

Week 5

HAM-D (Hamilton Depression Rating Scale)

- **Components:**
 - 17 to 24 items (depending on version) measuring severity of depression
 - Assesses symptoms like mood, insomnia, agitation, anxiety, weight loss, and somatic symptoms
 - **Scoring:**
 - 0–7: Normal
 - 8–13: Mild depression
 - 14–18: Moderate depression
 - 19–22: Severe depression
 - ≥ 23 : Very severe depression
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Geriatric Depression Scale (GDS)

- **Components:**
 - 30-item or 15-item version with yes/no responses
 - Assesses mood, interest in activities, energy, and overall depressive symptoms
 - **Scoring:**
 - 0–9: Normal
 - 10–19: Mild depression
 - 20–30: Severe depression
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PHQ-9 (Patient Health Questionnaire-9)

- **Components:**
 - 9 items based on DSM-5 criteria for depression
 - Assesses frequency of symptoms over the last 2 weeks (0 = not at all, 3 = nearly every day)
 - **Scoring:**
 - 1–4: Minimal depression
 - 5–9: Mild depression
 - 10–14: Moderate depression
 - 15–19: Moderately severe depression
 - 20–27: Severe depression
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Mood Disorder Questionnaire (MDQ)

- **Components:**
 - 13 yes/no questions to screen for Bipolar Disorder
 - Assesses manic symptoms like mood elevation, hyperactivity, grandiosity, and decreased need for sleep
 - **Scoring:**
 - Positive screen: ≥ 7 symptoms present, occurring in the same episode, with moderate-to-severe impairment
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Normal Lab Values:

- **TSH:** 0.4–4.5 mIU/L
 - **Hemoglobin:**
 - Males: 13.8–17.2 g/dL
 - Females: 12.1–15.1 g/dL
 - **Lithium:** 0.6–1.2 mEq/L (Therapeutic range)
 - **Depakote (Valproic Acid):** 50–100 mcg/mL (Therapeutic range)
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Major Depressive Disorder (MDD) Specifiers:

- **With anxious distress**
 - **With mixed features**
 - **With melancholic features**
 - **With atypical features**
 - **With psychotic features**
 - **With peripartum onset**
 - **With seasonal pattern**
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Premenstrual Dysphoric Disorder (PMDD)

- **Diagnostic Criteria:**
 - ≥ 5 symptoms in the week before menses, improving within days of onset
 - Symptoms include mood swings, irritability, depression, anxiety, anhedonia, and physical symptoms (bloating, breast tenderness)
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Persistent Depressive Disorder (Dysthymia)

- **Diagnostic Criteria:**

- Depressed mood for **≥2 years** (≥1 year in children/adolescents)
 - Presence of at least 2 symptoms: appetite changes, sleep changes, fatigue, low self-esteem, poor concentration, hopelessness
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Augmenting Antidepressants:

- **Options:**
 - Atypical antipsychotics (e.g., aripiprazole, quetiapine)
 - Lithium
 - Buspirone
 - Thyroid hormone (T3)
 - Bupropion or mirtazapine
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Tricyclic Antidepressants (TCAs) & Side Effects:

- **Examples:** Amitriptyline, Nortriptyline, Imipramine
 - **Side Effects:**
 - Anticholinergic effects (dry mouth, constipation, urinary retention)
 - Sedation
 - Orthostatic hypotension
 - Cardiotoxicity (QT prolongation, arrhythmias)
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Electroconvulsive Therapy (ECT) Indications:

- **Severe, treatment-resistant depression**
 - **Depression with psychotic features**
 - **Acute suicidality**
 - **Catatonia**
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Bipolar Disorders & Differences:

- **Bipolar I:** At least 1 manic episode (DIGFAST) ± depressive episodes
 - **Bipolar II:** Hypomania + major depressive episodes
 - **Cyclothymia:** Chronic mood instability for ≥2 years with hypomanic and depressive symptoms not meeting full criteria
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Rapid Cycling in Bipolar:

- **Definition:** ≥ 4 mood episodes in 12 months
 - **Risk Factors:**
 - Female gender
 - Hypothyroidism
 - Antidepressant use in bipolar patients
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DIGFAST Symptoms of Mania:

- Distractibility
 - Impulsivity (poor judgment)
 - Grandiosity
 - Flight of ideas
 - Activity increase (hyperactivity)
 - Sleep deficit (reduced need for sleep)
 - Talkativeness (pressured speech)
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Duration of Untreated Manic Episode:

- Typically **3–6 months** without treatment
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First-Line Monotherapy for Bipolar Disorder:

- **Lithium**
 - **Anticonvulsants** (Valproate, Lamotrigine)
 - **Atypical Antipsychotics** (Quetiapine, Olanzapine)
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Lithium Patient Education:

- Stay hydrated to prevent toxicity
 - Avoid NSAIDs (increase lithium levels)
 - Maintain consistent salt intake
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Lithium Monitoring:

- **Labs:**
 - Serum lithium (0.6–1.2 mEq/L)
 - Renal function (Creatinine, BUN)
 - Thyroid function (TSH, T4)
 - Electrolytes
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Lamotrigine (Lamictal) Side Effects:

- **Rash (Stevens-Johnson Syndrome - SJS)**
 - **Dizziness, ataxia**
 - **Diplopia (double vision)**
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Suicide Risk Factors:

- **Family history of suicide**
 - **Personal history of suicide attempts**
 - **History of depression**
 - **Substance abuse**
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Differentials Before Prescribing an SSRI:

- **Hypothyroidism (TSH check)**
- **Anemia (CBC, Hemoglobin check)**
- **Substance use disorder**
- **Bipolar disorder (to avoid inducing mania)**

Depression Screening Across the Lifespan

Screening Tools:

- **Children & Adolescents:**
 - PHQ-9 Modified for Adolescents (PHQ-A)
 - Children's Depression Inventory (CDI)
- **Adults:**
 - PHQ-9
 - Hamilton Depression Rating Scale (HAM-D)
 - Beck Depression Inventory (BDI)
- **Older Adults:**
 - Geriatric Depression Scale (GDS)

Unipolar vs. Bipolar Depression:

- **Unipolar Depression (MDD):**
 - No history of mania/hypomania
 - Persistent depressed mood, anhedonia, cognitive disturbances
 - **Bipolar Depression:**
 - Depressive episodes with history of **mania/hypomania**
 - More **atypical symptoms** (hypersomnia, weight gain, mood reactivity)
 - **Bipolar II** is often misdiagnosed as MDD due to subtle hypomanic episodes
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Geriatric Depression Scale (GDS)

Indications:

- Used in older adults (≥ 65 years)
- Preferred over PHQ-9 due to reduced somatic emphasis

Scoring:

- 0–9: Normal
- 10–19: Mild depression
- 20–30: Severe depression

Indications for Treatment:

- Persistent moderate to severe scores
 - Functional impairment
 - Suicidal ideation
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DSM-5-TR Diagnostic Criteria

Major Depressive Disorder (MDD)

- **≥ 5 symptoms for ≥ 2 weeks (SIGECAPS)**
 - Sleep changes
 - Interest loss
 - Guilt
 - Energy loss
 - Concentration issues
 - Appetite changes
 - Psychomotor changes
 - Suicidal ideation