Major Depressive Disorder: Treatment Challenges

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A Description of Depression…

“...It is so hard to explain how at different times you can do the same things, see the same people, go to the same places, and yet everything is so totally different. When I am my normal self I feel active, alive, able to enjoy things and to participate easily with others. There is no question but that life and these experiences have great meaning to me.

But when depressed it seems as though my friends require much more from me than I can ever possibly give, I seem a drain and burden on them; the guilt and resentment are overwhelming. Everything I see, say, or do seems extraordinarily flat and pointless; there is no color, there is no point to anything. Things drag on and on. I am exhausted, dead inside. I want to sleep, to escape somehow, but there is always the thought that if I really could sleep, I would again awake to the dullness and apathy of it all.”
Sadness / Depression

Signs of depression that would indicate a need for treatment:

• Symptoms are pervasive and persistent
• Intense sadness, withdrawal
• Physical changes
  • Difficulty with eating, sleeping, low energy
• Suicidal thoughts
• Difficulty functioning

Global Burden of Disease Study

Contribution by different non-communicable diseases to disability-adjusted life-years, worldwide, 2005

- Cancer (11%)
- Cardiovascular disease (22%)
- Respiratory disease (8%)
- Digestive disorders (6%)
- Musculoskeletal disorders (4%)
- Endocrine (4%)
- Neuropsychiatric disorders (28%)
- Other non-communicable diseases (7%)
- Other neurological disorders (2%)
- Other neuropsychiatric disorders (5%)
- Dementia (2%)
- Epilepsy (1%)
- Other mental disorders (3%)
- Substance-use and alcohol-use disorders (4%)
- Bipolar affective disorder (2%)
- Schizophrenia (2%)
- Unipolar affective disorder (10%)

MDD in Canada: Prevalence and Impact

- Canada (2002 CCHS 1.2)\(^1\)
  - 12 month: 4.8%
  - Lifetime: 12.2%

- MDD is associated with:\(^1,2\)
  - Impairment
  - Poor physical health
  - Poor quality of life
  - Mortality

\(^1\) Patten et al. Can J Psychiatry 2006;51:84-90; \(^2\) Hasin et al. Arch Gen Psychiatry 2005;62:1097-106

History of Depression

- 400 BCE (Hippocrates): Depression was an illness of the brain that should be treated with oral remedies

- Dark and Middle Ages: Depression as manifestation of religious disfavor → exclusion from salvation → stigma

- Renaissance (1300s – 1600s): Romanticized depression → melancholic genius → insight, complexity, artistic vision

- 1600s-1800s: Scientific experimentation of biological and social strategies to rein in the mind gone out of control

- Modern era: Competing themes of mind/self vs. modern biology of mental illness as an affliction separable from a normal mind

What Causes Depression...

Psychology

Biology

Stress-Vulnerability Model of Depression

- While many depressions occur during periods of stress.....only a minority of individuals under stress develop depression
What I Tell My Patients About Depression...

Depression is:
• An medical illness of the mind, brain and body
• Influenced by your environment (e.g. stress, substances)
• Treatable...there is HOPE

Depression is not:
• A character flaw
• Reversed by willpower
• Something you should deal with alone

Chronic Disease Management Strategies for MDD

1. Active efforts to detect depression
2. Delivery of evidence-based care
   • Systematic progression through available treatments
3. Patient education about depression
4. Process measurement and systematic outcome assessment
   • Individual and System

Patten, et al.. J Affect Disord 2009;117:S5-S14
High Risk Groups for Depression

- Past history of depression / trauma
- Family history of depression
- Psychosocial adversity
- Chronic medical conditions
- Unexplained physical symptoms (e.g. pain, insomnia, fatigue)


Antidepressants in Canada (2009)

- **TCA**
  - Amitriptyline
  - Imipramine
  - Clomipramine
  - Nortriptyline
  - Desipramine

- **SSRI**
  - Citalopram
  - Escitalopram
  - Fluoxetine
  - Fluvoxamine
  - Sertraline
  - Paroxetine

- **NDRI**
  - Bupropion-SR/XL

- **SNRI**
  - Duloxetine
  - Venlafaxine-XR

- **NaSSA**
  - Mirtazapine

- **AAP**
  - Quetiapine XR

- **RIMA**
  - Moclobemide
How Effective are Antidepressants?

Meta-analysis from 182 clinical trials (n=36,385)

- Antidepressants (n=23,278) vs Placebo (n=13,107)
  - Responder rate (\%):
    - Antidepressants: 53.8%*
    - Placebo: 37.3%

*\( p < 0.0001 \)

Challenges in the Treatment of Depression

- The idea of taking a medication or receiving psychotherapy
- Many patients do not respond to current treatments
- Treatments are too slow
  - Limited window for best response
- Many patients have overlapping diagnoses (e.g. depression and anxiety)

What Can Friends / Family / Co-Workers / Employers Do?....

- Active listening
  - (Hint)….less active, more listening
- Positive requests for change
- Problem solving
- Reasonable workplace accommodations
  - Work hours, absences
  - Stress management (low stress-tolerance when depressed)

Summary

- Depression is a medical illness with wide-ranging effects on the person and their environment
- There are numerous effective treatments for depression
- Access and knowledge are key