Depression and Anxiety

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Spring 2016
What is Depression?

• Not just being sad
• A syndrome of symptoms
  – Depressed mood
  – Sleep disturbance
  – Decreased interest in usual activities (anhedonia)
  – Increased guilty, hopeless or helpless feelings
  – Decreased energy, increased fatigue
What is Depression?

• More cardinal symptoms
  – Decreased ability to concentrate
  – Change in appetite
  – Psychomotor agitation or retardation
  – Suicidal thoughts or plan
    • May be just a preoccupation with death
• Usually “creeps up” on a person
• Must last at least two weeks
What is Depression?

• Other possible symptoms
  – Thoughts of harm to others
  – Irritability
    • Cardinal symptom in children
  – Psychosis
    • Audio, visual hallucinations
    • Paranoia
  – Perceptual disturbances
  – Catatonia
What is Depression?

• Types
  – Major depressive disorder
    • Five or more of the cardinal symptoms
    • Impairments in functioning socially, academically or vocationally
    • Lasts at least two weeks
  – Dysthymia
    • Chronic low grade depression
    • Lesser impairment, but much longer course
  – Depressed phase of cyclic disorder
    • Bipolar, cyclothymia
Who Gets Depression?

• Approximately 1:5 people
• Can occur at any age
• Women more likely than men
  – By a 2:1 ratio
• Greatest risk of suicide
  – Latter middle-aged divorced men who have a serious medical illness and have recently suffered a loss
Why Treat Depression?

- Suicide
- Loss of academic / job performance
  - May be a bigger influence than any other disease
- Can linger for years if untreated
- Quality of life issue
- Effect on children
  - Depressed parents more likely to have children with behavioral disturbances
How to Treat Depression

• Antidepressant Medications
  – Selective Serotonin Reuptake Inhibitors (SSRIs)
    • Six members:
      – Zoloft (sertraline)
      – Lexapro (escitalopram)
      – Celexa (citaolpram)
      – Paxil (paroxitine)
      – Prozac (fluoxetine)
      – Luvox (fluvoxamine)
    • Low side effects: upset stomach, diarrhea, sexual side effects (anorgasmia)
SSRI Anti-depressants

• The SUICIDE ISSUE
  – Black box warning (see next slide)
  – Suicidal thoughts worsened in 2% more patients taking anti-depressants than those taking placebo in the first 2 months of treatment (children – age 25)
The Black Box Warning

Suicidality in Children and Adolescents:

- Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of [Drug Name] or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. [Drug Name] is not approved for use in pediatric patients except for patients with [Any approved pediatric claims here]. (See Warnings and Precautions: Pediatric Use)

- Pooled analyses of short-term (4 to 16 weeks) placebo-controlled trials of nine antidepressant drugs (SSRIs and others) in children and adolescents with MDD, obsessive compulsive disorder (OCD), or other psychiatric disorders (a total of 24 trials involving over 4400 patients) have revealed a greater risk of adverse events representing suicidal thinking or behavior (suicidality) during the first few months of treatment in those receiving antidepressants. The average risk of such events on drug was 4%, twice the placebo risk of 2%. No suicides occurred in these trials.
How to Treat Depression

• Antidepressant Medications
  – Non-selective Serotonin Reuptake Inhibitors (NSRIs)
    • Effexor, Cymbalta, Pristiq
      – Serotonin and Norepinephrine
      – Withdrawal syndrome
    • Wellbutrin
      – Dopamine, Norepinephrine, Serotonin
      – Not with seizure disorder
      – Also, for attention, focus
      – Less sexual dysfunction
How to Treat Depression

• Antidepressant Medications
  – NSRIs
    • Serzone
      – Serotonin
      – Liver toxicity (must check labs)
      – Sedation, but less sexual dysfunction
    • Remeron
      – Serotonin, Norepinephrine
      – Sedation, but less sexual side effects, increased appetite
    • Trazodone
      – Serotonin
      – Not a great antidepressant, now used mostly for sleep
How to Treat Depression

• Antidepressant Medications
  – Tricyclic Antidepressants
    • Nortriptyline, Imipramine, Desipramine, Amitriptyline
    • NEVER BEEN SHOWN TO WORK IN CHILDREN for depression
    • More side effects (generally): dry mouth, constipation, heart conduction slowing (check EKGs), sedation, sexual dysfunction
    • Much more lethal in overdose
  – MAO-Is
    • Parnate, Nardill
    • Need to follow strict diet: no aged foods (cheese, meats), no fermented foods (wine, alcohol), or can cause life threatening elevations in blood pressure
How to Treat Depression

• Antidepressant Medications
  – All take 2-6 weeks to be effective
  – All must be taken daily to be effective
    • Compliance is crucial
  – Watch for drug-drug interactions
    • Especially with TCAs
  – At best, each drug is effective for 70-80% of patients
  – If one doesn’t work, try another!
  – For first episode of depression, stay on meds 9 – 18 months after remission
  – For more than one episode, lifelong treatment may be necessary
How to Treat Depression

• Treatment according to course
  – Once disease has begun, begin treatment
  – Monitor response, watching for relapse
    • Relapse can occur at any time
  – Respond to relapse by:
    • Increasing dose
    • Changing agent
    • Targeting remaining symptom
      – Sedative, stimulant
    • Augmentation
      – Lithium, Wellbutrin, Effexor
How to Treat Depression

• Psychotherapy
  – Cognitive-Behavioral Therapy
    • Aimed at challenging the way a person thinks
    • Designed to restructure a more healthy life
  – Interpersonal
    • Looks at relationships as areas of dysfunction
  – Psychodynamic
    • “Freudian”, long term therapy
    • More of personality shaping
    • Expensive
Depression Risk Factors

- Family History
- Substance Abuse
- Social Isolation
  - Depressed peer group that talks about being depressed
  - Social media may NOT be all bad!
What is Anxiety?

• Feeling of fear or uneasiness
• No stimulus or an exaggerated response to a stimulus
• Impairments in social, occupational or academic functioning
• Persists over time
Anxiety Disorders

• Generalized Anxiety Disorder
  – Name says it all
  – General feeling that “something bad is going to happen”, but never gets there
  – Sleep, appetite, mood disturbance
  – Can be very similar to depression, but problems are based in anxiety not mood
    • May actually be flip side of same disorder
Anxiety Disorders

• Panic disorder
  – Four or more panic attacks in a given year
  – Panic attack:
    • Sudden onset
    • Heart racing, can’t catch breath, chest pounding, heightened arousal
    • “Feel like I’m gonna die”
    • 5-40 minute duration (usually shorter)
    • Feel “shake” afterward
  – Can develop agoraphobia
    • Had so many panic attacks, avoid leaving the house
Anxiety Disorders

• Specific Phobia
  – Exaggerated fear of a particular object, animal, situation or stimulus
  – Must impair functioning

• Social Phobia
  – Fear of drawing attention to self in public setting
  – Fear of social embarrassment
Anxiety Disorders

• Post Traumatic Stress Disorder (PTSD)
  – Occurs after a traumatic event perceived as life-threatening—DSM V: can be even hearing about an event that threatened an individual
  – Flashbacks or re-experiencing the event
  – Heightened arousal, especially in evening
  – Easy startle
  – Avoid situations like that of event
  – Nightmares
  – Becomes quite impairing for many
  – Can lead to depressive symptoms
Anxiety Disorders

• Obsessive-Compulsive Disorder (OCD)
  – Marked by either or both
  – Obsession
    • Intrusive, unwanted thought or idea
    • Reoccurring, despite being pushed away
    • Understood as “foreign”
    • Heightens anxiety
  – Compulsion
    • Ritual or behavior
    • Decreases anxiety
    • Not always logically paired with an obsession
Why to Treat Anxiety?

• Can lead to suicide
  – Especially in panic, OCD, PTSD
• Quality of life
• Loss of job performance
• Similar impairments to depression
How to Treat Anxiety?

• Antidepressant meds are the mainstay of anxiety treatment
  – Serotonin is common chemical between the disorders
  – Long-term treatment/cure usually depends on antidepressant treatment
  – Treat as would for depression, but be aware that sometimes gets worse before better!
How to Treat Anxiety?

• Anxiolytics
  – Benzodiazepines
    • Basically, all end in –pam or -lam
      – Lorazepam (Ativan)
      – Diazepam (Valium)
      – Alprazolam (Xanax)
      – Clonazepam (Klonopin)
    • Function at the GABA receptor
      – Makes the receptor more likely to fire
    • Very effective—EXCEPT less so in children!!
      – Usually take effect in minutes
      – Few side effects: Sedation, rarely fatal in overdose
      – Few drug interactions
How to Treat Anxiety?

• Anxiolytics
  – Benzodiazepines
    • Addiction
      – Quite possible
      – Usually only in persons previously addicted to alcohol or other “downers”
      – Rarely in persons with legitimate anxiety disorders
How to Treat Anxiety?

• Anxiolytics
  – Buspar
    • Partial serotonin agonist
    • Likely mildly effective
    • Low side effects: GI mostly, agitation
How to Treat Anxiety?

- Psychotherapy
  - Cognitive-Behavioral
    - Challenge and confront anxiety
    - Systematic desensitization
    - Maintenance of gains
    - Remove reinforcers of anxiety