Mapping Depression

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Presented at the Primary Care Today, Satellite Symposia, October 2, 2003

Major depressive disorder (MDD) is a highly prevalent, heterogenous, and progressive disorder. Depression often coaggregates with other illnesses, such as anxiety and cardiovascular disease.[1] Persons with depression and anxiety disorders are consistently identified as high users of primary care services.[2] A recent study (launched in 1992), sponsored by the World Bank and Health Organization tried to quantify the burden of disease. The metric, disability-adjusted life years (DALYs) were employed, and estimation of disability and mortality from over 100 diseases worldwide were carried out. It was determined that depression is the leading cause of disability and premature death among those 18 to 43.[3] An expanding corpus of data has described the staggering economic costs imparted by depression to the individual, their family, and society.

This foregoing composite of MDD constitutes a very significant paradigm shift in conceptualizing the burden of this illness. These changes have provided the impetus

Debra's truancy

Debra, 38, is a school teacher on stress leave for the last month. She presents with full confluence of depressive symptoms, including depressed mood, energy loss, sleep disturbance, an increase in appetite, physical aches and pains, and a loss of joie de vivre. She claims to be truant from school because she feels so unwell. She is a non-smoker who has no allergies, and she is not on any medication.

What further information is needed for a diagnosis of depression before therapy can begin?

Debra complains of tension and worry, but both are controllable and don't interfere with her daily function. She has no panic attacks, obsessions, compulsions, or phobias, and denies substance misuse. Her physical exam is unremarkable. Laboratory indices (*i.e.,* thyroid stimulating hormone) failed to reveal any abnormalities.

You administer the Hamilton depression rating scale (HAMD-7) to estimate the severity of her depressive symptoms. Her depression severity score is 12 (range: 0-26). You review the available therapeutic avenues (*i.e.,* antidepressants, formalized manual-based structured psychotherapy along with psychoeducation). Debra elects to begin antidepressant therapy (Table 1).

Debra returns to your office in two weeks for her followup visit. She experienced some transient nausea and dizziness upon starting the antidepressant. However, this has subsided and she has adhered to her medication. During this visit, she mentions that she has been taking St. John's wort. Her HAMD-7 score has not changed from baseline.

What would you tell her regarding the use of St. John's wort?

When would you schedule the followup?

Would you change her dosage at that time?

See page 85 for Debra's followup.

Table 1
Recommended first-line antidepressant therapies in Canada

Generic	Brand
Citalopram (SSRI)	Celexa®
Paroxetine (SSRI)	Paxil®
Sertraline (SSRI)	Zoloft®
Fluoexetine (SSRI)	Prozac®
Fluvoxamine (SSRI)	Luvox®
Venlafaxine	Effexor XR®
Bupropion	Wellbutrin®
Mirtazapine	Remeron®

for the clinical community to redefine a therapeutic model with quantifiable, objective, and measurable treatment goals. The contemporary goal of antidepressant therapy is to achieve full remission of symptoms, prevent recurrent illness, promote functional restoration, and enhance quality of life.[4]

Results from prospective longitudinal clinical studies converge and suggest that partial symptomatic improvement with an antidepressant, but failure to achieve full remission, comprises an adverse clinical outcome. Residual depressive symptoms (subsyndromal symptoms) portend risk of affective recurrence, cardiovascular disease, diabetes mellitus, suicidal behaviours, and functional impairment.

Full symptomatic abatement is not an implausible goal. Clinicians often benefit from tools that can assist them in measuring patient outcomes (*i.e.*, blood glucose values, sphygmamometer).

The 17-item Hamilton depression rating scale (HAMD-17) has been the most frequently employed scale in clinical research. The hegemony of this tool has been challenged by long-standing concerns about its psychometric deficiencies and clinically unacceptable length to administer. The seven-item Hamilton depression rating scale (HAMD-7) was developed to provide clinicians with a brief, scientifically validated tool to estimate the severity of depression, compare and contrast the efficacy of

Debra's followup

You recommend Debra discontinue using St. John's wort. It has not been beneficial for her, and there's a possibility of both pharmacodynamic and pharmacokinetic drug interactions. You do not change the medication dosage at this time. You note that Debra is not experiencing any sexual dysfunction with the medication. You provide some information on depression to Debra and her partner, who has accompanied her to this visit.

Debra returns to your office four weeks after initiating treatment. Her HAMD-7 total score has been reduced to 6. Although she expresses delight in the symptomatic improvement, she still has significant residual symptoms. You ask her to return two weeks later, at which point, her HAMD-7 score remains at 6. She's complaining of particular problems with fatigue, depressed mood, and diminished pleasure.

How would you proceed further at this time?

What are the available therapeutic options?

See page 86 for the answers.

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Proceeding with Debra

The first task is to reconfirm the diagnosis of depression and ensure that there is no other psychiatric condition (*i.e.*, bipolar disorder). She has been compliant with therapy. Your options include dose optimization, augmentation with another agent capable of reducing depressive symptoms (*i.e.,* lithium, or combine two antidepressants). Another option is to consider adjunctive psychotherapy (see McIntyre et al. Can Fam Phys April 2003 for full a review of this topic).

After full dose optimization and supportive counselling, you decide to combine two antidepressants. Her HAMD-7 score is now 3, which meets criterion for full remission, the therapeutic end point in depression. The patient is informed that although she is newly diagnosed as depressed, the index episode represents her third episode inviting the need for maintenance therapy for a period of time at least 2 to 5 years. The HAMD-7 can be used to evaluate her symptoms prospectively, if there is a recrudescence of depressive symptoms. Moreover, when completing her disability forms for her employer, you include the HAMD-7 scores, along with a Global Assessment of Functioning (GAF) scores as an objective measurement of her symptomatic and functional progress. The HAMD-7 scores also permit you to keep reliable and meaningful records chronicling the patient's response to therapy.

Take-ho message

- The contemporary goal of antidepressant therapy is to achieve full remission of symptoms, prevent recurrent illness, promote functional restoration, and enhance quality of life.
- The HAMD-7 should be employed at baseline and during the acute phase of treatment. If after four to six weeks of treatment, the patient has achieved full remission, maintenance treatment choices can be discussed.
- This scale can estimate overall depressive symptom severity, be highly sensitive to antidepressant effectiveness, and offer a determination of when full symptomatic remission has occurred.
- The HAMD-7 has been the most frequently employed scale in the clinical research of depression.

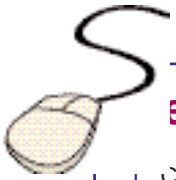
antidepressant therapies, and most importantly, determine when full remission has occurred.

The HAMD-7 is the first ever abbreviated depression scale requiring only minutes to perform. This scale can estimate overall depressive symptom severity, be highly sensitive to antidepressant effectiveness, and offer a determination of when full symptomatic remission has occurred. Global impressions of depressive symptom responses are not precise as an exclusive outcome measure. The HAMD-7 provides necessary precision in patient monitoring, along with an overall perspective of depressive symptom burden. The brevity is commensurate with a busy family practice setting. The HAMD-7 should be employed at baseline and during the acute phase of treatment. If after four to six weeks of treatment, the patient has achieved full remission (HAMD-7 score < 3), maintenance treatment choices can be discussed. However, if the patient fails to achieve full remission (HAMD-7 score > 4), then alternate therapeutic avenues need to be considered. The Canadian Psychiatric Association published its guidelines for the treatment of depressive disorders, which provides a reference for the clinician regarding various available treatment strategies and recommended durations of therapy.

The diagnosis of depression remains a clinical endeavour, buttressed by careful history and diagnostic assessment. The HAMD-7 assesses depressive symptoms, and permits evaluation of antidepressant

efficacy. Most importantly, it defines when full remission has occurred. Clinician rating scales are more sensitive to antidepressant treatment than patient rating scales (*i.e.*, Beck depression inventory). Notwithstanding, patient evaluated outcomes are highly meaningful and supplement the HAMD-7. This would parallel the assessment of hypertension insofar as blood pressure is combined with patient experience (exercise capacity) to provide precise assessment of this chronic disease. Clinicians are encouraged to incorporate the HAMD-7 in their clinical practice. CME

References
1. Canadian Psychiatric Association: Clinical guidelines for the treatment of depressive disorders. Can J Psychiatry 2001; 46(suppl 1):77S-90S.
2. Katon W, Korff VM, Lin E, et al: Distressed high utilizers of medical care. DSM-III-R diagnoses and treatment needs. Gen Hosp Psychiatry 1990; 12(6):355-62.
3. Nierenberg DW: Teaching clinical pharmacology: A process of "lifelong learning." J Clin Pharmacol 1993; 33(4):311-5.
4. Murray CJ, Lopez AD: Alternative projections of mortality and disability by cause 1990-2020: Global burden of disease study. Lancet 1997; 349(9064):1498-1504.



et Readings

1. Canadian Psychiatric Association *www.cpa-apc.org*
2. Depression Canada: *www.depressioncanada.com*