age 12 and up experience depression during any two-week period (2005-2006)

Of the most severely depressed, only 39% reported contact with a mental health professional

29% of those with depression had never seen a mental health professional

27% had serious difficulties at work and in their home life

In this study, around 80% of those with depression had functional impairment

www.cdc.gov/nchs/data/databriefs/db07.pdf
Evidence from neuroscience and genetic studies suggest that depression is a disorder of the brain.

Brain imaging studies on depression show that neural circuits in the brain are not functioning properly.

Gene studies indicate that vulnerability to depression results from the influence of multiple genes acting together along with environmental factors.

http://psychcentral.com/disorders/depressionresearch.htm
How is Depression Diagnosed?

- Obtain a thorough psychosocial history and mental status exam
- Use standardized Rating Scales (i.e. PHQ-9, Beck Depression Inventory, Hamilton Depression Scale, Children’s Depression Inventory)
- Physical examination to rule out other medical disorders
- Assess for suicidal ideation/crisis
- Complete Psychological Testing if the clinical picture is complex

# Rating Scales to Measure Depression

## Depression Screening Tools

<table>
<thead>
<tr>
<th>Depression Scale</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Adolescent - Patient Health Questionnaire</td>
<td><a href="http://brightfutures.aap.org/tool_and_resource_kit.html">http://brightfutures.aap.org/tool_and_resource_kit.html</a></td>
</tr>
<tr>
<td>Goldberg Depression Inventory</td>
<td><a href="http://mentalhealth.dragonpack.com/goldberg.scales.shtml">http://mentalhealth.dragonpack.com/goldberg.scales.shtml</a></td>
</tr>
</tbody>
</table>
Possible co-morbid medical conditions

• AIDS
• Asthma
• COPD
• Coronary Artery Disease
• Cushings Disease/Steroid Treatment
• Dementia
• Diabetes

Addison’s Disease, Anemia, Cancer, Chronic Infection, Heart Failure, Hepatitis, Influenza, Lupus, Malnutrition, Medication, Multiple Sclerosis Porphyria, Post Menopausal, Rheumatoid Arthritis, Sleep Apnea, Syphilis, Thyroid Disease,

http://www.jaoa.org/content/106/5_suppl_2/S9.full.pdf
Major Depression

296.2 Single Episode
296.3 Recurrent

Fifth digit specifiers: 1- mild severity, 2- moderate severity, 3-severe without psychotic features, 4-severe with psychotic features, 5-partial remission, 6-full remission, 0-if unspecified

Written specifiers: Chronic, Catatonic features, Melancholic features, Postpartum Onset, Atypical features, Seasonal pattern etc.

Dysthymic Disorder

300.4

Depressive Disorder Not Otherwise Specified

311
Major Depressive Episode Criteria

A. 5 or more symptoms during the same two week period that represent a change from previous functioning

1. depressed mood most of the day, nearly every day. In children and adolescents, can be irritable mood
2. diminished interest or pleasure in all or almost all activities most of the day
3. significant weight loss when not dieting or weight gain. In children, failure to make expected weight gains
4. insomnia or hypersomnia nearly every day
5. psychomotor agitation or retardation nearly every day
6. fatigue or loss of energy almost every day
7. feelings of worthlessness or excessive feelings of inappropriate guilt
8. diminished ability to think or concentrate, or indecisiveness nearly every day
9. recurrent thoughts of death, recurrent suicidal ideation with or without a plan, or a suicide attempt
B. The symptoms do not meet the criteria for a mixed episode (i.e. mania)

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other areas of functioning

D. The symptoms are not due to the effects of a substance or a medical condition

E. The symptoms are not better accounted for by Bereavement
Major Depression-other specifiers

- **Chronic-full** criteria have been met continuously for 2 years

- **Catatonic Features** - motoric immobility, mutism, echolalia, echopraxia, rigid posture, stupor

- **Melancholic Features** - loss of interest or pleasure in all or almost all activities. Lack of reaction to usually pleasurable stimuli

- **Atypical Features** - mood brightens in response to pleasurable stimuli and two or more of the following: significant weight gain or appetite increase, hypersomnia, leaden paralysis, pattern of interpersonal rejection sensitivity
Associated Features of Major Depression

- Major Depression is twice as common in adolescent and adult females as in adolescent and adult males
  
  NIMH scientists are researching what connection there may be of the hormonal system to the development of depression (hypothalamic-pituitary-adrenal axis)

- Prepubertal boys and girls are equally affected

- Rates are lowest for both men and women over the age of 65

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5938a2.htm?s_cid=mm5938a2_e%0d%0a
Latino or Mediterranean cultures may have complaints of “nerves” and “headaches”

Asian Cultures may complain of weakness, tiredness, or imbalance

Hopi Indians of being “heartbroken”

Middle Easterners might complain of problems of the “heart”

Some cultures may describe being “hexed or bewitched or being visited by the dead”

http://www.nami.org/Content/NavigationMenu/Mental_Illnesses/Depression/Depression_and_Cultural_Groups.htm
Approximately 15% of women experience depression after childbirth.

1 or 2 out of 1000 women suffer from postpartum psychosis.

There may be a hormonal component.

Often the most serious complication of pregnancy.

Edinburgh Postnatal Depression Scale:

http://www.postpartumstress.com/docs/epds.pdf
Post Partum Depression: Effective Treatments

- Antidepressants
  - Link has a chart showing the amounts of medication contained in breast milk and the effects of medication on the fetus
    http://www.jabfm.org/content/16/5/372/T2.expansion.html
    Journal of the American Family Board of Medicine

- Individual psychotherapy

- Estrogen Therapy

- Nurse home visits
Seasonal Affective Depression

- Onset of depression at certain times of the year
- Lack of exposure to daylight
- Regular seasonal psychosocial events such as school beginning in the fall, unemployment during winter months doesn’t apply to this specifier
- Younger persons are at risk for winter episodes
- Women make up 60%-90% of persons with seasonal pattern depression
Seasonal Affective Treatment

- Phototherapy-Light therapy
- Antidepressants
- Psychotherapy

http://www.medicinenet.com/seasonal_affective_disorder_sad/article.htm
Those with a Major Depressive episode often experience panic attacks, phobias, and in children separation anxiety.

Use of substances often increases during a major depressive episode.

In adolescents, major depression often occurs in conjunction with Disruptive Behavior Disorders, Attention-Deficit Disorders, Anxiety Disorders, Substance-related Disorders, and Eating Disorders.
Dysthymic Disorder Criteria

A. Depressed Mood for most of the day, for more days than not for a period of two years

B. Two or more of the following symptoms while depressed
   1. poor appetite or overeating
   2. insomnia or hypersomnia
   3. low energy or fatigue
   4. low self-esteem
   5. poor concentration or difficulty making decisions
   6. feelings of hopelessness

C. During the 2-year period, has not been without the symptoms for more than 2 months

D. No Major Depressive Episode has been present during the first 2 years
Dysthymic Disorder Criteria

E. There has never been a Manic Episode or a Mixed Episode

F. The disturbance does not occur during the course of a Psychotic Disorder

G. The symptoms are not due to the direct physiological effects of a substance or medical condition

H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
Dysthymia

Seem to be significant differences between Major Depression and Dysthymia in the few studies done.

Reflected to as minor depression, but it is not minor at all. Has a higher incidence of suicide than major depression.

10.9 million Americans ages 18 and over have Dysthymia.

Double Depression: 80% of all patients with Dysthymia will eventually have Major Depression.

Abnormalities in sleep (REM sleep), brain imaging, hormone levels.

Referred to as minor depression, but it is not minor at all. Has a higher incidence of suicide than major depression.

National Institute of Mental Health Statistics
Depressive Disorder NOS

- Premenstrual dysphoric disorder
- Minor Depressive Disorder
- Recurrent brief depressive disorder
- Post psychotic depressive disorder of Schizophrenia
- A Major Depressive Episode superimposed on a psychotic disorder
- Situations where it is clear that depression is present but the clinician is unable to determine the cause
Evidence Based Treatment for Depression

- Cognitive Behavioral Therapy
  - Dialectical Behavior Therapy

- Problem Solving Treatment (Pearls)

- Interpersonal Therapy

- Medication
Cognitive Behavioral Therapy is a therapy that works to change maladaptive thinking patterns and these changes in thinking then lead to changes in emotions and in behavior.

CBT includes a number of diverse but related techniques including:
- exposure therapy
- stress inoculation training
- cognitive processing therapy
- cognitive therapy
- relaxation therapy
- dialectical behavioral therapy
### Example of Cognitive Behavioral Therapy

<table>
<thead>
<tr>
<th>Event</th>
<th>Negative Belief</th>
<th>Strength of Belief 1-10</th>
<th>Adjusted Thought/Experiment</th>
<th>Re-rate Belief 1-10</th>
</tr>
</thead>
</table>
| A recently unhappily divorced person | I’ll never be happy again-my life is over | 8 | • Choose a possible alternate belief-I can get involved in things I enjoy doing and feel happy being single.  
• Choose evidence/criteria that will test which belief is true  
• Experiment-Begin to participate in a club or organization that is of interest.  
• After a period of time re-rate belief using criteria. | |
**Cognitive Therapy Worksheet**

**Thought Record Sheet (critical voice)**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Critical thoughts (or images)</th>
<th>Feelings (name the emotion or feeling)</th>
<th>Belief in critical thoughts. How much do I believe the thoughts?</th>
<th>Where has this voice come from? Is this something you think about yourself? Who has said these things to you? (e.g. parent, teacher, friend) Self-compassionate alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>What, where, when, who with? What are/were you doing?</td>
<td>What critical thoughts came to mind? E.g. I’m worthless, I’m stupid, I’m useless, No-one cares about me</td>
<td>What emotion do you feel when you think these thoughts?</td>
<td>How much do you believe these thoughts? (0 – 100%)</td>
<td>Is there another way of looking at this? What would someone else see and make of this? What would I say to a friend in this situation? Is this fact or opinion? Who used to say this to me?</td>
</tr>
</tbody>
</table>

www.get.org  © Carol Vivyan 2010, adapted from Lee, in Gilbert 2005. Permission to use for therapy purposes www.getselfhelp.co.uk

MDwise
Wise Mind Worksheet

Wise Mind (Linehan 1993) is the part of our mind where 'Emotion Mind' (thoughts based on distressing feelings) and 'Reasonable Mind' (rational thoughts) merge together. Wise Mind helps us make sense of our thoughts and feelings, and come up with a balanced and wise response, so that the needs of both Reasonable Mind (what I should do) and Emotion Mind (what I want to do) are met (Yes, Reasonable Mind is right, but Emotional Mind needs to be soothed...). Usually quietly calm, it’s that wise inner part of us that just ‘knows’ what is true or valid. You can personalize the name, such as: ‘clear mind’ or ‘kind mind’.

![Diagram showing Wise Mind overlapping Emotion Mind and Reasonable Mind]

### Emotional Thoughts
Based on and driven by our opinions and personal interpretations of events. What went through my mind? What disturbed me? What is it that is making me feel this way? What am I reacting to? What’s the worst thing about that, or the worst thing that could happen? What do I want to do or to happen? What am I feeling?

### Rational Thoughts
Based on factual evidence. What would be more reasonable? What am I thinking I should do? What advice would I give to a friend, or what would a caring friend say to me? Is this really as important as it seems? What evidence is there about what I think is likely to happen? What are the facts? I’ve felt this way before and I’ve got through it.

### Wise Mind
STOP! Take a breath. What does Wise Mind make of this? What’s the bigger picture? What will the consequences of my reaction be? (short and long term) What’s going to be the best response to this situation - best for me, for others, for the situation. What will be most helpful and effective, all things considered?
<table>
<thead>
<tr>
<th>Distorted Thought</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All or Nothing Thinking</td>
<td>You see things in black and white categories</td>
</tr>
<tr>
<td>Overgeneralization</td>
<td>Take a single event as a never ending pattern of defeat</td>
</tr>
<tr>
<td>Mental Filter</td>
<td>Take a single negative detail and dwell on it exclusively so that your vision of reality becomes darkened</td>
</tr>
<tr>
<td>Disqualifying the Positive</td>
<td>Reject positive experiences by insisting they “don’t count” or aren’t important</td>
</tr>
</tbody>
</table>
| Jumping to Conclusions                 | **Mind reading:** assume someone is reacting negatively to you without checking it out  
                                           **The Fortune Teller Error:** You assume that things will turn out badly and you feel convinced that your prediction is a fact. |
| Emotional Reasoning                    | You assume that your negative feelings reflect the way that things really are  |
| Labeling & Mislabeling                 | A situation where you attach a negative label to yourself rather than just describe an error you’ve made |
Interpersonal Therapy

Interpersonal therapy is based upon the idea that individuals become depressed when they are not functioning well in social roles or interpersonal relationships.

- Unresolved grief
- Role disputes
- Role transitions
- Interpersonal deficits
Problem Solving Treatment

- Clarify the problem
- Set realistic goals
- Identify multiple solutions
- Evaluate and compare solutions
- Select a solution
- Implement the solution
- Evaluate the outcome
<table>
<thead>
<tr>
<th>Therapeutic Class/Brand Name</th>
<th>Dosage Forms</th>
<th>Recommended Starting Dose</th>
<th>FDA Maximum Dose</th>
</tr>
</thead>
</table>
| **Celexa**                   | 10, 20, 40 mg tablet  
10 mg/5ml solution         | 20mg q D       | 40mg             |
| **Luvox**                    | 25, 50, 100 mg tablet     | 100mg q D      | 300mg           |
| **Paxil/Paxil XR**           | 10, 20, 30, 40 mg tablet  
12.5, 25, 37.5 mg ER tablet 20mg q D (tablet)  
25mg q D (ER tablet) 60mg (tablet)  
75mg (ER tablet)       | 20mg q D       | 60mg (tablet)  
75mg (ER tablet)         |
| **Prozac**                   | 10, 20 mg tablet  
10, 20, 40 mg capsule  
20mg/5ml solution         | 20mg q D      | 80mg q D        |
| **Zoloft**                   | 25, 50, 100 mg tablet  
20mg/ml concentrate       | 50mg q D      | 200mg q D       |
| **Lexapro**                  | 5, 10, 20 mg tablet  
5mg/5ml solution          | 10mg q D       | 20mg q D        |
<p>| <strong>Luvox CR</strong>                 | 100, 150 mg capsule     | 100mg q D      | 300mg           |
| <strong>Viibryd</strong>                  | 10, 20, 40 mg tablet     | 10mg q D       | Not Available   |
| <strong>Prozac Weekly</strong>            | 90mg delayed release capsule | 90mg q Wk     | 90mg q Wk       |</p>
<table>
<thead>
<tr>
<th>Therapeutic Class/Brand Name</th>
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<th>Recommended Starting Dose</th>
<th>FDA Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EFFEXOR/EFFEXOR XR</strong></td>
<td>25, 37.5, 50, 75, 100 mg tablet 37.5, 75, 150 225 mg ER tablet 37.5, 75, 150 mg ER capsule</td>
<td>25mg TID (tablet) 75mg q D (ER tablet) 75mg q D (ER capsule)</td>
<td>375mg (tablet) 225mg (ER tablet) 225mg (ER capsule)</td>
</tr>
<tr>
<td>(generic)</td>
<td>Venlafaxine 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRISTIQ</strong></td>
<td>50, 100 mg ER tablet</td>
<td>50mg q D</td>
<td>Not Available. Doses up to 400mg/day have been used.</td>
</tr>
<tr>
<td>desvenlafaxine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CYMBALTA</strong></td>
<td>20, 30, 60 mg capsule</td>
<td>20mg BID</td>
<td>60mg</td>
</tr>
<tr>
<td>duloxetine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SAVELLA</strong></td>
<td>12.5, 25, 50, 100 mg tablet</td>
<td>12.5mg qD</td>
<td>200mg</td>
</tr>
<tr>
<td>Milnacipran</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medication - Serotonin and Norepinephrine Reuptake Inhibitors
<table>
<thead>
<tr>
<th>Therapeutic Class/Brand Name</th>
<th>Dosage Forms</th>
<th>Recommended Starting Dose</th>
<th>FDA Maximum Daily Dose</th>
</tr>
</thead>
</table>
| WELLBUTRIN/WELLBUTRIN SR, WELLBUTRIN XL (generic) bupropione | 75, 100 mg tablet  
100, 150, 200 mg 12hr tablet  
150, 300 mg 24hr tablet | 75mg BID (tablet)  
150mg q D (12hr/24hr tab) | 450mg (tablet)  
400mg (12hr)  
450mg (24hr) |
| trazodone HCl (generic)                          | 50, 100, 150, 300 mg tablet  
150, 300 mg ER tablet | 75mg BID (tablet)  
150mg q D (ER tablet) | 400mg (tablet)  
375mg (ER tablet) |
| REMERON/REMERON SOLUTAB (generic) mirtazapine     | 7.5, 15, 30, 45 mg tablet                          | 15mg q D                                        | 45mg                                          |
| nefazodone HCl (generic)                         | 50, 100, 150, 200, 250 mg tablet                  | 50mg BID                                        | Not available. Doses up to 600mg have been used. |
## Medication side effects

<table>
<thead>
<tr>
<th>SSRI’s and SNRI’s</th>
<th>Tricyclic</th>
<th>MAOI’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Dry Mouth</td>
<td>Sharp increase in blood pressure that can lead to stroke when foods containing tyramine are not avoided (cheese, wine, pickles) or medicines that contain tyramine such as decongestants and over the counter cold medicines.</td>
</tr>
<tr>
<td>Nausea</td>
<td>Constipation</td>
<td></td>
</tr>
<tr>
<td>Sleeplessness or drowsiness</td>
<td>Bladder Problems</td>
<td></td>
</tr>
<tr>
<td>Agitation</td>
<td>Blurred vision</td>
<td></td>
</tr>
<tr>
<td>Sexual problems</td>
<td>Drowsiness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual Problems</td>
<td></td>
</tr>
</tbody>
</table>

When Therapy and Medicine Fail

• Electroconvulsive Therapy- a finely controlled electrical current is administered that induces a seizure

• Vagus Nerve Stimulation (experimental) – a small stimulator is implanted under the skin that sends electrical impulses to the brain

• Transcranial Magnetic Stimulation (experimental) – magnets are used to induce a small electrical current to the brain that does not cause a seizure

• [Hyperlink](http://www.citizen.org/publications/print_release.cfm?ID=7712)
To complete a quiz for The Depression: Assessment and Evidenced Based Treatment Webinar, please visit the MDwise webpage at www.mdwise.org. Go to the Provider Tab under HHW, HIP, or Care Select and click on Provider Tools and then Clinical Webinars. You will find the quiz link near the webinar.

- There are a total of 10 questions.
- Once the quiz is completed you will know your score immediately.
- Please contact Director of Behavioral Health, Lynn Bradford if you have any problems accessing the quiz.

CEU Credit for Completion