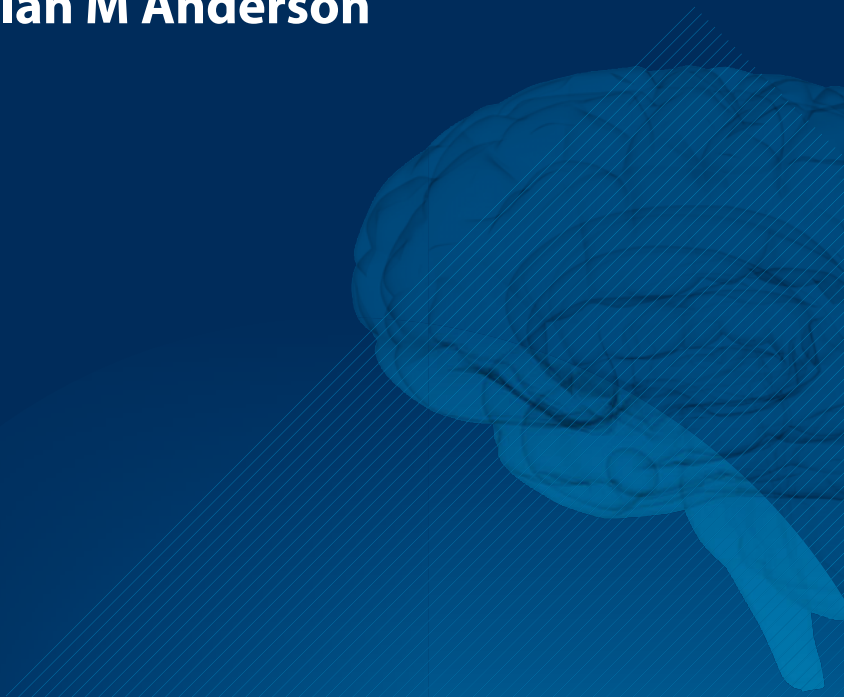
Handbook of Depression

Second edition

Edward S Friedman

Ian M Anderson



Springer Healthcare

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Contents

Author biographies

Edward S Friedman, MD, received his Doctor of Medicine degree from the University of Pittsburgh School of Medicine in Pittsburgh, Pennsylvania, USA. Upon graduation, he joined the faculty of the University of Pittsburgh School of Medicine Department of Psychiatry and the staff of the Western Psychiatric Institute and Clinic (WPIC) of the University of Pittsburgh Medical Center. He was the Director of the Mood Disorders Treatment and Research Program at WPIC. His research has focused on cognitive behavioral psychotherapy, pharmacotherapy, and combination treatments for major depression and bipolar illness. He has published numerous articles and book chapters on these subjects. He was the National Cognitive Therapy Director for the landmark Sequenced Treatment Alternatives to Relieve Depression (STAR*D). As Primary Investigator at the Pittsburgh site for the Bipolar Treatment Network, Dr Friedman contributed to the multi-site LITMUS and CHOICE-BP studies. Currently, Dr Friedman is an Emeritus Clinical Associate Professor of Psychiatry, University of Pittsburgh School of Medicine, Department of Psychiatry and he maintains a private practice in Pittsburgh Pennsylvania, USA.

Professor Ian M Anderson is a Professor of Psychiatry at the University of Manchester and an Honorary Consultant Psychiatrist at Manchester Mental Health and Social Care Trust. He studied medicine at Cambridge University and University College Hospital Medical School, going on to training posts in general medicine and neurosurgery before training in psychiatry in Oxford. He spent 3 years as a Medical Research Council Training Fellow and obtained his MD on the investigation of serotonin function in depression and in the action of antidepressant drugs using neuroendocrine challenge tests. Until 2011, he was Director of the Specialist Service for Affective Disorders in Manchester, which he founded in 2001 as a multidisciplinary tertiary service for treatment-resistant depression and bipolar disorder. His current research interests concern the role of serotonin in the etiology and treatment of affective disorders

and the use of functional brain imaging to investigate emotional processing and neurotransmitter function in depression. He is first author of the British Association for Psychopharmacology (BAP) guidelines for treating depressive disorders with antidepressants, and a co-author of the BAP guidelines for treating anxiety disorders. He was Chair of the Clinical Guideline Development Group to update the National Institute for Health and Clinical Excellence treatment guidelines for depression.

Preface

Preface to first edition:
Is there a need for yet another book about depression? This is the question we asked ourselves in the planning stages of this book. Given that you are now reading this preface, we obviously thought there was — but why? Developments in the field are currently evolutionary rather than revolutionary but new treatments do become available, old and new treatments are reevaluated, and patient choice and the structure of treatment delivery are increasingly emphasized. This means that there is a need for updated accessible summaries for those who need to keep abreast of current thinking and apply their knowledge in practice. As our backgrounds are from both sides of the Atlantic, we have tried to keep both perspectives in mind. We have had to be necessarily brief and emphasize areas that we believe are important. Inevitably, we have had to skate over complexities, but we have tried not to oversimplify and to provide key references for further reading. Although primarily aimed at nonspecialists and students, we hope that, for more experienced practitioners, this book also provides a useful overview of the subject.

Preface to second edition:
The second edition of the *Handbook of Depression* has been prompted by the publication of American *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5) and the need to update the sections on diagnostic criteria. We have also taken the opportunity to correct mistakes that crept into the first edition and to update elsewhere where necessary, including the chapter on antidepressants. We hope that this new edition will continue to provide an up-to-date balanced summary of current thinking and knowledge about depression and its treatment.

Chapter 1

Classification, causes, and epidemiology

Edward S Friedman

Different types of depression

The depressive disorders comprise a heterogeneous group of illnesses that are characterized by differing degrees of affective lability and associated cognitive, neurovegetative, and psychomotor alterations. Depression is currently the fourth most disabling medical condition in the world and it is predicted to be second only to ischemic heart disease with regard to disability by 2020 [1,2].

Depressive disorders

There is a broad spectrum of depressive disorders characterized by the presence of sad, empty, or irritable mood and varying degrees of other somatic and cognitive changes [3]. According to the *American Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5) [4], disturbance of mood is the predominant feature of mood disorders. They are further divided into major depressive disorder (MDD), disruptive mood dysregulation disorder (for children aged up to 18 years), persistent depressive disorder (dysthymia; DD), premenstrual dysphoric disorder, substance-induced depressive disorder, depressive disorder due to another medical condition, as well as other and unspecified depressive disorder categories for subsyndromal cases that do not fulfill the criteria

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for MDD or DD. MDD is characterized by one or more major depressive episodes (MDEs) – a discrete period during which an individual experiences clear-cut changes in affect, cognition, and neurovegetative functions to a moderate degree for 2 weeks or longer with a diminution of their previous level of functioning (see Figure 1.1) [4,5].

Premenstrual dysphoric disorder refers to mood episodes that present during the majority of menstrual cycles over the preceding year, characterized by onset during the week before menses and improvement within a few days of the onset of menses. Women must exhibit one (or more symptoms) of:

- marked affective lability, irritability;
- marked irritability, anger, or increased interpersonal conflicts;
- marked depressed mood, feelings of hopelessness, or self-deprecating thoughts;
- marked anxiety, tension, or feelings of being "keyed-up"; and
- one (or more of the following symptoms):
  - anhendonia;
  - subjective difficulty in concentration;
  - fatigue or lethargy, lack of energy;
  - marked changes in appetite; overeating; specific food cravings
  - hypersomnia or hyposomnia
  - sense of being easily overwhelmed or out of control
  - breast tenderness, swelling, bloating, or weight gain.

Persistent depressive disorder (dysthymia) consolidates the diagnosis of dysthymia and chronic depression. These disorders are characterized by the persistence of symptoms for at least 2 years. Symptoms must include depressed mood for most of the day, more days than not, and two (or more) of the following symptoms:

- poor appetite or overeating;
- hypersomnia or hyposomnia;
- low energy or fatigue;
- low self esteem; or
- feelings of hopelessness.