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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)

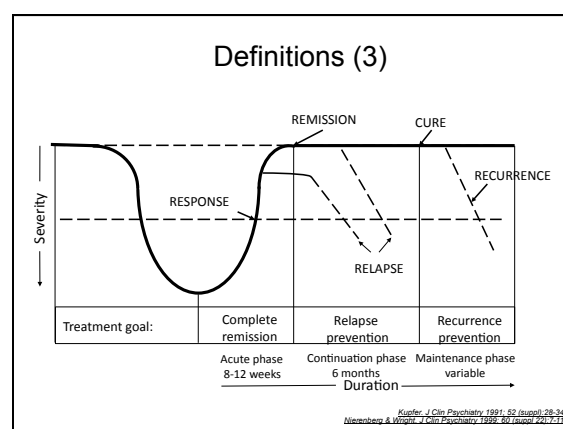
Key symptoms	Associated symptoms
<ul style="list-style-type: none"> <li>• persistent sadness or low mood <b>and/or</b></li> <li>• marked loss of interests or pleasure</li> </ul>	<ul style="list-style-type: none"> <li>• disturbed sleep (decreased or increased compared to usual)</li> <li>• decreased or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

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

Focus of the intervention	Nature of the intervention
<b>STEP 4:</b> Severe and complex depression; risk to life; severe self-neglect	Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multi-professional and inpatient care
<b>STEP 3:</b> Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression	Medication, high-intensity psychological interventions, combined treatments, collaborative care, and referral for further assessment and interventions
<b>STEP 2:</b> Persistent subthreshold depressive symptoms; mild to moderate depression	Low-intensity psychosocial interventions, psychological interventions, medication and referral for further assessment and interventions
<b>STEP 1:</b> All known and suspected presentations of depression	Assessment, support, psycho-education, active monitoring and referral for further assessment and interventions

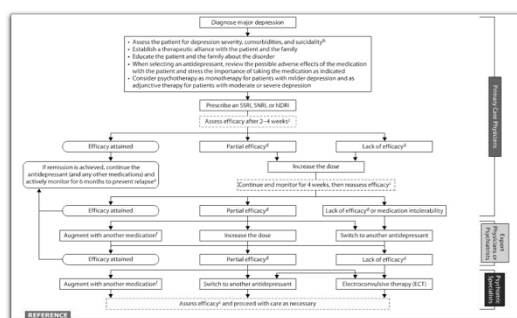
NICE 2011

## 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, intrapersonal 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

## International consensus algorithm for treating major depressive disorder

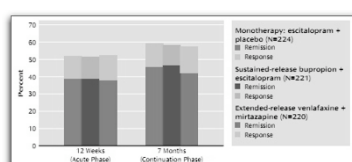


## Biological treatment algorithm for moderate / severe depression

- 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

## Combining Medications to Enhance Depression Outcomes (CO-MED): Acute and Long-Term Outcomes of a Single-Blind Randomized Study



Rush et al 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:

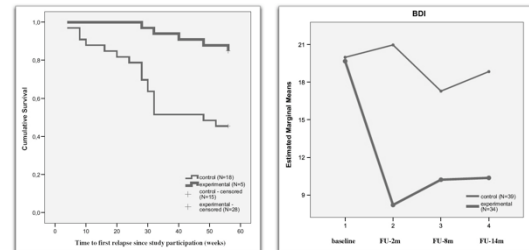
- individual CBT:
  - for people who have relapsed despite antidepressant medication
  - for people with a significant history of depression and residual symptoms despite treatment.
- mindfulness-based cognitive therapy:
  - for people who are currently well but have experienced three or more previous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

	Response
	None or Partial
Initial weeks	<p>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.</p>
At 4-6 weeks	<p>If treatment is well-tolerated, maintain current treatment approach.</p> <p>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. Augmentation therapy or ECT may also be considered.</p> <p>For insufficient response to psychotherapy, consider changing the intensity or type of psychotherapy, adding, adding or changing to medication.</p> <p>For ECT, see guideline text.</p>
Throughout treatment	<p>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.</p> <p>If trials of two medications from the same antidepressant class have been ineffective, consider changing antidepressant to a different class.</p> <p>For patients with difficulty tolerating psychotherapy, consider changing the intensity or type of therapy and/or adding or changing to medication.</p>

APA 2010