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Therapeutic options for mood disorders

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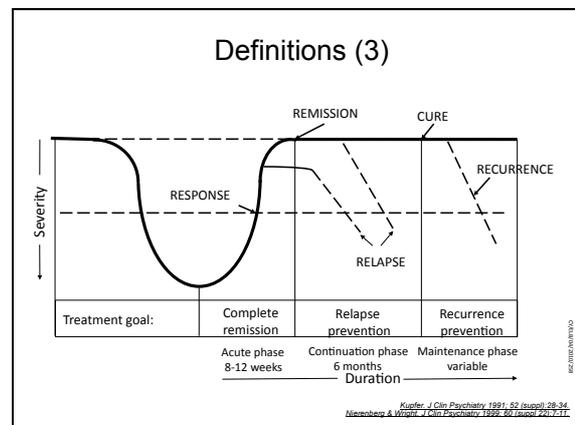
- ## Background
- Focus on major depressive disorder
 - Depression is a broad and heterogeneous diagnosis
 - Central to it is depressed mood and/or loss of pleasure in most activities
 - A wide range of biological, psychological and social factors have a significant impact on the course of depression and the response to treatment

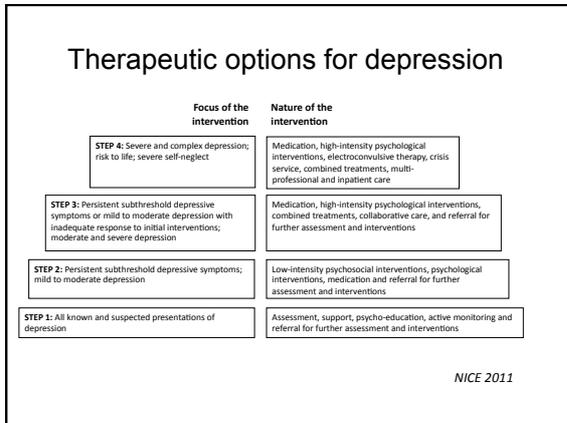
Definitions (1)

Key symptoms	Associated symptoms
<ul style="list-style-type: none"> • persistent sadness or low mood and/or • marked loss of interests or pleasure 	<ul style="list-style-type: none"> • disturbed sleep (decreased or increased compared to usual) • decreased or increased appetite and/or weight • fatigue or loss of energy • agitation or slowing of movements • poor concentration or indecisiveness • feelings of worthlessness or excessive or inappropriate guilt • suicidal thoughts or acts.

NICE 2011

- ## Definitions (2)
- **Subthreshold depressive symptoms:** fewer than five symptoms of depression.
 - **Mild depression:** few, if any, symptoms in excess of the five required to make the diagnosis and symptoms result in only minor functional impairment.
 - **Moderate depression:** Symptoms or functional impairment are between 'mild' and 'severe'.
 - **Severe depression:** Most symptoms and the symptoms markedly interfere with functioning. Can occur with or without psychotic symptoms.
- NICE 2011

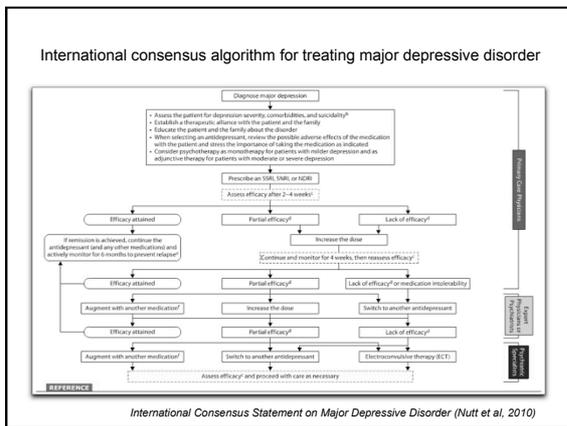




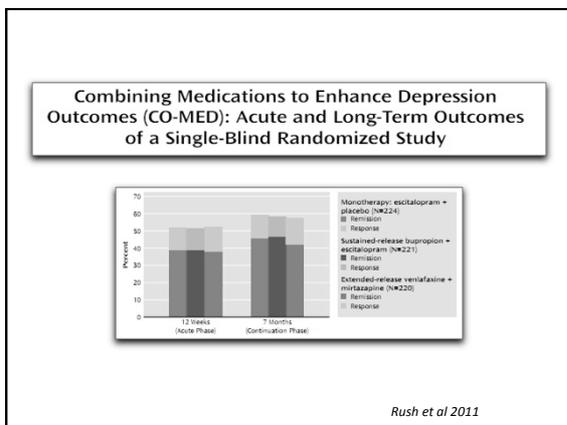
Therapeutic options for depression

Severity of illness	Modality			
	Pharmacotherapy	Depression-Focused Psychotherapy	Pharmacotherapy in Combination With Depression-Focused Psychotherapy	Electroconvulsive Therapy
Mild to Moderate	Yes	Yes	May be useful for patients with psychosocial or interpersonal problems, intrapsychic conflict, or co-occurring Axis II disorder	Yes, for certain patients
Severe Without Psychotic Features	Yes	No	Yes	Yes
Severe With Psychotic Features	Yes, provide both antidepressant and antipsychotic medication	No	Yes, provide both antidepressant and antipsychotic medication	Yes

APA 2010



- ### Biological treatment algorithm for moderate / severe depression
- Step 1 SSRI / TCA / SNRI / mirtazapine / bupropion
 - Step 2 switch to other SSRI / TCA / SNRI / mirtazapine / bupropion
 - Step 3 Addition: lithium, or mirtazapine/ mianserine or atypical AP
 - Step 4 MAO-inhibitor
 - Step 5 ECT
- Dutch depression guideline 2011



- ### Low-intensity psychosocial interventions
- For people with persistent sub-threshold depressive symptoms or mild to moderate depression, consider offering one or more of the following interventions, guided by the person's preference:
 - individual guided self-help based on the principles of cognitive behavioural therapy (CBT)
 - computerised cognitive behavioural therapy (CCBT)
 - a structured group physical activity programme.
- NICE 2011

Psychological interventions for relapse prevention

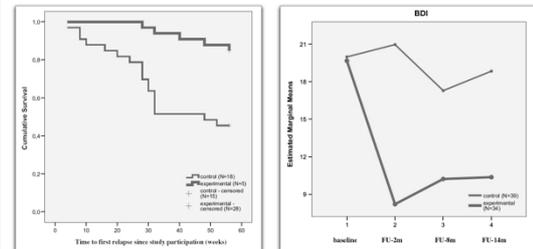
People with depression who are considered to be at significant risk of relapse or who have residual symptoms, should be offered one of the following psychological interventions:

- individual CBT:
 - for people who have relapsed despite antidepressant medication
 - for people with a significant history of depression and residual symptoms despite treatment.
- mindfulness-based cognitive therapy:
 - for people who are currently well but have experienced three or more previous episodes of depression.

NICE 2011

The effects of mindfulness-based cognitive therapy on recurrence of depressive episodes, mental health and quality of life: A randomized controlled study

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Godfrin & van Heeringen, 2010

Discussion

- A wide range of biological, psychological and social factors have a significant impact on the course of depression and the response to treatment
- Therapeutic options include psychological and biological interventions
- Choice between options is influenced by
 - Availability
 - Severity of depressive episode
 - Suicide risk / age
 - Current status
- Evidence-based treatment algorithms are available

Assessment of Treatment Tolerability and Adequacy of Response

	None or Partial	Response
		Full
Initial weeks	Assess adherence. If clinical severity warrants and treatment is well-tolerated, consider increasing medication, dosage or intensity of psychotherapy, especially if there is no response. If symptoms are severe or life-threatening, consider ECT.	If treatment is well-tolerated, maintain current treatment approach.
At 4-6 weeks	In patients treated with an antidepressant, consider increasing the dose (if well-tolerated), changing to a different antidepressant, and changing to or augmenting with psychotherapy. Augmentative therapy or ECT may also be considered. For insufficient response to psychotherapy, consider changing the intensity or type of psychotherapy and/or adding or changing to medication. For ECT, see guidelines text.	Go to continuation phase.
Throughout treatment	In patients who have significant side effects with antidepressant treatment, consider changing to a different antidepressant, reducing the dose, or treating the side effect. Also consider changing to psychotherapy or ECT. If trials of two medications from the same antidepressant class have been ineffective, consider changing antidepressants to a different class. For patients with difficulty tolerating psychotherapy, consider changing the intensity or type of therapy and/or adding or changing to medication.	

APA 2010