

Managing Depression in Clinical Practice

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Edward S Friedman and Ian M Anderson

With contributions from

Danilo Arnone

Timothy Denko

Edward S Friedman
Associate Professor of Psychiatry
University of Pittsburgh School of
Medicine
Director, Mood Disorders Treatment
and Research Program
Western Psychiatric Institute
and Clinic
Pittsburgh, USA

Ian M Anderson
Professor of Psychiatry
Neuroscience and Psychiatry Unit
Mental Health and Neurodegeneration
Research Group, School of Medicine
University of Manchester
Manchester
UK

With contributions from
Danilo Arnone, DM
Clinical Training Fellow
University of Manchester
Manchester, UK

Timothy Denko, MD
Western Psychiatric Institute and Clinic
Pittsburgh, PA, USA

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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 Western Psychiatric Institute and Clinic (WPIC) of the University of Pittsburgh Medical Center. Currently, he is 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. Recently, he was the National Cognitive Therapy Director for the landmark STAR*D study. Dr Friedman is also Director of the Cognitive Therapy Residency Training Program and the Ambulatory Mood and Anxiety Disorders Residency Training Program at WPIC. Dr Friedman has participated in many mood disorders research projects, and, for example, he is currently the Pittsburgh site Primary Investigator for the National Institute of Mental Health Depression Treatment Network and the National Institute of Mental Health Bipolar Treatment Network – multicenter collaborations that have been responsible for the highly-regarded STEP-BD and STAR*D studies.

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 is 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 guideline for depression.

Preface

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.

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 sad mood 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 mood and varying degrees of other depressive symptoms [3]. According to the American Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) [4], disturbance of mood is the predominant feature of mood disorders. They are further divided into the bipolar disorders (characterized by the presence of a manic or hypomanic episode – which may also include depressive episodes, hence the older term manic depression) and the depressive disorders. The latter are subdivided into major depressive disorder (MDD) and dysthymic disorder (DD), as well as a “not otherwise specified” category for subsyndromal cases that do not fulfill the criteria for MDD or DD. MDD is characterized by one or more major depressive episodes (MDEs) – a period during which an individual experiences five or more depressive symptoms to a moderate degree for 2 weeks or longer with a diminution of their previous level of functioning (see [Figure 1.1](#)). In addition, these symptoms cannot be attributed to another psychiatric or medical disorder, the direct physiologic effect of a substance, or bereavement. In circumstances where an individual presents with sad mood and clinically significant impairment, the term “depressive disorder not otherwise specified” is used.

The *International Classification of Mental and Behavioral Disorders*, 10th revision (ICD-10) [5] characterizes recurrent depressive disorder as repeated