

Uscire dall'ombra della depressione

Introduzione

Bernardo Carpiello

Dipartimento di Scienze Mediche e Sanità Pubblica-
Unità di Psichiatria, Università degli Studi di Cagliari &
Struttura Complessa di Psichiatria, Azienda Ospedaliero
Universitaria di Cagliari

- **Rilevanza epidemiologica e sociale della depressione**
- **I problemi non risolti nella cura della depressione**
- **Le nuove prospettive di cura**

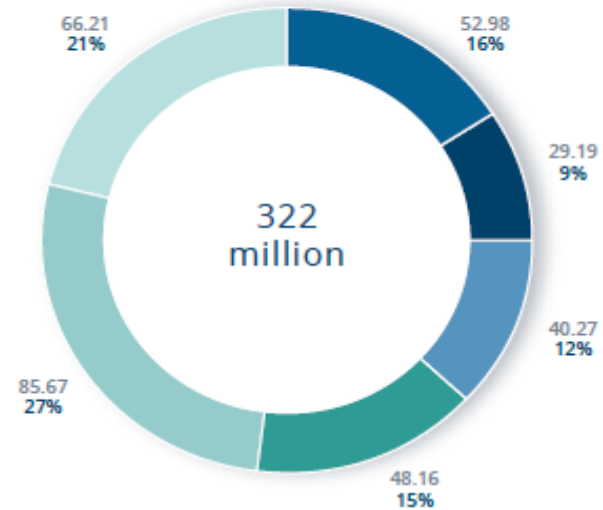
Depression and Other Common Mental Disorders

Global Health Estimates



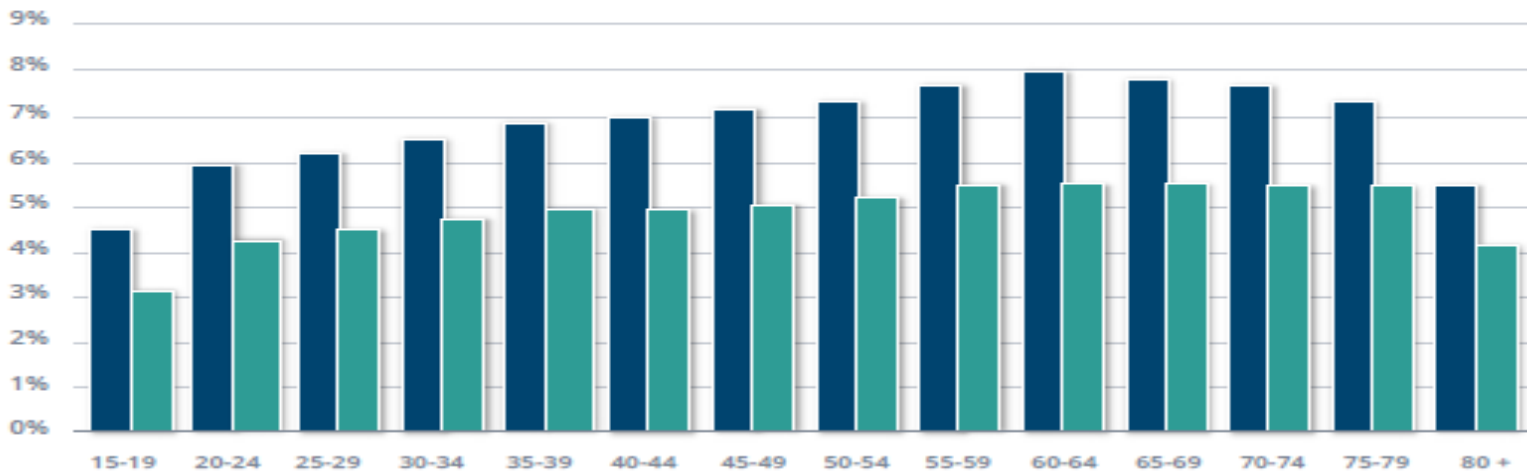
Cases of depressive disorder (millions), by WHO Region

- African Region
- Eastern Mediterranean Region
- European Region
- Region of the Americas
- South-East Asia Region
- Western Pacific Region



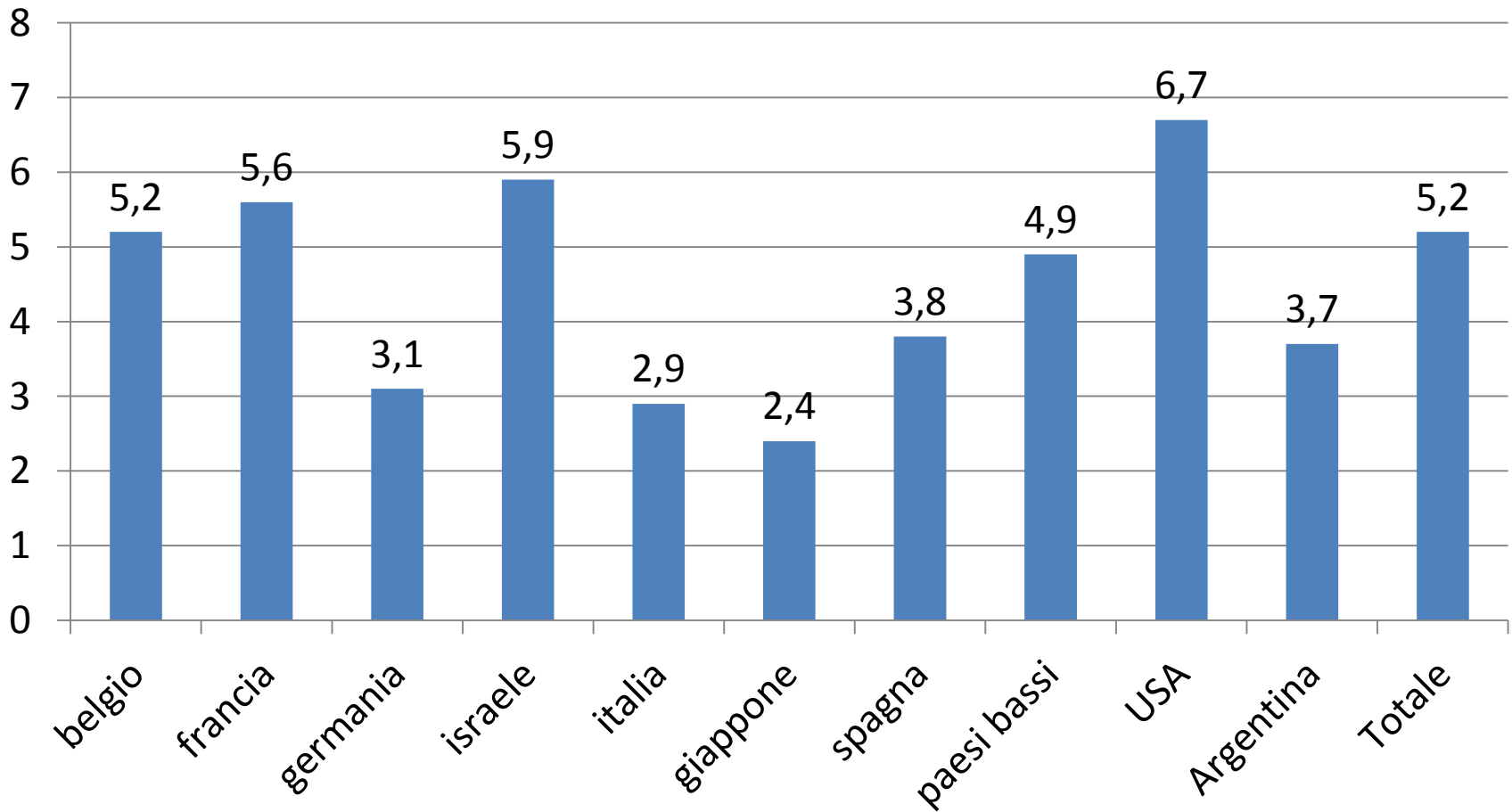
Global prevalence of depressive disorders, by age and sex (%)

Female Male

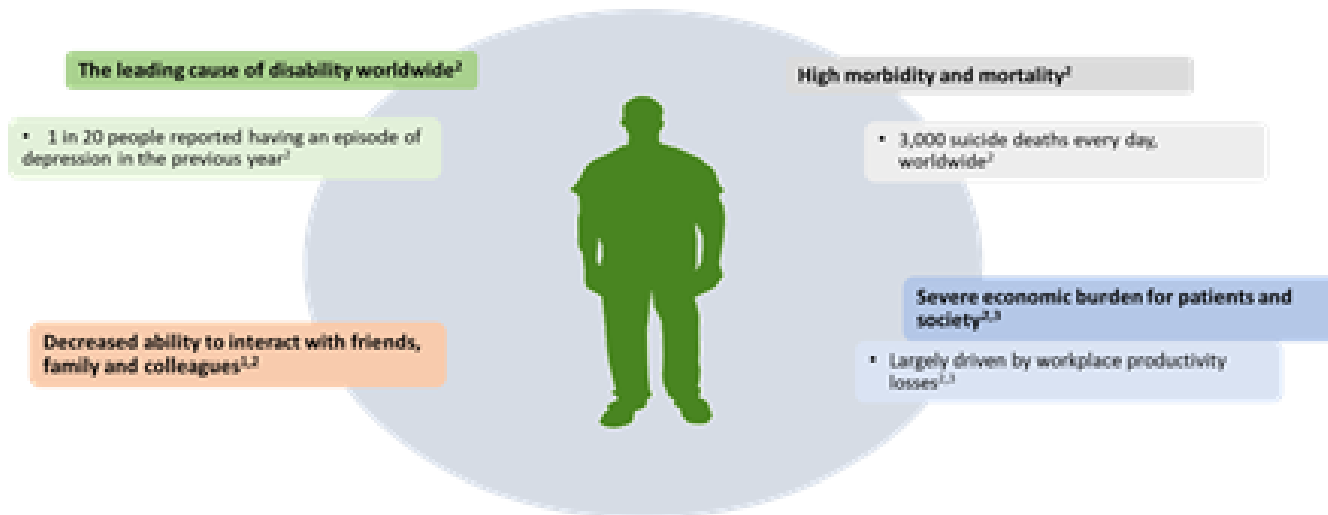


Source: Global Burden of Disease Study 2015 (<http://ghdx.healthdata.org/gbd-results-tool>)
Regional data shown are age-standardized estimates.

Prevalenza della depressione nei paesi ad elevato reddito

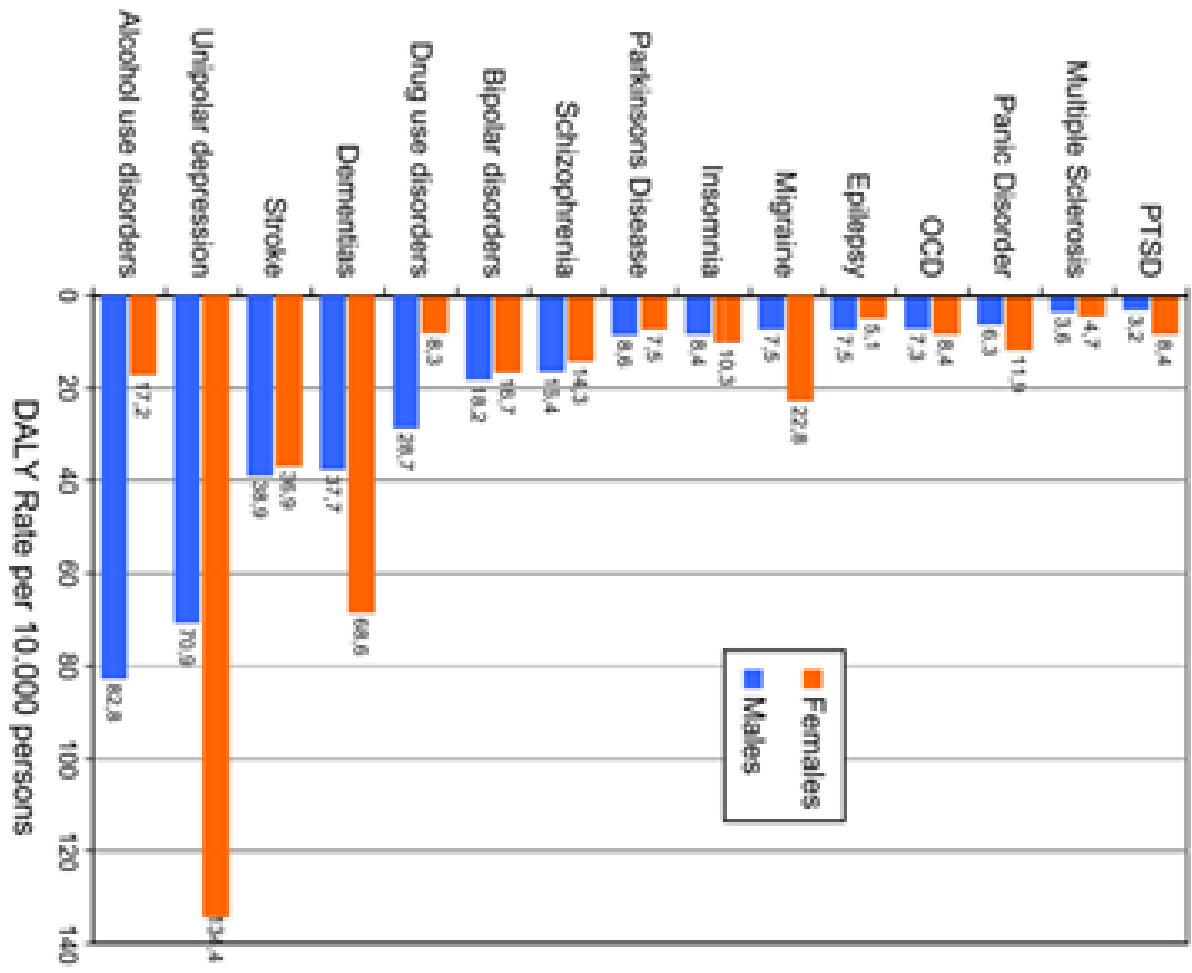


MAJOR DEPRESSIVE DISORDER PLACES SIGNIFICANT BURDEN ON INDIVIDUALS AND SOCIETY



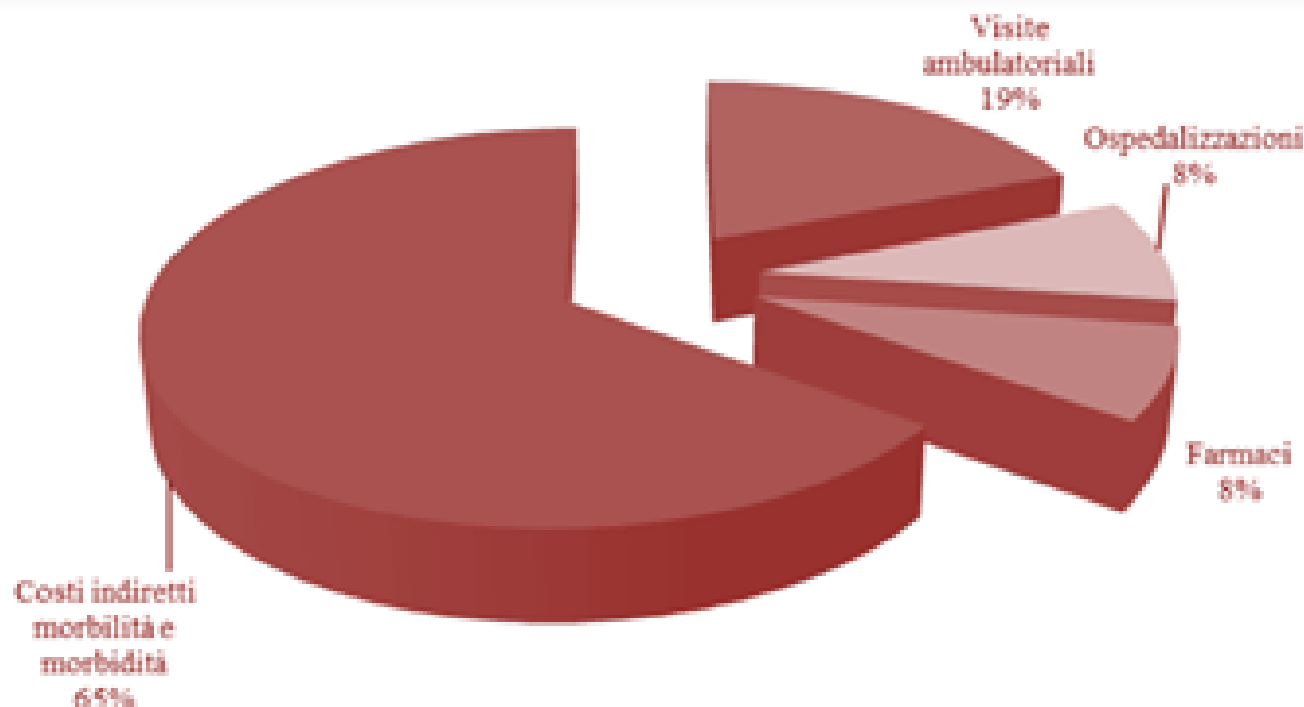
1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Health Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013;
2. World Federation for Mental Health. Depression: a global crisis. 10 October 2012. Available at: <http://www.who.int>;
3. Krol M, et al. *Pharmacoeconomics*. 2011; 29(7):601-619.

The size and burden of mental disorders and other disorders of the brain in Europe 2010



I COSTI DELLA DEPRESSIONE IN EUROPA

«Economic burden» della depressione in Europa: 118 miliardi di euro (253 euro all'anno per abitante). Costi diretti della patologia: visite ambulatoriali (22 mld), farmaci (9 mld) e ospedalizzazioni (10 mld). Il costo indiretto ammontava a 76 miliardi di euro.



Elaborazione da *Sobocki et al., 2006* (*Cicchetti e Coretti, 2015*)

La depressione viene curata con grande ritardo

Factors characterizing access and latency to first pharmacological treatment in Italian patients with schizophrenia, mood, and anxiety spectrum disorders

Bernardo Dell'Osso^a, Laura Cremaschi^a, Carlotta Palazzo^a, Neva Suardi^a, Gregorio Spagnolin^a, Giulia Camuri^a, Beatrice Benatti^a, Lucio Oldani^a, Cristina Dobrea^a, Chiara Arici^a, Giovanna Pace^a, Alessandra Tiseo^a, Ester Sembira Nahum^a, Filippo Castellano^b, Nazario D'Urso^b, Massimo Clerici^b, Diego Primavera^c, Bernardo Carpiniello^c and A. Carlo Altamura^a

Latency to first pharmacological treatment (duration of untreated illness (DUI)) in psychiatric disorders can be measured in years, with differences across diagnostic areas and relevant consequences in terms of socio-occupational functioning and outcome. Within the psychopathological onset of a specific disorder, many factors influence access and latency to first pharmacotherapy and the present study aimed to investigate such factors, through an ad-hoc developed questionnaire, in a sample of 538 patients with diagnoses of schizophrenia-spectrum disorder (SZ), mood disorder (MD), and anxiety disorder (AD). Patients with SZs showed earlier ages at onset, first diagnosis and treatment, as well as shorter DUI compared with other patients (43.17 months vs. 58.64 and 80.43 months in MD and AD; $F=3.813$, $P=0.02$). Patients with MD and AD reported more frequently onset-related stressful events, benzodiazepines as first treatment, and autonomous help seeking compared with patients with SZs. In terms of first therapist, psychiatrist referral accounted for 43.6% of the cases, progressively decreasing from SZ to MD and AD (57, 41.8, and 38.3%, respectively). The opposite phenomenon was observed for nonpsychiatrist clinician referrals, whereas psychologist referrals remained constant. The present

findings confirm the presence of a relevant DUI in a large sample of Italian patients with different psychiatric disorders (5 years, on average), pointing out specific differences, in terms of treatment access and latency, between psychotic and affective patients. Such aspects are relevant for detection of at-risk patients and implement early intervention programs. *Int Clin Psychopharmacol* 00:000-000 © 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins.

International Clinical Psychopharmacology 2014, 00:000-000

Keywords: anxiety disorders, duration of untreated illness, latency to treatment, mood disorders, schizophrenia-spectrum disorders

^aDepartment of Neuroscience, University of Milan, Department of Mental Health, Fondazione IRCCS Cà Granda, Ospedale Maggiore Policlinico, Milan, ^bDepartment of Psychiatry, S. Gerardo Hospital, Monza and ^cDepartment of Public Health, Clinical and Molecular Medicine, Section of Psychiatry and Psychiatric Clinic, University of Cagliari, Cagliari, Italy

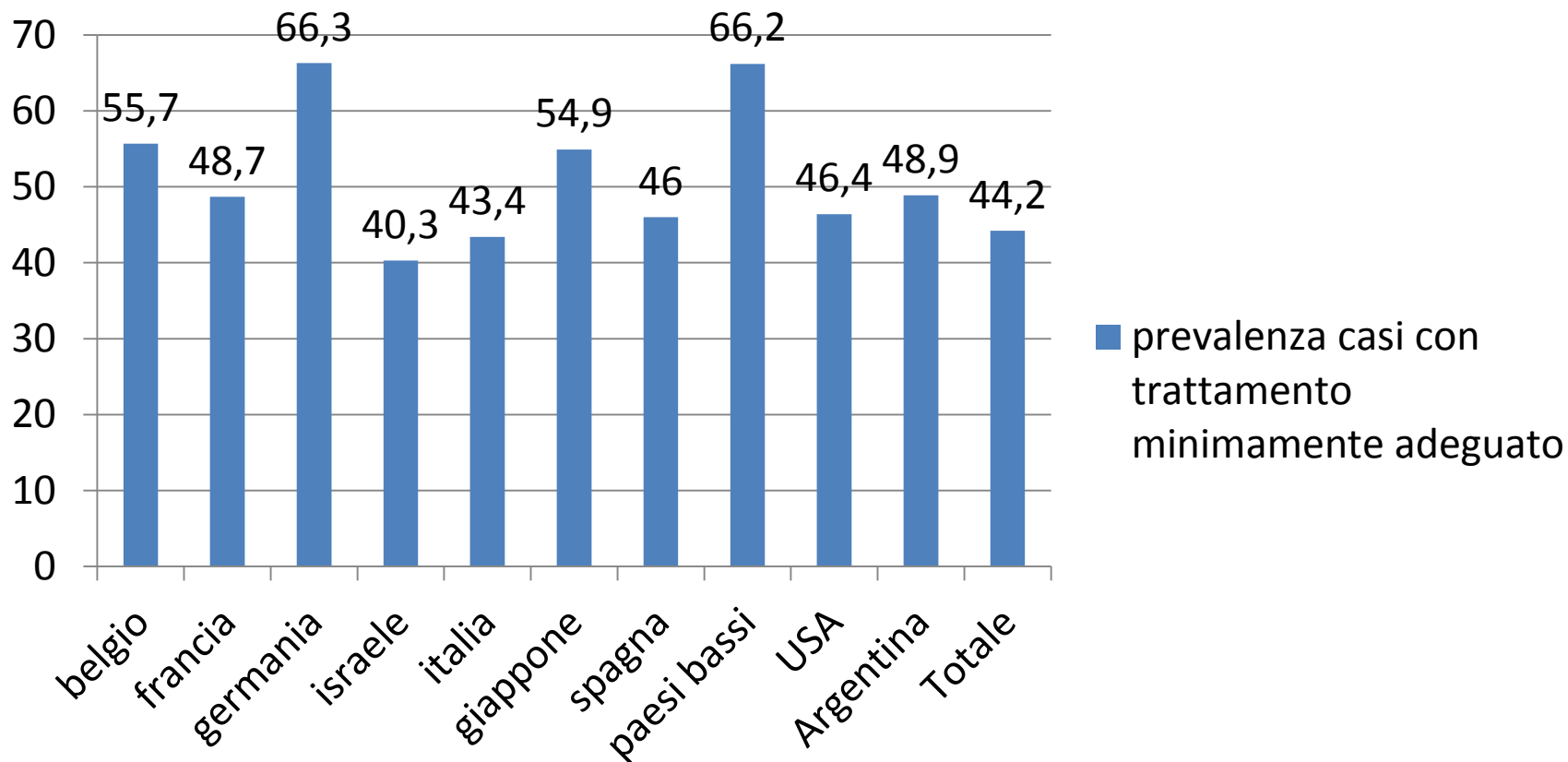
Correspondence to: Bernardo Dell'Osso, MD, Department of Psychiatry, University of Milan, Fondazione IRCCS Cà Granda, Ospedale Maggiore Policlinico, Via Francesco Sforza 35, 20122 Milano, Italy
Tel: +39 2 55039994; fax: +39 2 55031140; e-mail: bernardo.delloso@unimi.it

Received 13 March 2014 Accepted 3 July 2014

La durata media di «malattia non trattata» nella Depressione Maggiore è di circa 58mesi

La depressione non è ancora adeguatamente curata

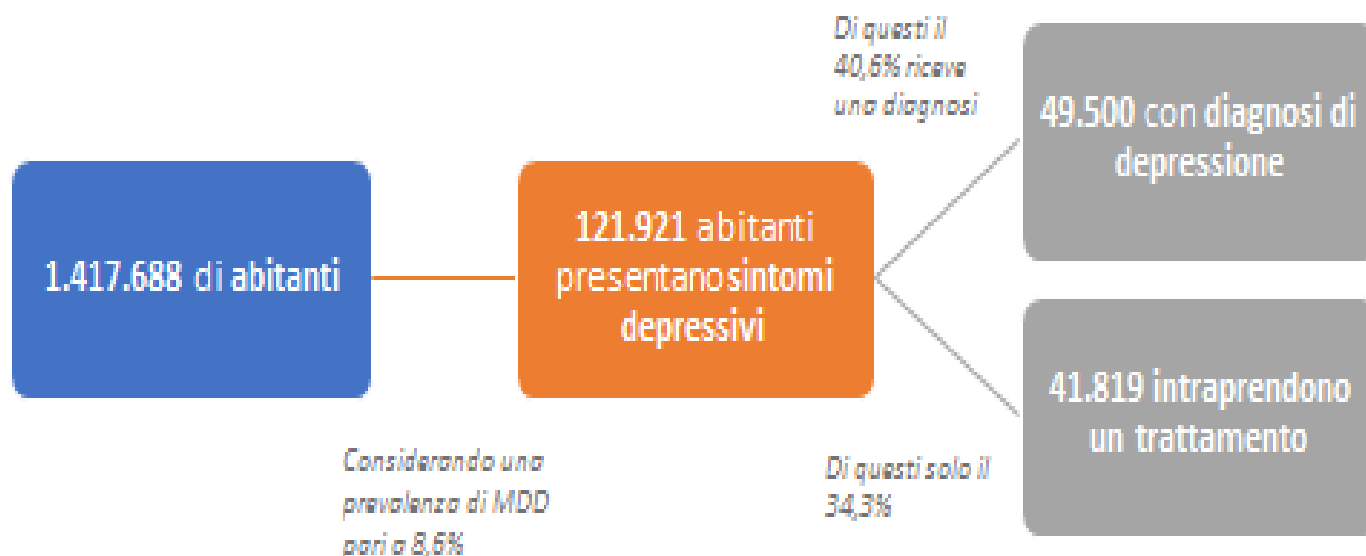
prevalenza casi con trattamento minimamente adeguato



Epidemiologia della Depressione in Sardegna

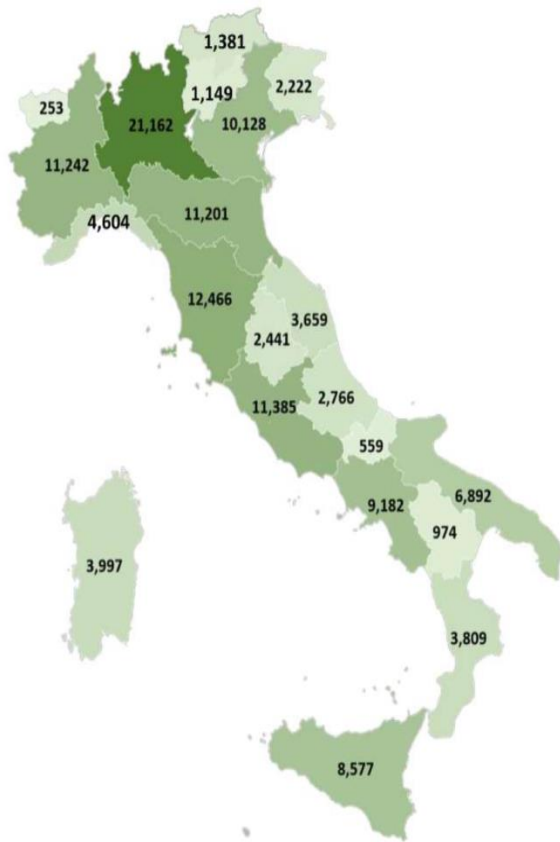


Popolazione maggiorenne residente in regione Sardegna è pari a 1.417.688 abitanti



La Depressione resistente al trattamento

- **Una percentuale di pazienti compresa fra il 20 e il 30% è affetto da una forma di depressione resistente**
- **Circa il 15% dei pazienti non risponde a molteplici trattamenti**
- **La depressione resistente è associata a:**
 - **Maggiore durata e gravità del disturbo**
 - **Maggiore comorbidità con altri disturbi, sia fisici che mentali**
 - **Menomazione funzionale marcata e protratta and**
 - **Costi assistenziali psichiatrici e non psichiatrici molto maggiori**



Patients with TRD
 N= 133,835
 (5.5% of patients treated with AD in Italy)

Figure 6: Estimate of the number of TRD patients with mean maximum dosage (N= 130,049) for each Italian Region and autonomous province.

**Assessment of Patients Affected by Treatment-Resistant Depression:
 Findings from a Real-World Study in Italy**

Perrone Valentina^{1,7}, Sangiorgi Diego¹, Andretta Margherita², Ducci Giuseppe³, Forti Bruno⁴, Francesca Morel Pier Cesare⁵, Gambera Marco⁶, Maina Giuseppe⁷, Mencacci Claudio⁸, Mennini Francesco⁹, Zanalda Enrico¹⁰, Degli Esposti Luca¹

Trattamenti per depressione resistente

Farmacologici

- Associazione fra più antidepressivi di classe diversa o fra antidepressivi e altri psicofarmaci
- Associazione fra antidepressivi e psicoterapie (CBT,IPT)
- Ketamina
- Esketamina

Non farmacologici

- ECT
- rTMS
- VNS
- DBS