

Rethinking Depression

Declaration of interest

Sponsorships from

- ✦ Lundbeck (Citalopram, Fluvoxolam)
- ✦ Eli-Lilly (Duloxetine, Olanzapine)
- ✦ GSK (Paroxetine, Bupropion)
- ✦ Servier (Agomelatine)
- ✦ Astra Zeneca (Quetiapine)

Overview

- ✦ Rethinking Depression
- ✦ New Evidence Based Treatments
- ✦ Step 2 Treatment failure
- ✦ Step 3 Treatment Resistance
- ✦ Relapse Prevention

✦ Discussion

- ✦ We don't like depressed patients

What's wrong?

- ✦ Depression is the leading cause of years lost workplace disability in the US this decade
- ✦ Minimal resource allocation in SA (state and pvt)
- ✦ Little understanding of biology
- ✦ Chemical imbalance explanation is a bit tired
- ✦ Treatment not very effective!

What else is wrong?

- ✦ Depression definition/diagnosis is vague
- ✦ 5/9 symptoms for 2 weeks
- ✦ Therapeutic goals in RCTs – remission, symptom reduction in a relapsing disorder
- ✦ Depressed men
- ✦ Treatments take a long time to work

What else?

- ✦ Unrealistic expectations
- ✦ Pill please
- ✦ Comorbid Substance abuse
- ✦ Most presentations are for relapse

Antidepressants

- ✦ Antidepressant consumption doubling in developed world in 8 years
- ✦ US recommends ADs for mild Depression, UK doesn't.
- ✦ Forecast 50% drop in global revenue from generic ADs

Uncomfortable news

Proof of the homeostatic hypothesis

- ✦ Meta-analysis of extension and discontinuation studies
- ✦ Risk of relapse after AD discontinuation is higher than Placebo

Star

D

Star D level 2

Level 1

4000 participants, including many normally excluded from RCTs

2900 completed level 1 >40mg citalopram

30% remitted, 47% responded, esp Employed, educated WF

Level 2

Switch, Augment, Cognitive Therapy (with copayment!)

No difference in outcome, 25-30% remitted

Cognitive Therapy better tolerated, least preferred, slower response

Star D Level 3

Level 3

Switch to Nortriptyline or Mirtazapine
(42mg)

12% remitted, no difference

Augment Li or T3

23% remitted on T3, fewer side effects, no
need for monitoring

16% remitted on Li, 23% withdrew vs 10%

Level 4

Mirtazapine + Venlafaxine slightly better
than Tranylcypromine

Star D Follow up

67% of patients remitted after up to 4 regimes
Remitters relapsed less than responders

Early responders relapsed less
No demographic or clinical predictors of
response to particular ADs (whoopsie!)
PHC outcomes same as in Specialist clinics
Relapse predicted by Axis 1 and 3 comorbidity

Star D Commentary

Generic ADs are reasonable choices for levels
1 and 2
Rx in PHC for Level 1 and 2 is adequate (!)
ADs marginally effective vs placebo, concerns
about publication bias and failure to report
negative studies, problematic reporting of
secondary measures as primary outcomes

Die Antwoord

Die Antwoord

✦ 2010 NICE guideline review

- ✦ 2010 APA Guideline
- ✦ 2008 SASOP guideline
- ✦ Confirmation that childhood trauma predicts relapse
- ✦ STAR-D

RCANZ GP guidelines

- ✦ Mild Depression Investigate problem solving and relationships
- ✦ Persisting – consider SSRI/CBT/IPT
- ✦ Moderate - SSRI/CBT/IPT and monitor 2x a week by telephone
- ✦ Severe – AD then CBT/IPT
- ✦ Atypical - Phenezine or CBT/IPT
- ✦ Failed Rx – Switch to TCA/SNRI or add AD + CBT/IPT
- ✦ Maintenance 1-3 yrs + CBT/IPT for

recurrence

NICE guidelines

- ✦ Includes Computerised CBT and Exercise
- ✦ Offer AD + CBT as first line for Moderate Depression
- ✦ Not St John Wort – safety concerns
- ✦ Relapse prevention – offer MBCT if 3 or more episodes

APA guidelines

- ✦ Mild –Moderate
- ✦ Pharma, ECT in some cases, St Johns Wort, light therapy
- ✦ 4 pages on treating side-effects (psychostimulants for sedation, add bupropion for ED).
- ✦ Continue for 4-9 months

SASOP guidelines

- ✦ Escitalopram appears to be favoured

New Kids/Designer drugs

- ✦ Agomelatine Licenced in EU 2009, SA Aug 2011
- ✦ Antipsychotics – Quetiapine Slow Release licensed in 2011
- ✦ Most APs licenced for Bipolar, Sulpiride, Fluanxol listed for depression
- ✦ TMS
- ✦ Ketamine
- ✦ Music Therapy

NT3 Add on Music Therapy

Suicide

To Ask or To Guess it'll be OK

- ✦ Does it sometimes feel life's not worth living?
- ✦ Do you feel like you'd be better off dead?
- ✦ Do you think others would be better off?
- ✦ Have you thought about how to do it?
- ✦ Have you tried and not told anyone about it?

Take away

- ✦ Most Ads equally efficacious
- ✦ Don't use Ads for "normal" depression
- ✦ Choice is based on history and tolerability
- ✦ CBT/IPT if you can get it
- ✦ Active engagement in Relapse Prevention

Further information

Medication

[http://www.antidepressants-d
oc.com](http://www.antidepressants-d
oc.com)

Public

[http://www.mentalhealthsa.c
o.za/](http://www.mentalhealthsa.c
o.za/)

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