

Diagnosis and Pharmacological Management of Depression

7th May 2019

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ICD 10 Depression Symptoms

A

- Low mood
- Loss of interest and enjoyment
- Reduced energy and decreased activity



Depression Symptoms

B

- Reduced concentration
- Low self esteem
- Ideas of guilt and unworthiness
- Pessimistic thoughts
- Ideas of self harm
- Disturbed sleep
- Diminished appetite



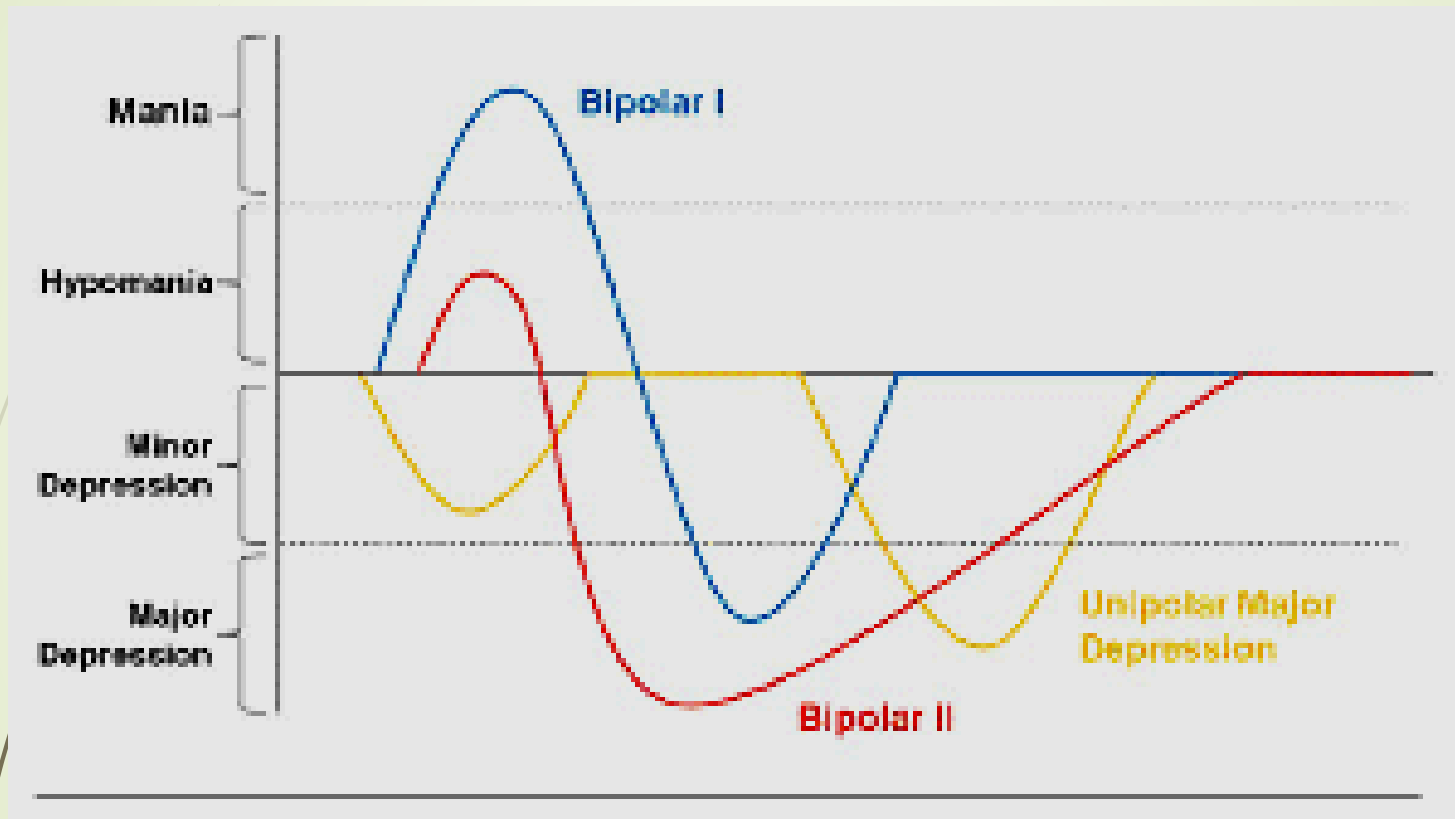
Severity of Depression

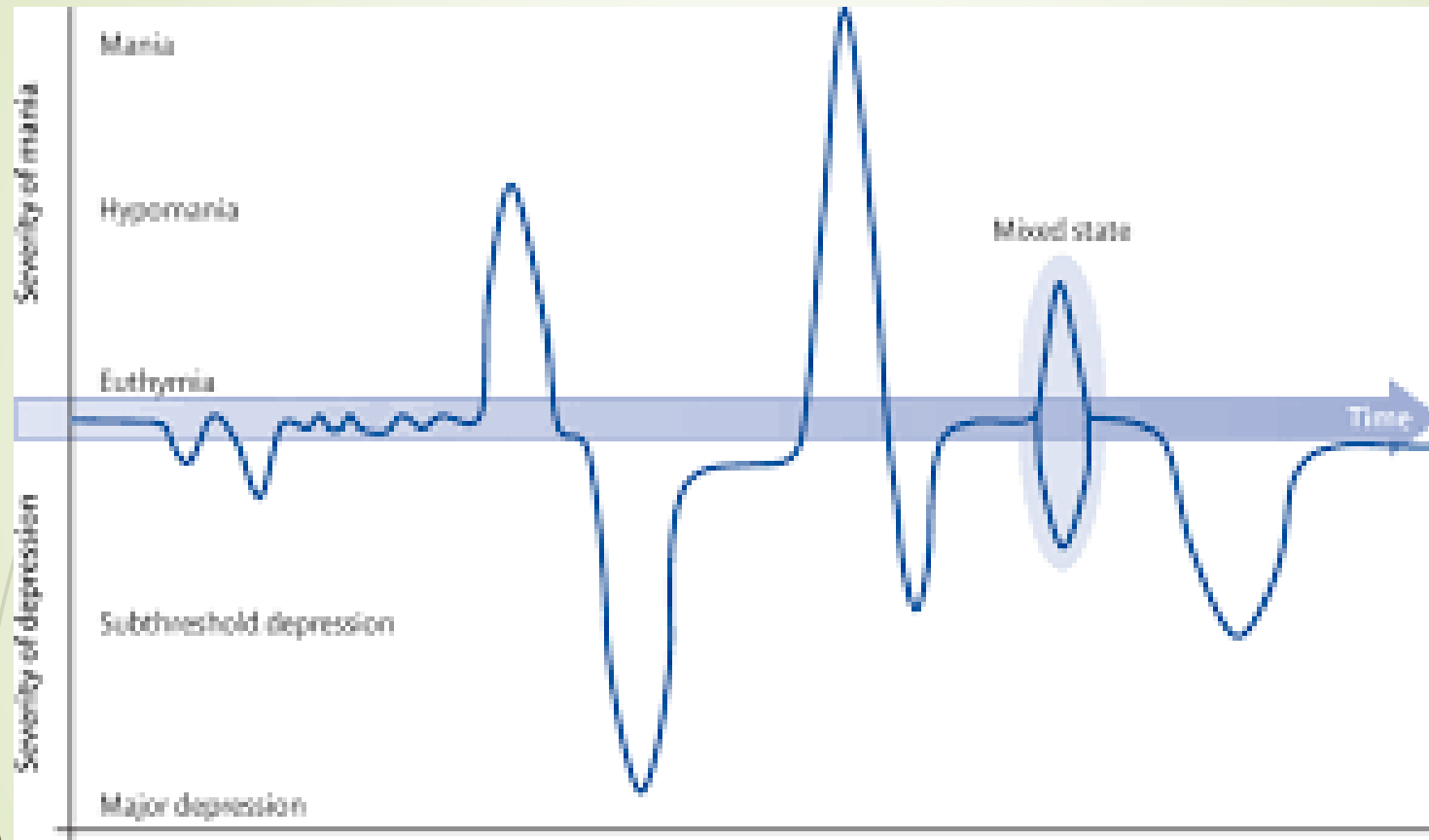
Mild – at least 2 of A and at least 2 of B

Moderate - at least 2 of A and at least 3 of B

Severe - all 3 of A and at least 4 of B

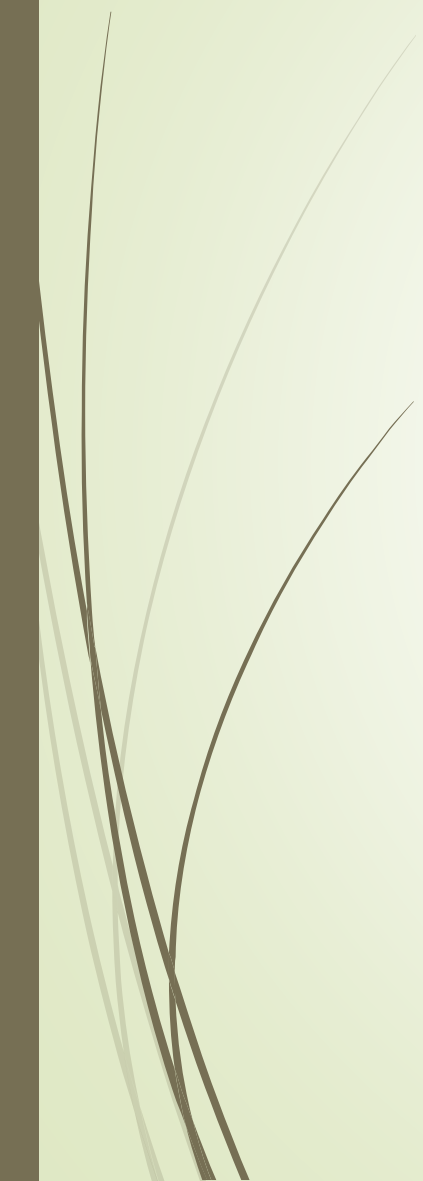
Functional Impairment and Intensity of symptoms







Types of Depression

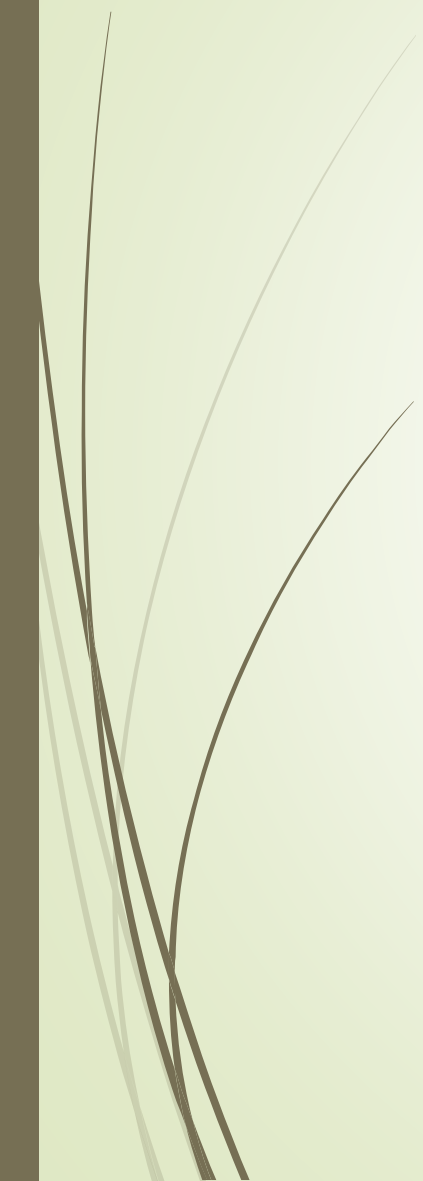
- Depression in Bipolar 1 and Bipolar 2
 - Unipolar or Recurrent Depression
 - Persistent Mood Disorder – Dysthymia and Cyclothymia
 - Depression with Psychotic symptoms
 - Schizoaffective Disorder
 - Post Schizophrenic Depression
- 



Case Scenarios



Mild Depression

- Antidepressants not recommended
 - Active Monitoring
 - Individual Guided Self-help
 - CBT
 - Exercise
- 



Moderate to Severe Depression

- Antidepressants – SSRI's first choice
- 1st episode – 6-9 months
- 2 Prior episodes – At least 2 years
- Treatment resistant Depression – Lithium, antipsychotic or addition of another antidepressant
- ECT – Severe and Treatment resistant Depression



Antidepressants

- TCA – Amitriptyline, Nortriptyline, Lofepramine, Clomipramine
- MAOI – Phenezine, Moclobemide
- SSRI – Fluoxetine, Sertraline, Escitalopram, Paroxetine
- SNRI – Duloxetine, Venlafaxine
- NaSSA – Mirtazapine
- Trazadone
- NaRI - Reboxetine
- Vortioxetine



SSRI – Side Effect Profile

- GI symptoms – Nausea, dyspepsia, bloating, flatulence, diarrhoea
- Neuropsychiatric – Insomnia, daytime somnolence, agitation, tremor, restlessness, irritability, headache; Seizure – lower seizure threshold; Manic Switch; EPSE (Paroxetine - Acute Dystonia)
- Sexual Dysfunction
- Hyponatremia – SIADH mainly in the elderly
- GI Bleed – risk increases when combined with NSAID's
- Self-harm/suicidal thoughts/behaviour – first 9 days; in children and young adults – increased risk
- Worsening of Anxiety/sleep
- Weight gain - Paroxetine
- Discontinuation Symptoms – Flu like symptoms, electric shock like sensations, excessive dreaming, irritability, crying spells, dizziness



SSRI – Favourable side effect profile

- Relatively safe in OD – less cardio toxic
- No anticholinergic side effects
- No major cognitive impairment



Citalopram

- Depression, Panic Disorder, Agoraphobia
- 20-40mg/day
- Cardio toxicity above 40mg/day
- Not a potent inhibitor of most cytochrome enzymes
- Escitalopram- licensed for Social Anxiety, GAD, OCD

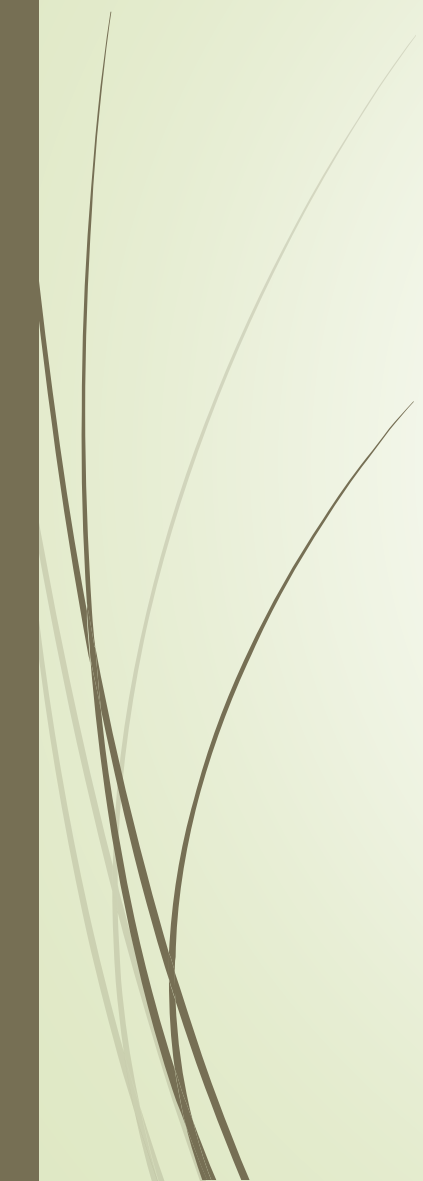


Fluoxetine

- Depression, OCD, Bulimia Nervosa
- 20 -60mg/day
- Insomnia and agitation more common
- Long half life
- Inhibits most cytochrome enzymes – increase s level of other drugs (CBZ, Benzo, TCA, Antipsychotics)

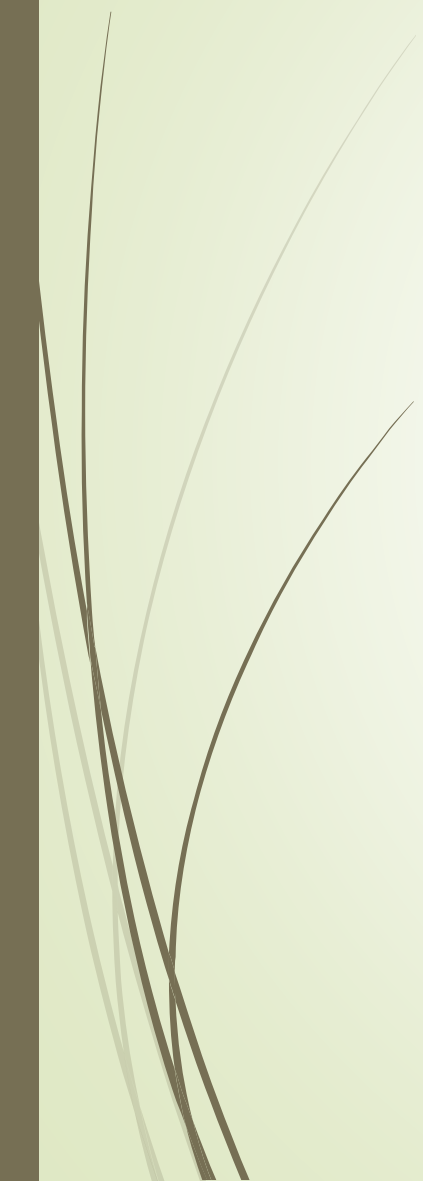


Paroxetine

- Depression, OCD, Panic Disorder, Phobia, PTSD, GAD
 - 10-60mg/day
 - More antimuscarinic and sedative side effects
 - Acute dystonia
 - Short half life – Discontinuation symptoms
 - Potent inhibitor of cytochrome enzymes
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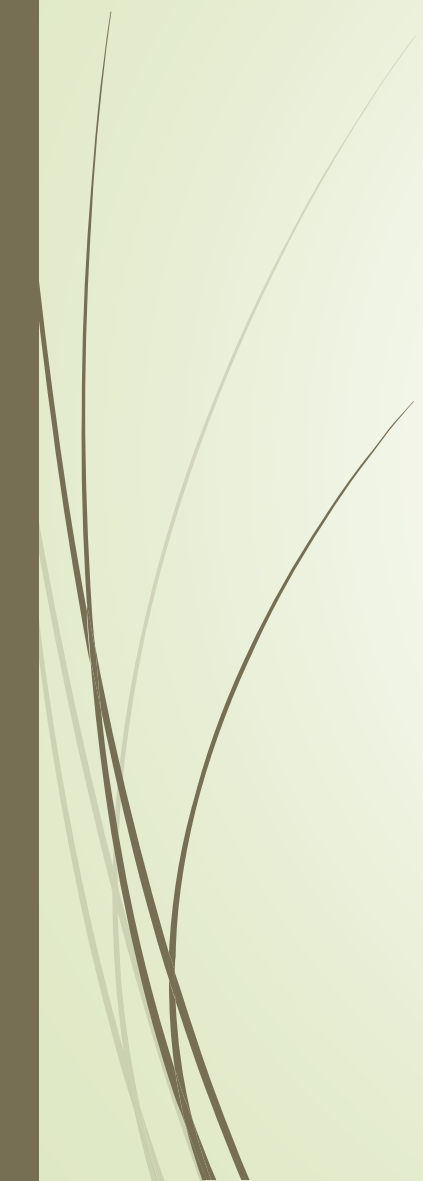


Sertraline

- Depression, Panic Disorder, Social Anxiety, OCD, PTSD
 - 25-200mg/day
 - Inhibits cytochrome enzymes
 - Breast Feeding
 - MI
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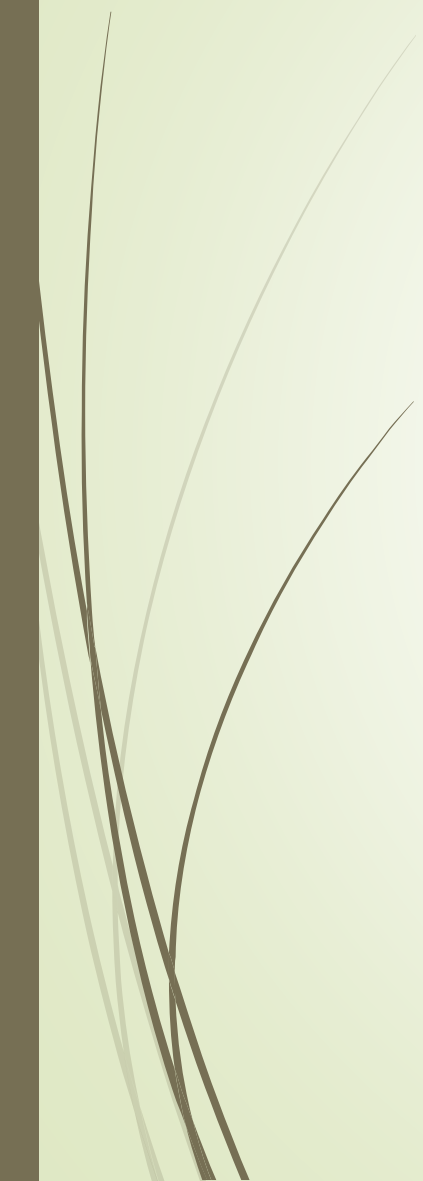


Duloxetine

- Depression, GAD, Diabetic Neuropathic Pain
 - 30-120mg/day (limited data to support dose above 60mg/day)
 - Inhibitor of CYP2D6
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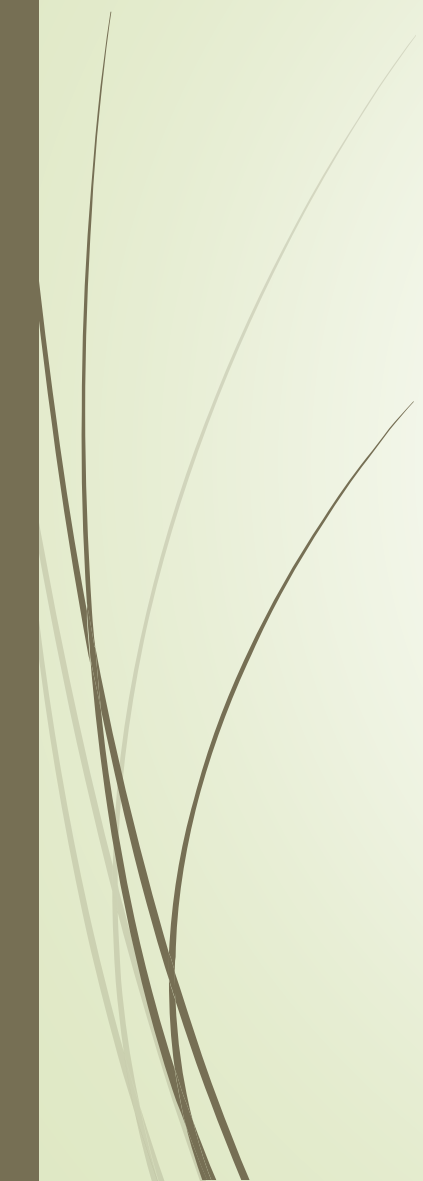


Venlafaxine

- Depression, Social Anxiety, GAD, Panic Disorder
 - 75 – 300mg/day ER Preparation
 - Elevation of Blood pressure at higher doses
 - Short half life - Discontinuation symptoms
 - Minimal inhibitory effects
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Mirtazapine

- Depression
 - 15-45mg/day
 - Weight gain, sedation
 - Sexual dysfunction 25%
- 



Vortioxetine

- ▶ 5-HT₃, 5-HT₇, and 5-HT_{1D} receptor antagonist, 5-HT_{1B} receptor partial agonist, 5-HT_{1A} receptor agonist and inhibitor of the 5-HT transporter, leading to modulation of neurotransmission in several systems, including predominantly the serotonin but probably also the norepinephrine, dopamine, histamine, acetylcholine, GABA and glutamate systems
- ▶ Improve cognitive symptoms
- ▶ Less Sexual Dysfunction Side effects

Tricyclics	15-30%	All phases - decreased libido, ED, delayed orgasm and impaired ejaculation	Delayed orgasm – Premature ejaculation Clomipramine
Trazadone	unknown	Priapism 0.01%	Used in some cases to promote erection
MAOI	40%	Similar to TCA	Moclobemide Vs Phenelzine (4% v 40%)
SSRI	60-70%	All phases: more commonly delayed orgasm and decreased libido	Paroxetine – ED, ejaculatory delay, decreased vaginal lubrication Fluoxetine/SSRI -Penile/vaginal anaesthesia
Venlafaxine	70%	Delayed orgasm and decreased libido	ED less common
Mirtazapine	25%	Delayed orgasm and decreased libido	ED less common
Duloxetine	46%	Problems with orgasm	

Loma Linda, United States





Physical Activity

- Behavioural Activation
- At least 30 minutes a day 5 times a week
- “Simply move” during the day
- Walk more

Balanced diet

Greens – Spinach, Kale, lettuce, Broccoli, Cauliflower, Brussel Sprouts

Yellow/Orange/Red – Carrots, bananas, melons, tomatoes, peppers squash (Carotenoids)

Black and purple -Blackberries, blueberries, purple carrots, red cabbage (Anthocyanin)

Cocoa, peanuts, apples, parsley, red wine (flavonoids)

Prebiotic Fibre – Onions, Leek, Garlic, Chicory, Jerusalem artichoke, asparagus, bananas , oats, barley, flaxseeds, seaweed

Probiotics – live bacteria – yoghurt, cheese, fermented foods (kimchi, kefir apple cider vinegar)

Olive oil, Oily fish, Eggs, Red Wine, Nuts and Seeds, Turmeric, Cinnamon

Intermittent fasting



Questions





THANK YOU