**Diagnosis:** Major Depression

**Criteria:** 1 of first two; 5 of 9 for at least 2 weeks
- Depression
- Anhedonia
- Weight change (5%)
- Sleep change
- Movement (psychomotor retarded or agitated)
- Fatigue
- Worthlessness or excessive guilt
- Decreased concentration
- Death (preoccupation or suicidality)

**Modifiers:**
- Melancholic depression-ECT or pharmacotherapy
- Atypical depression (weight gain and hypersomnia
- MAOIs)
- Psychotic
- Seasonal

**Epidemiology:**
- Average age of onset late 20’s to 40’s
- 2.2% one month prevalence (ECA)
- 5.8% lifetime prevalence (ECA)
- 26% females and 12% males lifetime prevalence

**Etiology:**
- Heterogeneous
- Biology
  - Neurotransmitter
  - Genetics: 1.5-3.0 times greater in first degree relatives
- Psychological
  - Loss spouse, significant loss, loss of parent before 11

**Differential Diagnosis:**

**Medical:**
- Medications:
  - Steroids
  - Beta-blockers, methyldopa (over estimated)
  - Amantadine
  - Cycloserine
  - Digoxin
  - Benzos
Neurological:
- Cerbrovasular Disease
- Parkinson’s Disease
- Huntington’s Disease
- MS
- Wilson’s
- Tumor
- TBI

Endocrine:
- Hypothyroidism
- Hypoglycemia (diabetes)
- Cushing’s disease
- Addison’s disease

Malignancy
- Pancreatic

Infectious
- HIV infection
- Mononucleosis

Psychiatric:
- Dementias
- Mood Disorders
  - Bipolar
  - Dysthymia
  - Cyclothymia
  - MDD w psychosis
  - Substance Induced Mood Disorder
  - NOS
    - Premenstrual Dysphoria
    - Postpartum, (1 month)
- Psychotic Disorders
  - Schizoaffective
  - Schizophrenia
- Somatoform
- Adjustment Disorder
- Bereavement
- Substance Abuse
  - Alcohol dependence
  - Amphetamine withdrawal
  - Substance Abuse (alcohol and cocaine)

Anxiety Disorders
- Panic Disorder (15-30%)
- Obsessive compulsive Disorder

Work-up
- Thyroid Panel
- Individualized (ie late onset, Acute)
Treatment:

General principles
- Patient preference
- Situational association
- Phases
  - Acute phase
  - Continuation phase
  - Maintenance phase
- Severity (inpatient vs outpatient)

Risk Factors
- Religion, Protestants, Jews vs Catholics
- Age: Increase with age
- Race: W>B
- Increase education > risk
- Sex: M>F
- Loss of health
- Single (widowed, divorced, never married)
- Unemployment

Biological
- Medications
  - TCA
  - Other “cyclics” (buproprion and trazodone)
  - SSRI
  - NSRI (venalafaxime)
  - MAOI (atypical depression)
  - Augmentation
    - 2 astidepressants
    - lithium (other mood stabilizers)
    - T3
    - stimulants
  
- Light therapy
  - 30 minutes or more for SAD

- ECT (psychosis, mania, pregnancy, catatonia, medication failures, preference)

Psychotherapeutic
- Psychodynamic (Insight oriented)-no controlled studies
  - Relationship with lost object that is highly ambivalence, repressed self-directed rage, increased self-criticism and self-destructiveness (Freud)

- Brief
  - Used in acute phase-little data to support
• Supportive
  Used when describing psychotherapy in nonspecific terms
• Interpersonal
  Recognize and explore interpersonal losses, associated affect, transition, role disputes, social isolation and deficit in social skills. Data supports symptom reduction in acute phase, maintenance phase in nonpharmacological responsive patients, and as an adjunct (though data is preliminary)
• Behavioral
  Activity scheduling, social skills, anger control, and problem solving. Data supports use in acute phase
• Cognitive Behavioral
  Abnormal (faulty or incorrect) cognitions

Social
• Financial
• Religion
• Housing
• Vocational Rehab
• Self Help
• Group
• Family and marital
• Psycho ED
• NAMI

Prognosis:
• 50% of single episodes recur
• Risk of recurrence is higher if Dysthymic, chronic medical condition, or substance abuse
• 20-35% have residual symptoms
  Chronic Depression, always meets criteria
  Partial Remission, symptomatic but not reaching criteria
• 10-14% lifetime risk for suicide (see above)