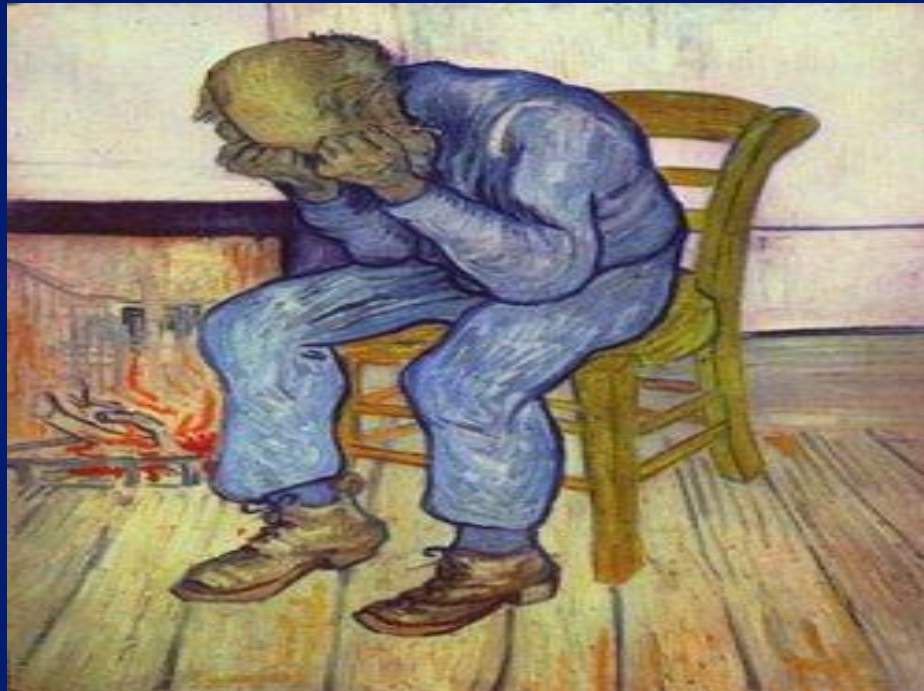


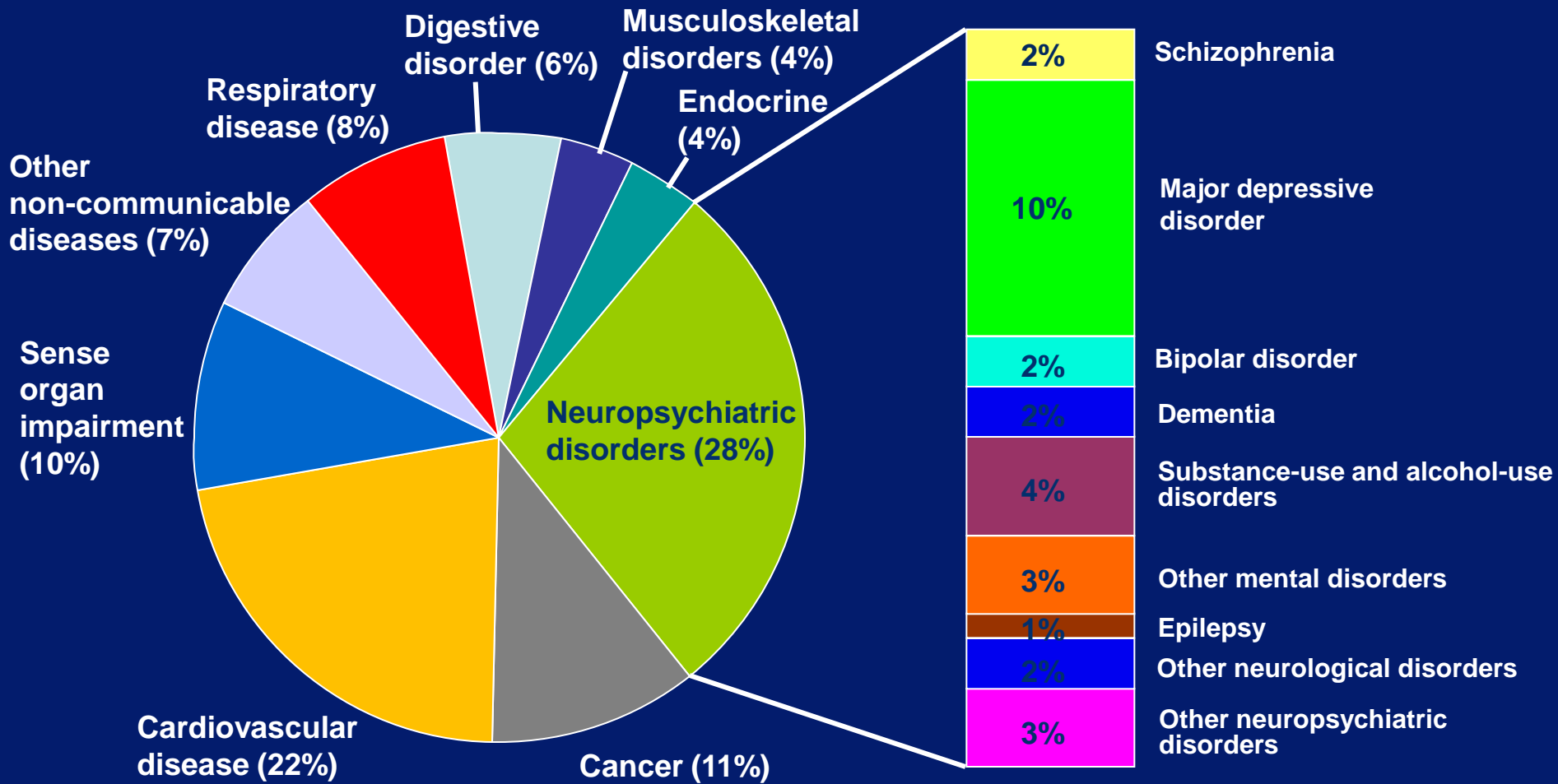
# The Bitter Taste of Black Bile



**Prof Allan Young**

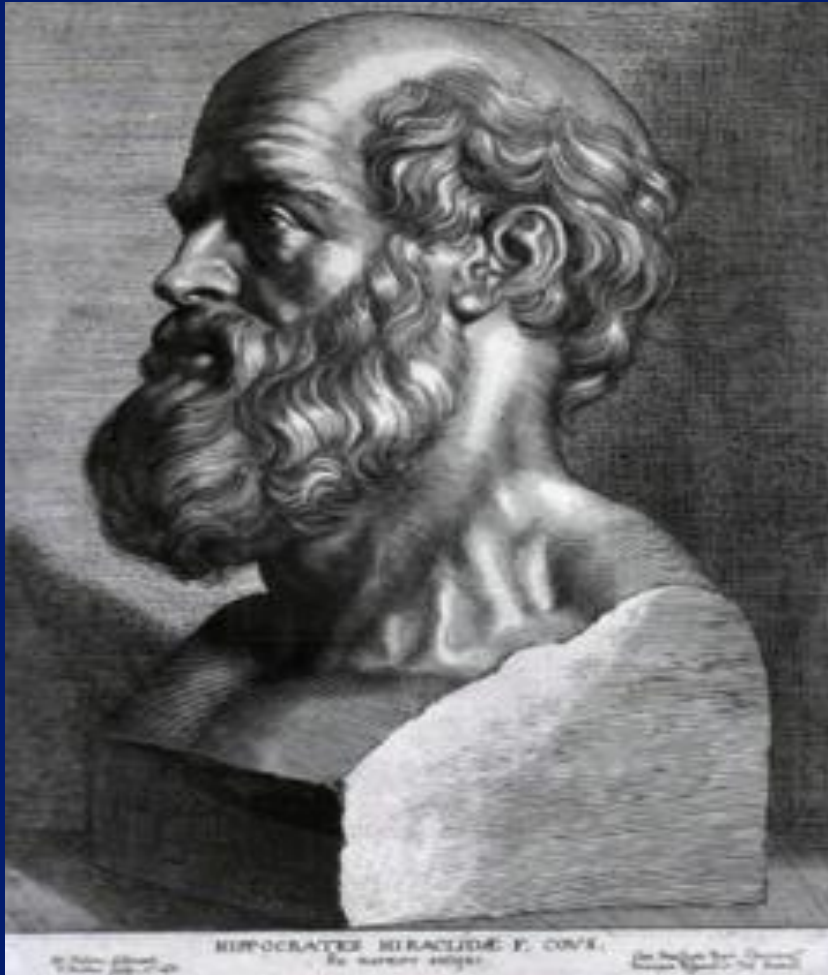
**University of British Columbia**  
[allyoung@interchange.ubc.ca](mailto:allyoung@interchange.ubc.ca)

# Depression: an underestimated and disabling condition



**Contribution (%) by different non-communicable diseases to disability-adjusted life-years worldwide in 2005**

# Hippocrates



# Depression in Canada

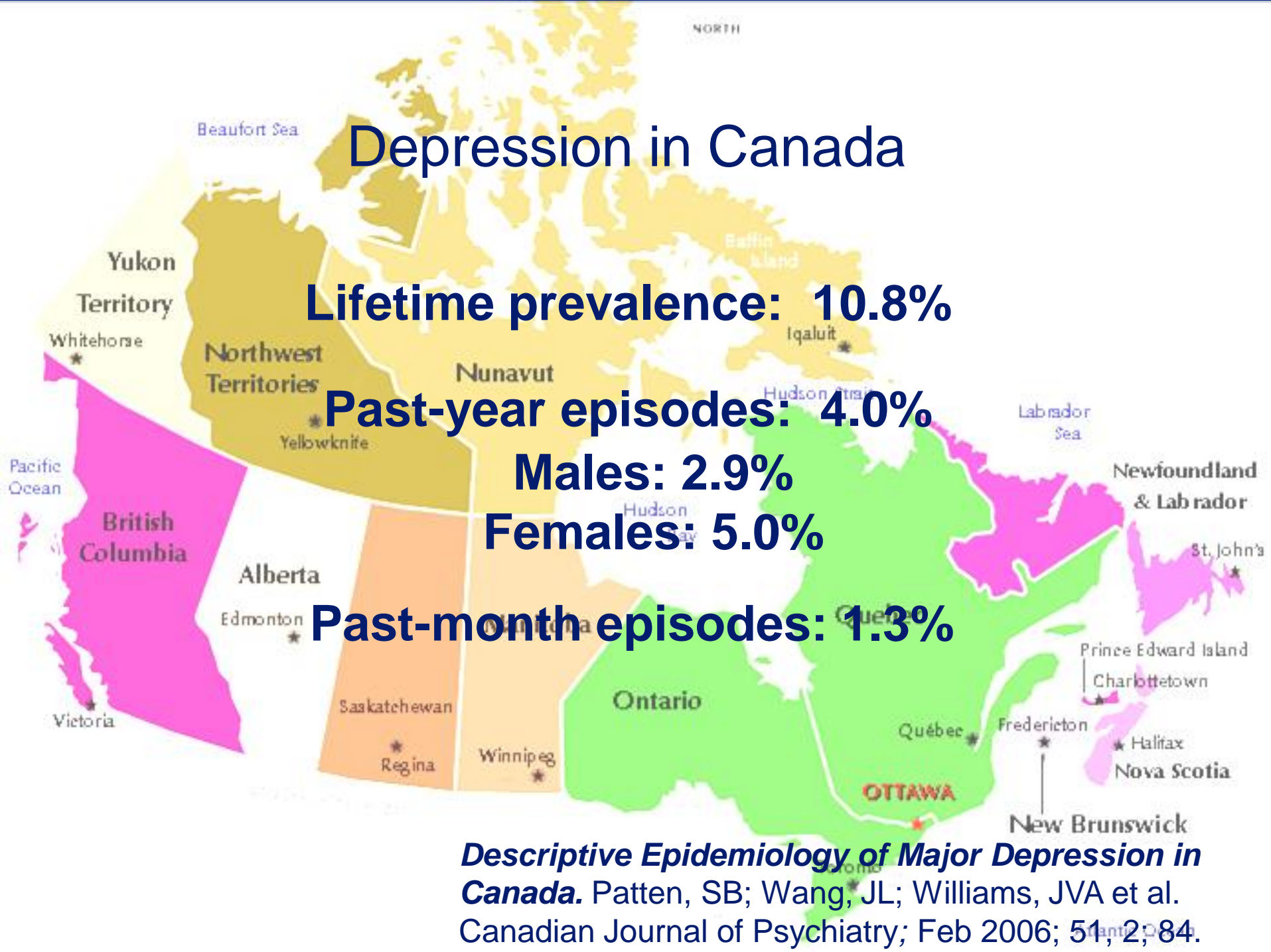
**Lifetime prevalence: 10.8%**

**Past-year episodes: 4.0%**

**Males: 2.9%**

**Females: 5.0%**

**Past-month episodes: 1.3%**



***Descriptive Epidemiology of Major Depression in Canada.*** Patten, SB; Wang, JL; Williams, JVA et al. Canadian Journal of Psychiatry; Feb 2006; 51, 2; 84.

# Depression is Significant

- **Impact on quality of life greater than most chronic medical diseases**
- **Increases morbidity/mortality from co-existing medical conditions**
- **Decreased work productivity**
- **Suicide-7th leading cause of death in US; 70% have mood disorder**
- **Costs over \$44 billion yearly (1990)**

# Costs of Depression

- 1 in 8 Canadians will be hospitalized because of a mental disorder in their lifetime
- In Canada direct and indirect costs of mental illness are tagged at \$14.4 billion
- 25% of the total costs of depression to society are direct treatment costs; the remaining 75% of costs arise from lost social and economic productivity
- In BC, there are more than 25,000 hospitalizations each year for mental illness or addiction.
- Hospital care costs for mental disorders in Canada totalled \$2.7 billion.
- BC's share of that total is \$347 million.

# Recognition and Treatment Problems

- 30%-70% of depression is not recognized or treated
- 50% of treated patients stop medication within first 3 months
- Medication often not used at dosage sufficient to give full remission

# Barriers to Recognition

- **Somatization-present with physical symptoms**
- **Competing demands**
- **Comorbidity-multiple problems**
- **Stigma**
- **Insurance**
- **Reimbursement**

# **Risk Factors For Mood Disorders**

- **First degree relatives with mood disorders (at least 3 times higher)**
- **Women twice as likely as men**
- **Care taking responsibilities**
- **Current or history of abuse, trauma**
- **Stressful events, loss**

# Depressed Mood

- **Neither necessary nor sufficient for the diagnosis**
- **Can be misleading**
- **Don't hang everything on the question "Are you depressed?"**

# Anhedonia

- Loss of interest or pleasure in things that you normally enjoy
- May be the most important and useful hallmark



Hamlet; 'How weary, stale, flat  
And unprofitable Seem to me  
all uses of this world' - *ACT.1.  
Scene.11*

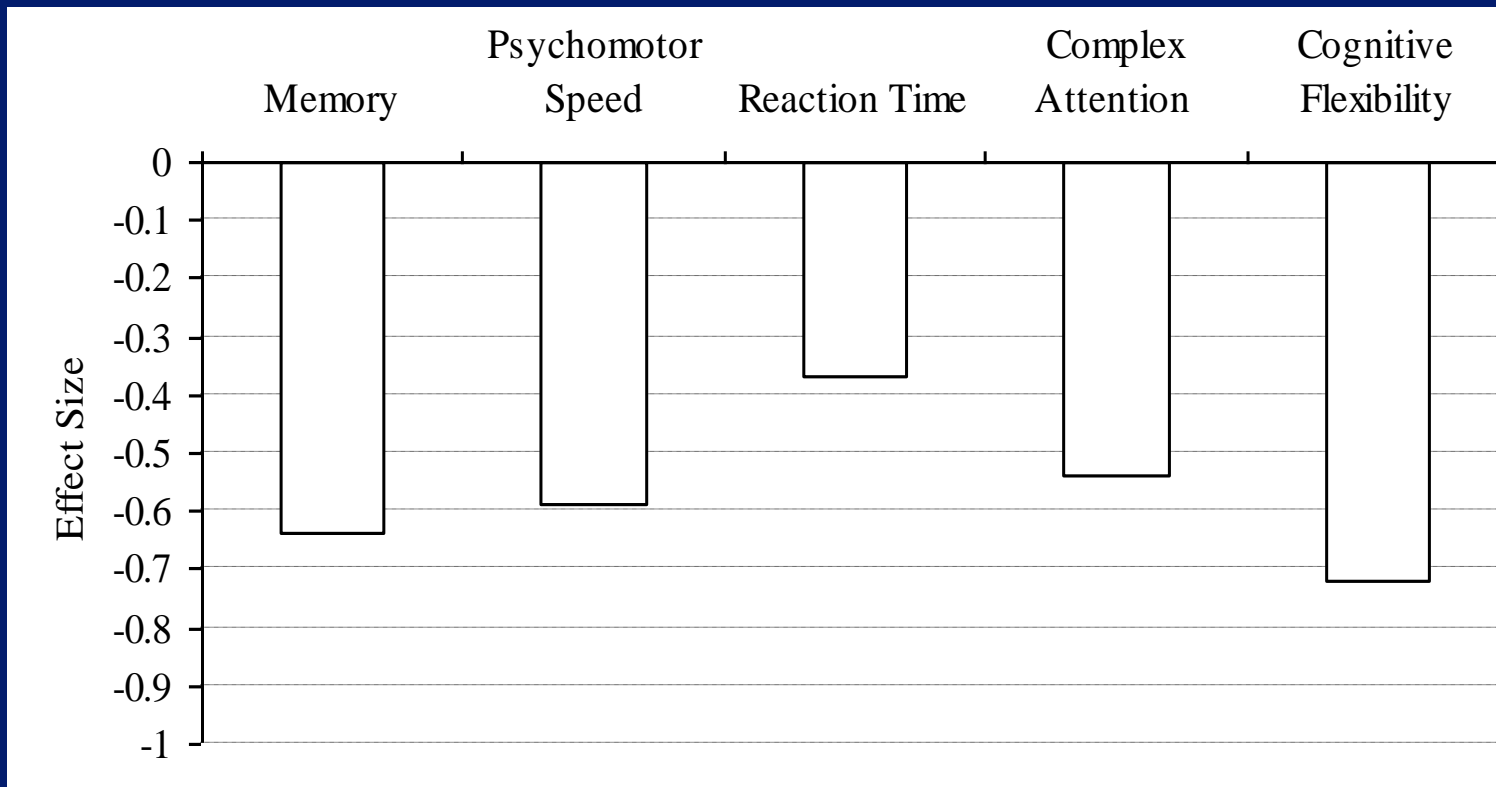
# Physical Symptoms

- **Sleep disturbance**
- **Appetite or weight change**
- **Low energy or fatigue**
- **Psychomotor retardation or agitation**

# Psychological Symptoms

- low self-esteem or guilt
- Poor concentration
- Suicidal ideation or persistent thoughts of death

# Effect sizes on the CNS Vital Signs domain scores in patients with depression.



Bars represent effect sizes (Cohen's  $d$ ) for the five cognitive domain scores. Downward bars were used to illustrate lower performance in depressed patients ( $n = 100$ ) compared to individually and precisely matched control participants ( $n = 100$ ). By convention, Cohen's effects sizes are interpreted as follows:  $-0.2 =$  small,  $-0.5 =$  medium, and  $-0.8 =$  large.

# 3 Areas of interest

- **Diagnosis**
- **Efficacy of treatment**
- **Suicide**

# Psychiatric Referral

- **Needed when:**
  - **bipolar disorder**
  - **suicidality**
  - **questions about diagnosis**
  - **Co-morbid psychiatric conditions**
  - **lack of response to treatment**

# Depression Treatment

- **Psychotherapy**
  - Alone or as adjunctive therapy
- **Pharmacotherapy**
  - Effective for major depression and dysthymia
  - Questionable effectiveness in minor depression
- **Primary care supportive counseling**
  - Important part of treatment

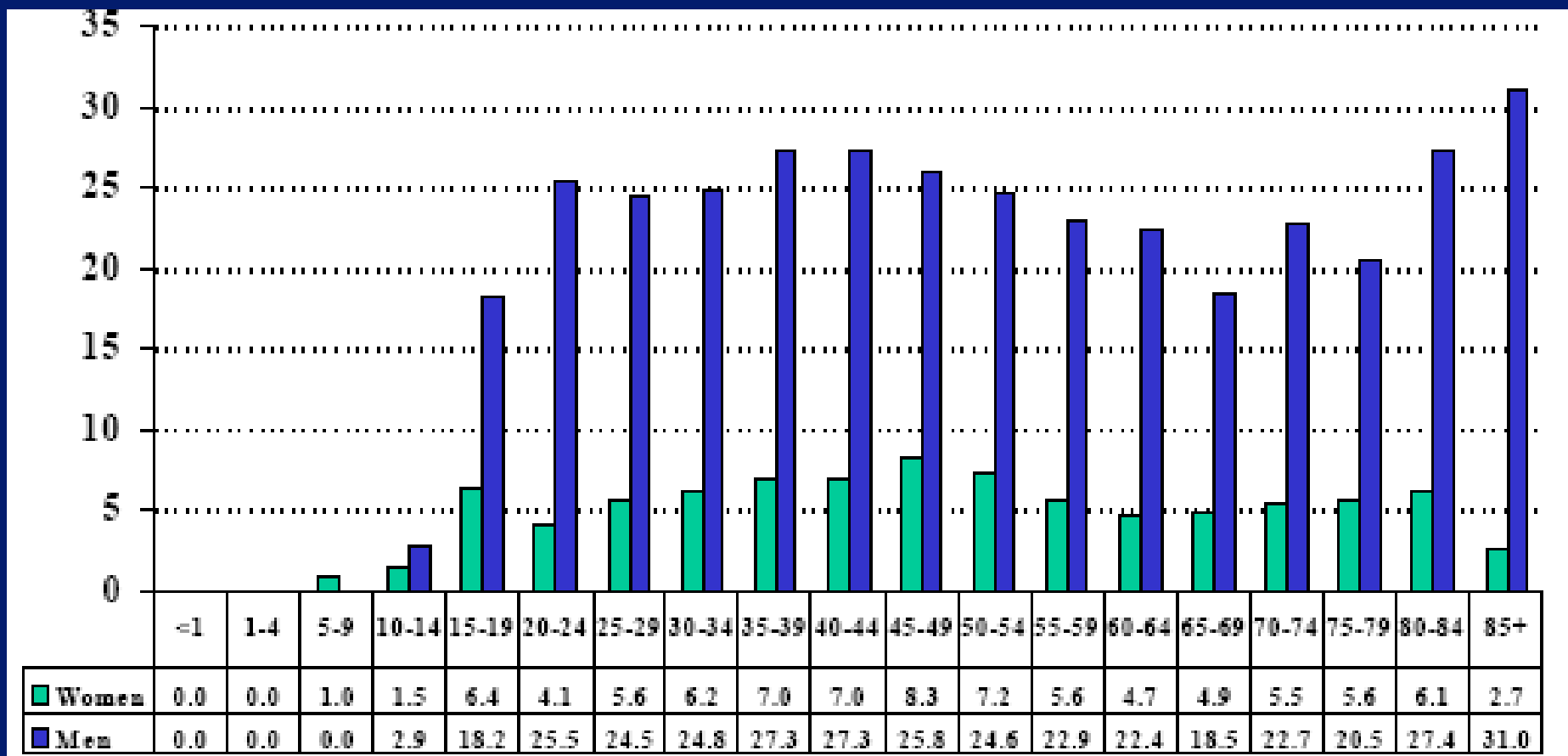
# Non-Pharmacologic Interventions by Family Physicians

- **“Watchful waiting”** for mild episode
- **Physician support and office counseling**
  - **Active listening**
  - **Advice, giving perspective**
  - **Focus on solutions**
  - **Focus on coping strategies (exercise, pleasurable activities, and other aspects of self management)**



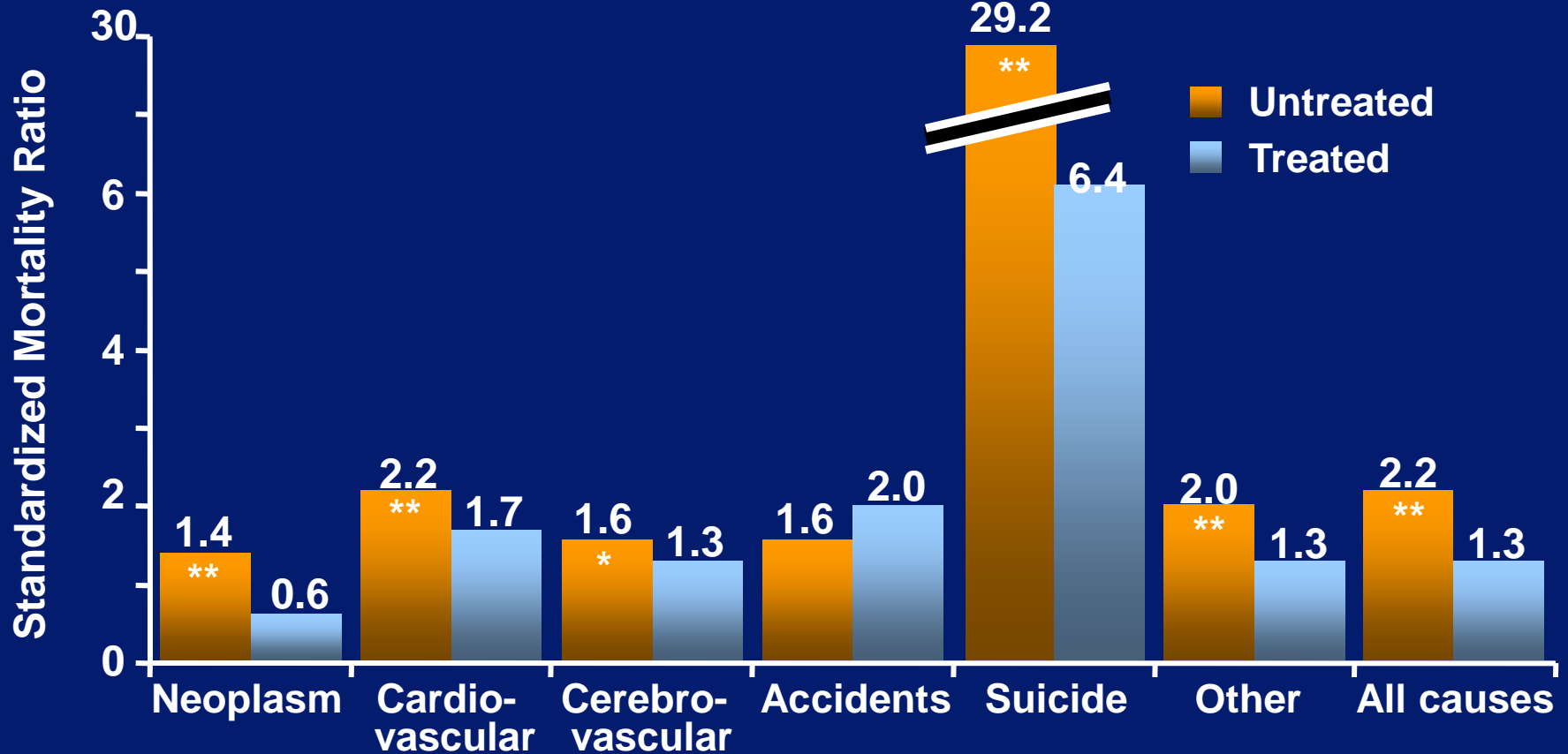
Edouard Manet, Suicide 1877

# Mortality Rates from Suicide by Age and Sex Canada, 1998



# Depression: Standardized Mortality Ratios

Zurich cohort, n=406 (1959–1997)



\* $p < 0.05$ ; \*\* $p < 0.001$  vs treated

# Summary of Main Points

- **Mood disorders very common, have major impact**
- **Always ask “Is this Bipolar?” with a depressed person.**
- **Treatment is generally effective**
- **Treatment reduces the risk of suicide**