Uscire dall'Ombra della Depressione

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Depression Is the Leading Cause of Disability Around the World

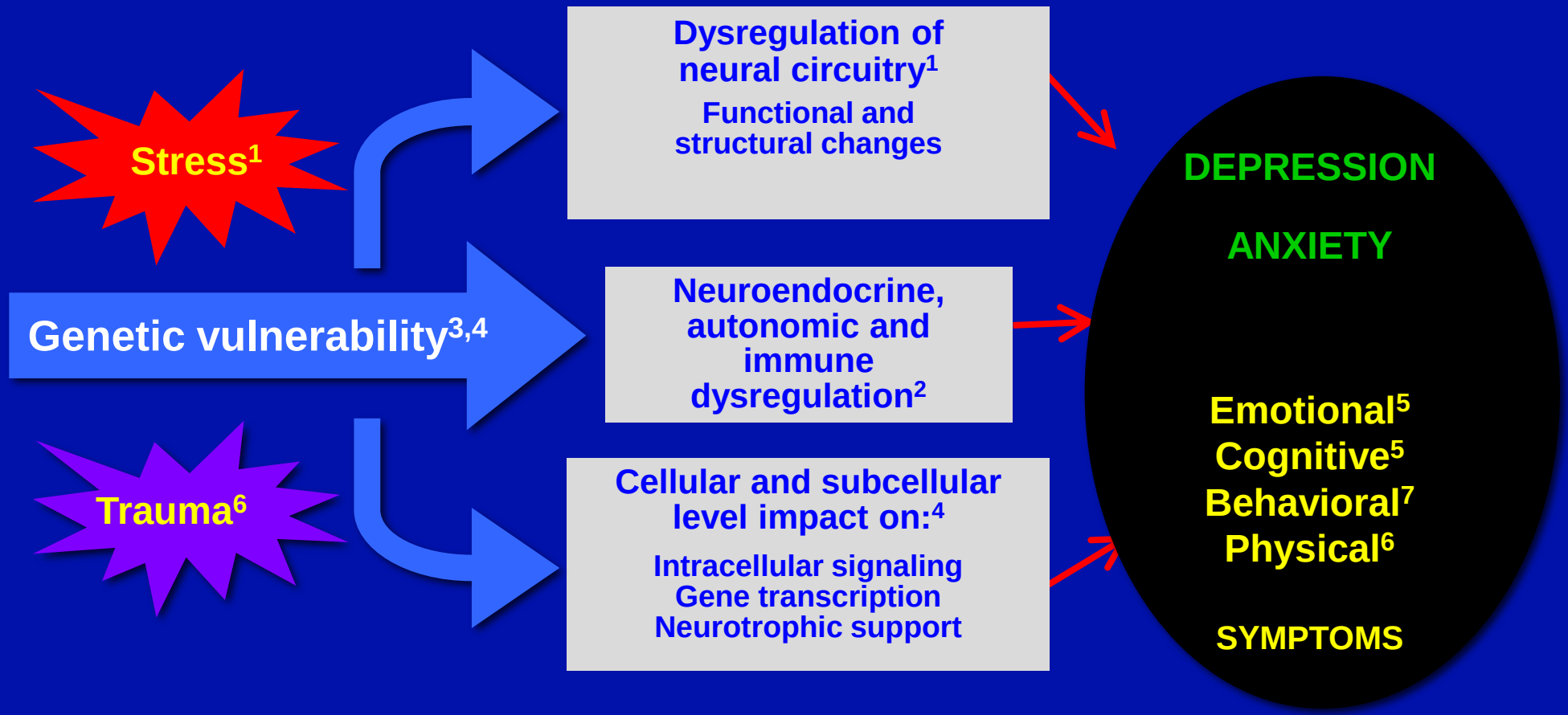
M.J. Friedrich

JAMA. 2017;317(15):1517. doi:10.1001/jama.2017.3826

The proportion of the global population living with depression is estimated to be 322 million people—4.4% of the world's population—according to a new report, "Depression and Other Common Mental Disorders: Global Health Estimates," released by the World Health Organization. The report also includes data on anxiety disorders, which affect more than 260 million people—3.6% of the global population. The prevalence of these common mental disorders is increasing, particularly in low- and middle-income countries, with many people experiencing both depression and anxiety disorders simultaneously.

M.J. Friedrich JAMA. 2017;317(15):1517

Depression



1. Sheline YI, et al. Biol Psychiatry. 2001;**50**:651–658. 2. Raison CL, et al. Trends Immunol. 2006;**27**:24–31. 3. Gatt JM, et al. J Integr Neurosci. 2007;**6**:75–104. 4. Carlson PJ, et al. NeuroRx. 2006;**3**:22–41. 5. Drevets WC. Curr Opin Neurobiol. 2001;**11**:240–249. 6. Blackburn-Munro G, et al. J Neuroendocrinol. 2001;**13**:1009. 7. American Psychiatric Association (APA). DSM-IV-TR; 2000:352,356.

Mental health and COVID-19

In a systematic review of 19 studies in 8 countries*, the COVID-19 pandemic is associated with psychological distress in the general population to the extent that would often meet the threshold for clinical relevance

Symptoms of...	Assessed in...	% general population...
Anxiety	11 studies	6–51%
Depression	12 studies	15–48%
PTSD	4 studies	7–54%
Stress	4 studies	8–82%
Psychological distress	3 studies	34–38%

Mitigating the hazardous effects of COVID-19 on mental health is an international public health priority

*China, Denmark, Iran, Italy, Spain, Turkey, USA and Nepal.
COVID-19, coronavirus disease 2019; PTSD, post-traumatic stress disorder.

Xiong J, et al. J Affect Disord 2020;277:55–64.

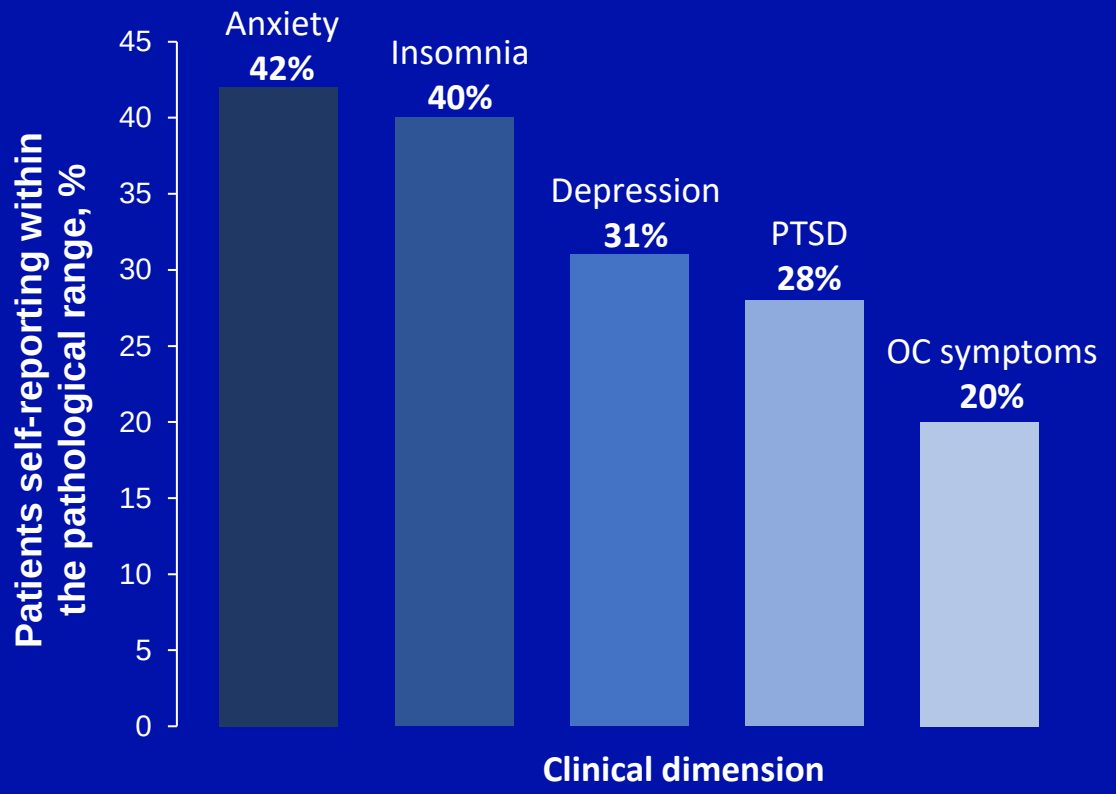
Mental health and COVID-19: consequences of infection

Survivors of intensive care are known to be at increased risk of developing psychopathological issues[1]

For example, in one UK survey, **one-half of patients reported** significant symptoms of **anxiety, depression or PTSD** at 3 and 12 months after ICU treatment[1]

Psychiatric consequences due to SARS-Cov2 infection may be caused by the immune response to the virus or by psychological stressors[2]

Following **hospitalisation* due to COVID-19**, **56% of patients** self-rated within the **pathological range** for at least one clinical dimension[2]



*Screening for psychiatric symptoms was carried out one month after hospital treatment.
COVID-19, coronavirus disease 2019; ICU, intensive care unit;
OC, obsessive compulsive; PTSD, post-traumatic stress disorder;
SARS-Cov2, severe acute respiratory syndrome-coronavirus 2.

1. Hatch R, et al. Critical Care 2018;22:310;
2. Mazza MG, et al. Brain Behav Immun 2020 [online ahead of print].

Mental health and COVID-19: impact on healthcare professionals

"COVID-19 has confronted many HCPs with unexpected, life-threatening experiences for which they had not been trained"[1]

Burnout: excessive hours on duty have been associated with increased risk of insomnia and emotional exhaustion[1]

Anxiety and depressive symptoms: high prevalence during COVID-19 associated with exposure, high incidence, shortages of PPE or staffing issues and personal factors[1,*]

Major distress caused by fear of colleagues, family or themselves being infected[1]

PTSD, depression and alcohol or substance misuse: reported by HCPs for **months and years after** the SARS outbreak[1]

Psychological assistance should be continued following COVID-19[1]

Government and healthcare agencies have a responsibility to **protect psychological well-being** of HCPs[2]

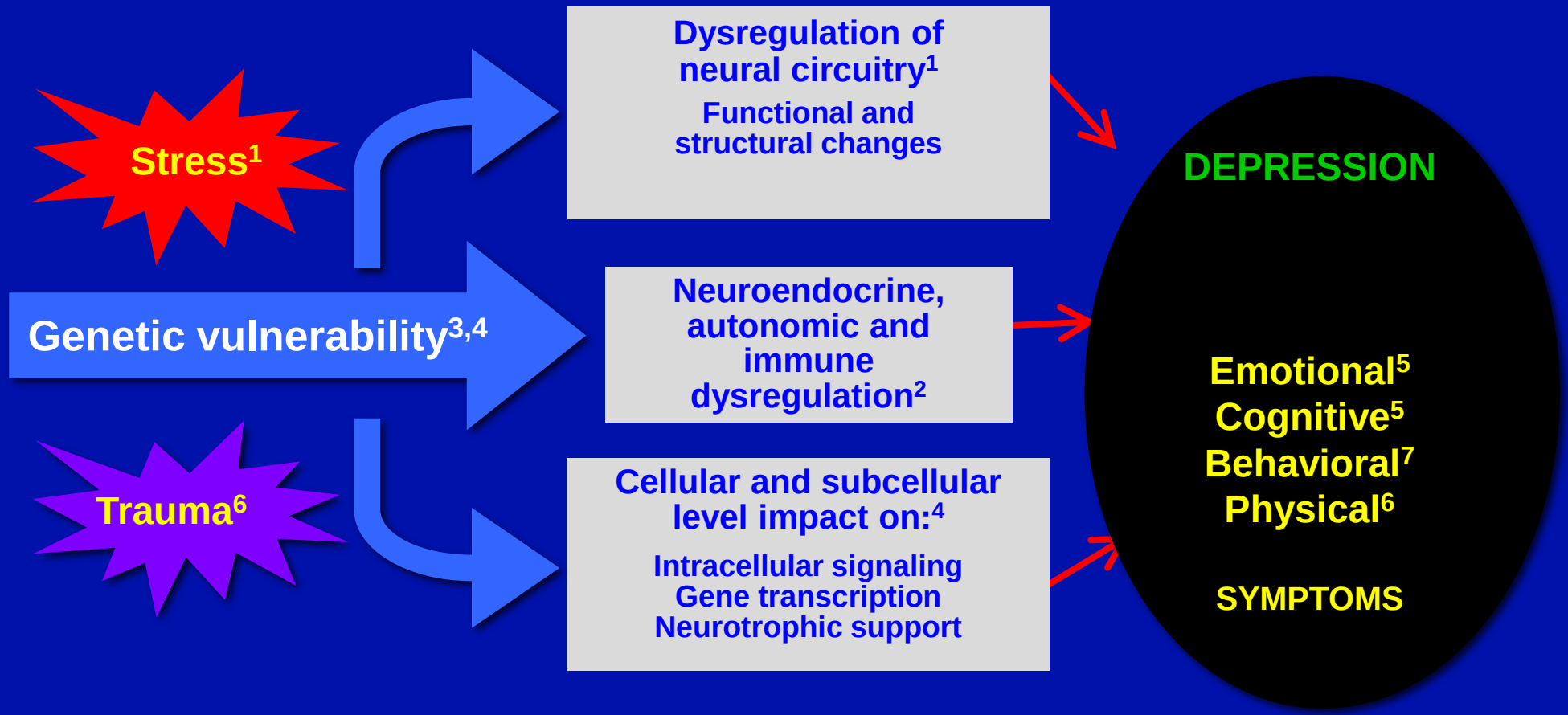
HCPs **receiving psychological support** were **less likely** to report **anxiety, depression, insomnia** and **stress**[3]

Investment in **research, prevention and treatment** is needed to promote **mental wellbeing of frontline staff**[2]

*For example, age, sex, personality traits, having children.
COVID-19, coronavirus disease 2019; HCPs, healthcare professionals; PPE, personal protective equipment; PTSD, post-traumatic stress disorder; SARS, severe acute respiratory syndrome.

1. Braquehais MD, et al. QJM 2020: hcaa207 [online ahead of print];
2. Ornell F, et al. Cad Saúde Pública 2020;36:e00063520; 3. Lin K, et al. Am J Psychiatry 2020 177;635–6.

Depression



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Diagnosis of MDD

At least **5** of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either **1** or **2**[1]

1. **Depressed mood**
2. **Diminished interest/pleasure**
3. Weight changes
4. Sleep disturbances
5. Psychomotor agitation / retardation
6. Fatigue / loss of energy
7. Feelings of worthlessness or excessive or inappropriate guilt
8. Diminished ability to think or concentrate, or indecisiveness
9. Recurrent thoughts of death / suicidal ideation

Each includes ≥2 sub-symptoms[1,2]

Two individuals who qualify for a diagnosis of MDD may not have a single symptom in common![2]

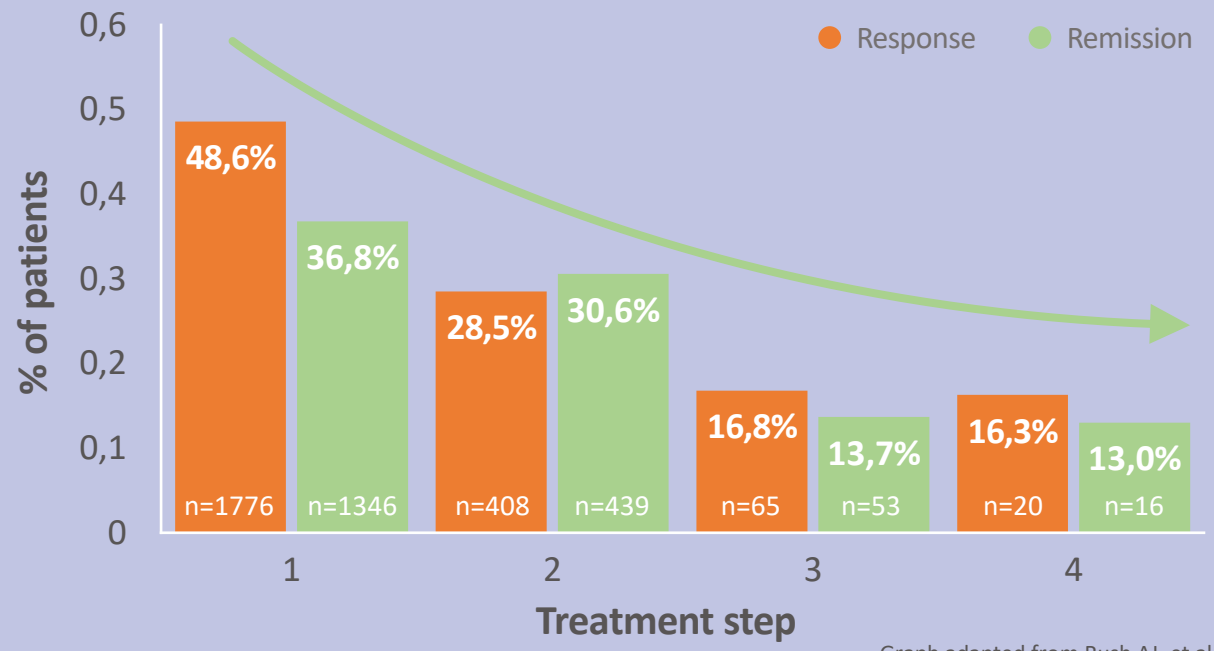
- DSM=Diagnostic and Statistical Manual; MDD=major depressive disorder
- 1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5). 2. Fried EI, Nesse RM. BMC Med. 2015;13(72);doi:10.1186/s12916-015-0325-4

Treatment-Resistant Depression

Fundamental problems remain in MDD

- **30%** of patients with MDD do not respond to traditional ADs[1,2]
- Patients may take **3–8 weeks** to respond[3–6]
- After two treatment steps, chance of achieving remission is reduced to 13.7%[7]
- EMA defines treatment-resistant MDD as a **poor or unsatisfactory response to two AD treatments in a current depressive episode**[8**]
- **Treatments with a more rapid onset of action are needed**[9]

Patients achieving a response or remission in the STAR*D study*



Graph adapted from Rush AJ, et al. 2006.[7]

* In the STAR*D study, there was no standard definition of treatment resistance. Patients were classified as 'more' or 'less' treatment-resistant based on a system for AD resistance staging as developed by Thase & Rush.[10,11]

Response: ≥50% reduction in Quick Inventory of Depressive Symptomatology-Self Report (QIDS-SR16) total score. Remission: score of ≤5 on the QIDS-SR16 (equivalent to ≤7 on the 17-item Hamilton Rating Scale for Depression.[7] ** The European Medicines Agency considers treatment-resistant depression as: when treatment with at least two different ADs (of the same or a different class) prescribed in adequate dosages for adequate duration and adequate affirmation of treatment adherence showed a lack of clinically meaningful improvement in the regulatory setting.[8]

- **1.** Al-Harbi KS. *Patient Prefer Adherence*. 2012;6:369–88; **2.** Keller MB, et al. *J Clin Psychiatry.* 2005;66:5–12; **3.** Taylor D, et al. The Maudsley Prescribing Guidelines in Psychiatry. 13th Edition. Chapter 3, Wiley Blackwell, 2018; **4.** Gelenberg AJ, et al. Practice Guideline for the Treatment of Patients With Major Depressive Disorder. Third edition. Part A-II-6, American Psychiatric Association, 2010; **5.** Cleare A, et al. *J Psychopharmacol.* 2015;29:459–525; **6.** Qaseem A, et al. *Ann Intern Med.* 2008;149:725–33; **7.** Rush AJ, et al. *Am J Psychiatry.* 2006;163:1905–17; **8.** European Medicines Agency. Guideline on clinical investigation of medicinal products in the treatment of depression. EMA/ CHMP/185423/2010 Rev 2. 2013; **9.** Machado-Vieira R, et al. *J Clin Psychiatry.* 2008;69:946–58; **10.** Fava M, et al. *Psychiatr Clin N Am*. 2003;26:457–94; **11.** Thase ME, Rush AJ. *J Clin Psychiatry*. 1997;58:23–9.

CONCLUSIONS

- Depression is a painful, severe and frequently resistant illness
- SARS-COVID 19 has had a major impact on Mental Health and depression, which will likely continue in the coming months
- Depression can and should be treated
- Successful strategies include:
  - Prevention / Minimise Risk /Promote Lifestyle interventions
  - Early Diagnosis
  - Careful Systematic Approach, Early Treatment
  - Psychotherapy and Pharmacological Treatment