Objectives

- Identify symptoms of major depressive disorder, disruptive mood dysregulation disorder, persistent depressive disorder (dysthymia), and premenstrual dysphoric disorder.
- Discuss the origins of major depressive disorder.

Depressive Disorders

- All share symptoms of
  - Sadness, emptiness, irritability, somatic (body) concerns, and impairment of thinking
  - All impact a person’s ability to function

Depressive Disorders Classified

- Major depressive disorder
- Others
  - Persistent depressive disorder (previously dysthymia)
  - Disruptive mood dysregulation disorder
  - Premenstrual dysphoric disorder
  - Substance/medication-induced depressive disorder
  - Depressive disorder due to another medical condition

Case Study

Jeff, 19, is brought to the hospital after a suicide attempt. His parents found him in his back yard, wearing his favorite black jeans and black t-shirt, but with one of his father’s neckties. He had overdozed on some of his “mother’s pills”, but his stomach was pumped in time. He has just been admitted to your floor for 24-hour suicide observation.
MDD – DSM V

- 5 or more symptoms for greater than two weeks
  - One must be either anhedonia or depressed mood
  - Plus 4 of the following:
    - Weight gain/loss
    - Insomnia/hypersomnia
    - Anergia (decreased energy) or fatigue
    - Worthlessness
    - Indecisiveness
  - Clear change from previous function
  - Significant distress/impairment in social, occupational, or family functioning

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Key Characteristics</th>
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<tbody>
<tr>
<td>Weight gain/loss</td>
<td>Inappropriate guilt</td>
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<tr>
<td>Insomnia/hypersomnia</td>
<td>Psychomotor agitation or retardation</td>
</tr>
<tr>
<td>Anergia (decreased energy) or fatigue</td>
<td>Decreased concentration/indecisiveness</td>
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<tr>
<td>Worthlessness</td>
<td>Suicidal ideation</td>
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<tr>
<td>Indecisiveness</td>
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Persistent Depressive Disorder (dysthymia) – DSM V

- Depressed mood for most of the day, for more days than not for at least 2 years in adults and one year in children
- Plus two or more of the following:
  - Decreased or increased appetite
  - Insomnia or hypersomnia
  - Low energy or chronic fatigue
  - Decreased self-esteem
  - Poor concentration or difficulty making decisions
  - Feelings of hopelessness or despair
- Usually occurs before 21
- Chronic course
- Prevalence 0.5-1.5%

Premenstrual Dysphoric Disorders

- Symptom cluster in last week prior to onset of a woman’s period; include
  - Mood swings, irritability, depression, anxiety, feeling overwhelmed, and difficulty concentrating
  - Symptoms decrease significantly or disappear with the onset of menstruation

Other Depressive Disorders

- Substance-induced depressive disorder
  - Person does not experience depressive symptoms in the absence of drug or alcohol use or withdrawal
  - Depressive disorder associated with another medical condition
  - Can be caused by kidney failure, Parkinson’s disease, and Alzheimer’s disease
  - Symptoms that result from medical diagnoses or certain medications are not considered major depressive disorder

Major Depressive Disorder (MDD) Epidemiology

- Lifetime Prevalence Rates
  - Twice as common in women
  - Chronic (>2 years) – 20%
  - Recurrent episodes common common
  - Children and adolescents
  - Older adults

MDD in Children

- Children as young as 3 have been diagnosed with depression
  - Somatic complaints
  - Psychomotor retardation, hypersomnia
  - Irritability/aggression
Mental Health Issues Related to Aging

- Depression is not a normal part of aging
- Late-Life Mental Illness
- Depression vs. dementia
- Depression and suicide risk

Comorbidity

- Anxiety disorders
- Substance abuse
- Schizophrenia
- Personality disorders (borderline personality disorder)
- Eating disorders

Tourette’s Disorder

- Motor and verbal tics
- Causes marked distress
- Causes significant impairment in:
  - Social functioning
  - Occupational functioning
- Average age of onset of motor tics is 7 years of age; can appear as early as 2 years of age

Case Study

During intake, Jeff doesn’t speak much, but his parents are able to list the following symptoms they have observed:

- Weight loss and appetite changes
- Insomnia
- Fatigue
- Worthlessness or guilt
- Loss of interest in his college classes and even the online games he usually plays with friends
- “Constant sadness”

Audience Response Question

Jeff’s parents have described his lack of interest in things he used to enjoy, like games with his friends, and his classes, which he used to like. This may be best described by the term

A. Asociality
B. Apathy
C. Avolition
D. Anhedonia

Etiology

- Biological factors
- Genetic
- Biochemical
- Stressful life events
- Alterations in hormonal regulation
- Inflammatory process
Etiology continued

Diathesis-Stress Model
• Psychological vulnerabilities
• Stress
• Neurochemical and neurophysical changes in the brain

Nursing Process: Assessment
• Safety first
  • Suicide potential
• Key symptoms
  • Depressed mood
  • Anhedonia
  • Anxiety
  • Anergia
  • Somatic complaints
  • Vegetative signs

Nursing Process (Cont.)
• Age considerations
  • Children and adolescents
  • Older adults
• Self assessment
  • Feeling what the patient is feeling

Nursing Process (Cont.)
• Areas to assess
  • Affect
  • Thought processes
  • Mood
  • Feelings
  • Physical behavior
  • Communication
  • Religious beliefs and spirituality

Etiology (Cont.)
• Psychological factors
  • Cognitive theory
    • Beck’s negative triad
  • Learned helplessness
Assessment

- Tools
  - Beck Depression Inventory
  - Hamilton Depression Scale
  - Geriatric Depression Scale
  - Zung Depression Scale
  - National Mental Health Association
    http://www.depression-screening.org

Audience Response Question

Which question would be a priority when assessing for symptoms of major depression?

A. “Have you gained or lost any weight in the last six months?”
B. “You look really sad. Have you ever thought of harming yourself including suicide?”
C. “Your family says you never stop. How much sleep do you get?”
D. “Do you ever find that you don’t remember where you’ve been or what you’ve done?”

Nursing Process

- Nursing diagnosis
  - Risk for suicide—safety is always the highest priority
  - Hopelessness
  - Ineffective coping
  - Social isolation
  - Spiritual distress
  - Self-care deficit

Nursing Process (Cont.)

- Outcomes identification
  - Recovery model
    - Focus on patient’s strengths
    - Treatment goals mutually developed
    - Based on patient’s personal needs and values

Nursing Process (Cont.)

- Planning
  - Geared toward
    - Patient’s phase of depression
    - Particular symptoms
    - Patient’s personal goals

Nursing Process (Cont.)

- Implementation
  - Three phases
    - Acute phase (6 to 12 weeks)
    - Continuation phase (4 to 9 months)
    - Maintenance phase (1 year or more)
**Basic Level Interventions**

- Observational status
- Contraband assessment/interventions
- Communication
- Counseling
- Encourage self-care activities
- Maintain therapeutic milieu
- Health teaching
- Administer medications per physician/advanced practice nurse
- Assess effects of medications

**Interventions: Self-Esteem**

- Promoting improved self-esteem
- Provide distraction through milieu
  - 1:1 therapeutic interactions with the staff
  - Activities at patient’s level
- Increase difficulty as patient progresses
- Acknowledge accomplishments without flattery or excessive praise (matter-of-fact)
- Help patients identify own personal strengths

**Interventions: Cognitive Distortions**

- Help patient question underlying assumptions and consider alternate explanations
- Work with patient to identify cognitive distortions
  - Overgeneralizations
  - Self-blame
  - Mind reading
  - Discounting positive attributes

**Interventions: Negativism**

- Accept patient’s negative feelings but set limits on amount of time for negative expression
  - Matter-of-fact style
  - Redirect to neutral topics
  - Teach assertiveness techniques
- Teach how to replace negative thoughts to positive focus
  - Stop “negative audiotapes”
  - Cognitive reframing

**Interventions: Internal vs. External Locus of Control**

- Promote feelings of control
  - Team approach
  - Give patient choices & responsibility whenever possible
- Decrease “you make me feel” terminology, replace with “I feel ______ when ______.”
- Set short term realistic goals with the patient
- Help patient identify ways to gain control
- Identify small manageable steps

**Communication Guidelines: Severely Withdrawn Patients**

- Technique of making observations
- Simple, concrete words
- Allow time for response
- Listen for covert messages and ask about suicide plans
- Avoid platitudes
- Sit quietly with patient
Psychopharmacological Interventions

- Choosing an antidepressant
- Symptom profile of the patient
- Side effect profile (e.g., sexual dysfunction, weight gain)
- Ease of administration
- History of past response
- Safety and medical considerations

Antidepressants

- Selective serotonin reuptake inhibitors (SSRIs)
  - First-line therapy
  - Rare risk of serotonin syndrome
- Serotonin norepinephrine reuptake inhibitors (SNRIs)
  - SSRIs may be tolerated better
- Tricyclic antidepressants
  - Anticholinergic adverse reactions
- Monoamine oxidase inhibitors
  - Effective for unconventional depression

Case Study/ Audience Response Question

Jeff was just diagnosed with a major depressive disorder. Which medication is the health care provider most likely to start the patient on?

A. SSRI
B. SNRI
C. Tricyclic antidepressant
D. Monoamine oxidase inhibitor

Case Study: Discussion

- Plan patient and family education to discuss what side effects Jeff might experience on his new medication regimen.

Treatments for Depression

- Electroconvulsive therapy (ECT)
- Transcranial magnetic stimulation
- Vagus nerve stimulation
- Deep brain stimulation
- Light therapy
- St. John’s wort
- SAMe
- Exercise
- Ketamine

Electroconvulsive Therapy

- The most effective depression treatment
- Psychotic illnesses = second most common indication
- ECT the primary treatment in
  - Severe malnutrition, exhaustion, and dehydration due to lengthy depression
  - Safer than meds with certain medical conditions
  - Delusional depression
  - Failure of previous medication trials
  - Schizophrenia with catatonia
Electroconvulsive Therapy (ECT)

- Procedure
  - NPO 4-6 hours before procedure
  - Hold antiseizure meds night before
  - Atropine like drug
  - Short acting anesthetic
  - Skeletal muscle relaxant
  - Artificial ventilation
  - O₂
  - Bite block, no restraints

ECT Continued

- Induces Grand Mal seizure
- Fatigue, confusion, disorientation initially
- Short term memory loss, headache

Nursing interventions
- Re-orientation
- VS
- Check gag reflex
- Education
- Monitor bradycardia, hypotension
- Watch for post ECT agitated delirium

Advanced Practice Interventions

- Psychotherapy
  - Cognitive-behavioral therapy (CBT)
  - Interpersonal therapy (IPT)
  - Time-limited focused psychotherapy
  - Behavior therapy
  - Group therapy

Quality Improvement

- National goals in Healthy People 2020
  - Increasing the percentage of individuals with major depressive disorder who receive treatment to 75%
  - Increasing the number of physicians' offices who routinely screen for depression
  - Center of Quality Assessment and Improvement in Mental Health
    - Links to reliable outcome measures

Audience Response Question

A patient with major depression walks and moves slowly. Which term should the nurse use to document this finding?

A. Psychomotor retardation
B. Ambivalence
C. Vegetative sign
D. Anhedonia

Audience Response Question

Which assessment finding in a patient with major depression represents a vegetative sign?

A. Restlessness
B. Hypersomnia
C. Feelings of guilt
D. Frequent crying
Psychopharmacology

- Classes of antidepressants
  - **First-line agents**
    - Selective serotonin reuptake inhibitors (SSRIs)
    - Newer atypical antidepressants (SNRIs, NRIs, NDRIs, SNDIs, etc)
  - **Second-line interventions**
    - Monoamine oxidase inhibitors (MAOIs)
    - Tricyclic antidepressants (TCAs)
    - Electroconvulsive therapy (ECT)

Antidepressant Drugs (Cont.)

- Selective serotonin reuptake inhibitors (SSRIs)
  - Fluoxetine (Prozac)
  - Sertraline (Zoloft)
  - Paroxetine (Paxil)
  - Citalopram (Celexa)
  - Escitalopram (Lexapro)
  - Fluvoxamine (Luvox)

Selective Serotonin Reuptake Inhibitors (SSRIs)

- Atypical antidepressant / first line agent
- Block reuptake of Serotonin (5HT)
- Increased 5HT in the synapse
- Fewer side effects
  - Lower ACh effects, less cardiotoxicity than TCA’s
  - Faster onset of action
  - Greatly reduced lethality in OD
- Safer, better compliance

SSRI’s continued

- Common SE: agitation, anxiety, sleep disturbance, tremor, sexual dysfunction (anorgasmia), headache, GI upset, diarrhea
- Central Serotonin Syndrome
  - rare and potentially life threatening
  - Overactivity of the central serotonin receptors
  - Highest potential when 2 serotonin enhancing antidepressant actions overlap (must consider half-life when changing drugs)
  - CNS symptoms (similar to NMS)
  - Treatment: supportive

Serotonin Syndrome

- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
  - Venlafaxine (Effexor)
  - Desvenlafaxine (Pristiq)
  - Duloxetine (Cymbalta)
- Norepinephrine reuptake inhibitors (NRI)
  - Bupropion (Wellbutrin)
  - Serotonin Antagonist and Reuptake Inhibitor (SARI)
  - Trazodone (Desyrel)
  - Used as a non-addictive sleep medication at sub-therapeutic doses
  - Rare side effect: priapism
Newer Atypical Antidepressants

• Neurotransmitters
  • Norepinephrine Dopamine Reuptake Inhibitor (NDRI)
  • Bupropion (Wellbutrin XR, SR)
    • Helps in ADHD, chronic fatigue, sexual side effects from other antidepressants, anxiety disorders
    • No weight gain
    • Decreases seizure threshold, agitation, insomnia
    • Smoking cessation (Zyban)
  • Serotonin Norepinephrine Disinhibitors (SNDDI)
    • Mirtazapine (Remeron)
      • Used in the elderly for the usually adverse effect of weight gain

— Advantages
  ◦ Effexor: useful for treatment-resistant chronic depression, highest remission rates, low drug interactions, fast onset of action
  ◦ Remeron: Low sexual dysfunction, no sleep disturbance, low drug interactions
  ◦ Cymbalta: Fast onset of action, mild side-effects, decreases neuropathic pain
  ◦ Vestra: non-sedating
  ◦ Nefazodone: lower risk of weight gain and sexual side effects

— Disadvantages
  ◦ Effexor: possible increase in BP (10-15mg)
  ◦ Remeron: weight gain, sedation
  ◦ Cymbalta: twice a day dosing
  ◦ Vestra: ACh, decreased libido, drug interactions, twice a day dosing
  ◦ Nefazodone: liver toxicity, priapism

Psychopharmacology (Cont.)

• Tricyclic antidepressants (TCAs)
  • Nortriptyline (Pamelor)
  • Amitriptyline (Elavil)
  • Imipramine (Tofranil)

Tricyclic Antidepressants (TCA’s)

• Elevate mood – blocks uptake of NE and to a lesser extent 5HT by the presynaptic cell
• Increased neurotransmitter in the synapse
• Promote circadian sleep patterns – many cause sedation – best if taken HS
• 10-14 days to begin effectiveness, full effects may take 4-8 weeks

TCA’s – Disadvantages/Common Adverse Effects

• Sedation
• Anticholinergic action
• Cardiovascular effects
• Adrenergic action
• Caution in elderly and those with cardiac disease
• Highly lethal in OD
• Lowers seizure threshold
• Multiple drug interactions
• Weight gain

Antidepressant Drugs
Second - Line Agents

• Monoamine oxidase inhibitors (MAOIs)
  • Phenelzine (Nardil)
  • Tranylcypromine (Parnate)
  • Selegline Transdermal System Patch (EMSAM)
**MAOI’s Continued**

- **Common adverse effects**
  - OH, weight gain, edema, constipation, urinary hesitancy, sexual dysfunction, insomnia, change in cardiac rate/rhythm
- **Hypertensive crisis**
  - Many food/drugs also contain monoamines (tyramine) which are not broken down systemically as well as in the brain leading to a toxic level of monoamines and hypertensive crisis
  - Check all drugs even OTC with health practitioner
  - Symptoms: headache, stiff/sore neck, palpitations, chest pain, n/v, pyrexia
  - Elevated blood pressure with possible development of IC hemorrhage, hyperpyrexia, convulsions, coma, death

**Foods That Contain Tyramine**
- Vegetables: avocados, fermented beans, sauerkraut
- Fruits: overripe figs/bananas in large amounts
- Meats: fermented, smoked, aged meats (fresh meat is ok)
- Sausages: pepperoni, salami, bologna
- Fish: dried, pickled, smoked, cured or aged fish
- All cheeses except cottage cheese and cream cheese
- Most imported beer, Chianti
- Soy sauce, soups with protein extract, shrimp paste, protein dietary supplements

**Case Study**

- Your patient was just diagnosed with a major depressive disorder.
- What medication do you anticipate the health care provider will start the patient on?

**Case Study (Cont.)**

- What side effects might the patient experience?
Audience Response Questions

Tyramine is found in which of the following?
A. Steak
B. Corn
C. Cucumber
D. Avocado