

Affective disorders

Affective disorders

- DSM V: separation of bipolar and unipolar

Classification of affective disorders

- According to..
 - ..Polarity
 - bipolar, unipolar
 - ..Cause
 - primary, secondary (e.g. hypothyroidism)
 - ..Intensity
 - mild, moderate or severe
 - ..Quality
 - psychotic, non-psychotic
 - ..Length
 - short-term fluctuations in mood
 - long-term decline in mood (dysthymia)

Depressive episode according to DSM-5 (F32, F33)

- Have to meet 5 or more criteria for more than 2 weeks, while one of those have to be either depressed mood or anhedonia
- They are classically called the "SIG E CAPS" criteria
- Sleep disturbances, loss of Interest, Guilt, Loss of energy, Concentration problems, Appetite loss/gain, Psychomotor retardation/agitation, Suicidal ideation

Etiopathogenesis

- various biological (monoamine hypothesis) and psychosocial factors
- External factors: e.g. economic crisis in Spain, corona-virus, cancer diagnosis

Epidemiology

- w>m
- incidence is increasing over the past years, as well as the consumption of antidepressants
- relapse rate in 1 year: 30%, 5 years: 60% ... → in reality less (study was inpatient)
- other data: 50% remission

subgroups at risk: family history, old age and loneliness, female gender, adverse life-events, certain life styles, serious physical condition (e.g. stroke)

- Factors influencing the course of depression
 - age of onset
 - gender
 - sleep..

Phases of depression

- 3 phases: acute (6-12 weeks), continuation (4-9 months), maintenance (> 1 year)

Treatment

- Psychotherapy: mild-moderate symptoms
- Antidepressants
 - in general: **reuptake blockade** (e.g. SSRIs, TCA(serotonin,Na)..), **influence on receptors** (newer drugs, serotonin, melatonin receptors...e.g. TCA on Ach)
- Biological treatment
 - e.g. in acute treatment of patients with depression
 - ECT
 - Chronobiologic treatment
 - rTMS: comparable effectiveness with ECT

Complications

- Serotonin syndrome
- Failure of treatment
 - compliance? right diagnosis? right dose? time? (4-6 weeks!) → change, combination, dose, potentiation of antidepressant action
- Side-effects related to medication
- Suicide
 - majority of depressed patients think about suicide
 - 10% of depressed commit real suicide
- drug-interactions: cave
 - [1] (<https://reference.medscape.com/drug-interactionchecker>)<https://reference.medscape.com/drug-interactionchecker>

Prognosis

- 50-70% of antidepressants...?
- residual symptoms (e.g. fatigue) are a negative prognostic factor

When to initiate maintenance treatment?

- first depressive episode: no indication
- two in past 5 years: any risk factors? (e.g. onset, genetic risk)
- three+

Related articles

- Depression