



Approach to combat Depressive Illness

Ding Lijun
Psychiatrist
Xiamen Xianyue Hospital
2013-01-27

A Survey and A Story

- A survey about depression:
Epidemiological Survey of Depressive Disorder in Persons Aged 18 Years and Older in Xiamen City (in this ppt, most data from this study)
- A story about happiness:
combat depressive illness and be happy



What is mood?

A pervasive and sustained emotion that colours the person's thinking and perception of the world.



What is depressive illness

- Depression: a lowering of mood and is a word commonly used by people when describing feelings of **unhappiness** or normal sadness.
- Depression becomes a recognizable illness when the degree of mood change is out of proportion to the circumstances and is unduly prolonged



DSM-IV Criteria

Major Depression Episode

5 of the following for 2 weeks:

- depressed mood
- anhedonia
- weight change
- sleep disturbance
- psychomotor agitation or slowing
- ↓ energy
- guilt / worthlessness
- problems concentration
- suicidal thoughts





Depression is a Common Mental Disorder

Epidemiological Survey of Depressive Disorder in Persons Aged 18 Years and Older in Xiamen City

DING Li-jun, WANG Wen-qiang, LIAO Zhen-hua, et al. Xiamen Xianyue Hospital, Xiamen 361012, China



- **Methods:** Using multi-stage stratified cluster sampling, 12071 subjects aged 18 years and older were identified in Xiamen City. The subjects were screened with the expanded version of General Health Questionnaire (GHQ-12) and classified as high, moderate or low risk of having a mental disorder based on the results. Different proportions of the three groups were assessed with the Structured Clinical Interview for DSM-IV-TR (SCID-I/P), and make a determination that whether they have mental disorder and specific diagnosis.



- **Results:** A total of 10764 subjects completed the screening, the completion was 89.17%.
- The 1-month prevalence of depressive disorder was 1.62% and life-time prevalence was 3.30%.



How many people who suffer with depression do seek help?

Only 4.13% seek professional help in Xiamen according to this survey

Approach to combat Depressive Illness in Metropolitan Cities

- Education
- Dealing with Stigma
- Prevention
- Early Detection
- Access to Treatment
- Effective Treatment
- Relapse Prevention



Education

- Build a shared vision & coalition with policy-makers, government, etc.
- Public education
- Patient's family education
- Patients education
- Staff education



Dealing with Stigma

- Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different.



Stigma

- Anticipated Stigma – perceived stigma
- Internalized Stigma – self stigma
- Experienced Stigma - discrimination

(Goffman, 1963, Weiss 2005)



Dealing with Stigma

- Direct contact with patients improves attitudes & fears more than any type of education



Primary Prevention

- Positive Psychology
- Supportive Psychotherapy
- Bio-psycho-social-spiritual Model
- Cognitive based Method



What related to happiness

- being female (RR=1.61), aged 55 years and older (RR=4.23), rural area (RR=3.31), living separately or divorced (RR=6.20) were significantly associated with depression, and depressive disorder is 1.61 times more likely in women than men.
- Analysis of risk factors by multivariate logistic regression showed that family income and marital status were independent risk factors, the divorced or widowed group appeared to more likely to have depressive disorder (OR=2.80, 95%CI: 1.96~3.99) .



Mental health of elderly Chinese in Xiamen and Singapore

- Wen C, Ding LJ, Wang WQ— Xiamen XianYue Hospital, China
- Feng L, Ng TP, Wong CMJ, Kua EH— NUS, Singapore



Happiness compare

Mental health survey of
Xiamen city

Sample size: N=1,706

Age: 60~98 years

**GHQ (General Health
Questionnaire)**

- **Singapore Longitudinal Ageing Study (SLAS)**
- Sample size: N=1,243
- Age: 60~92 years
- GDS (Geriatric Depression Scale)



Compared two questions

Happiness

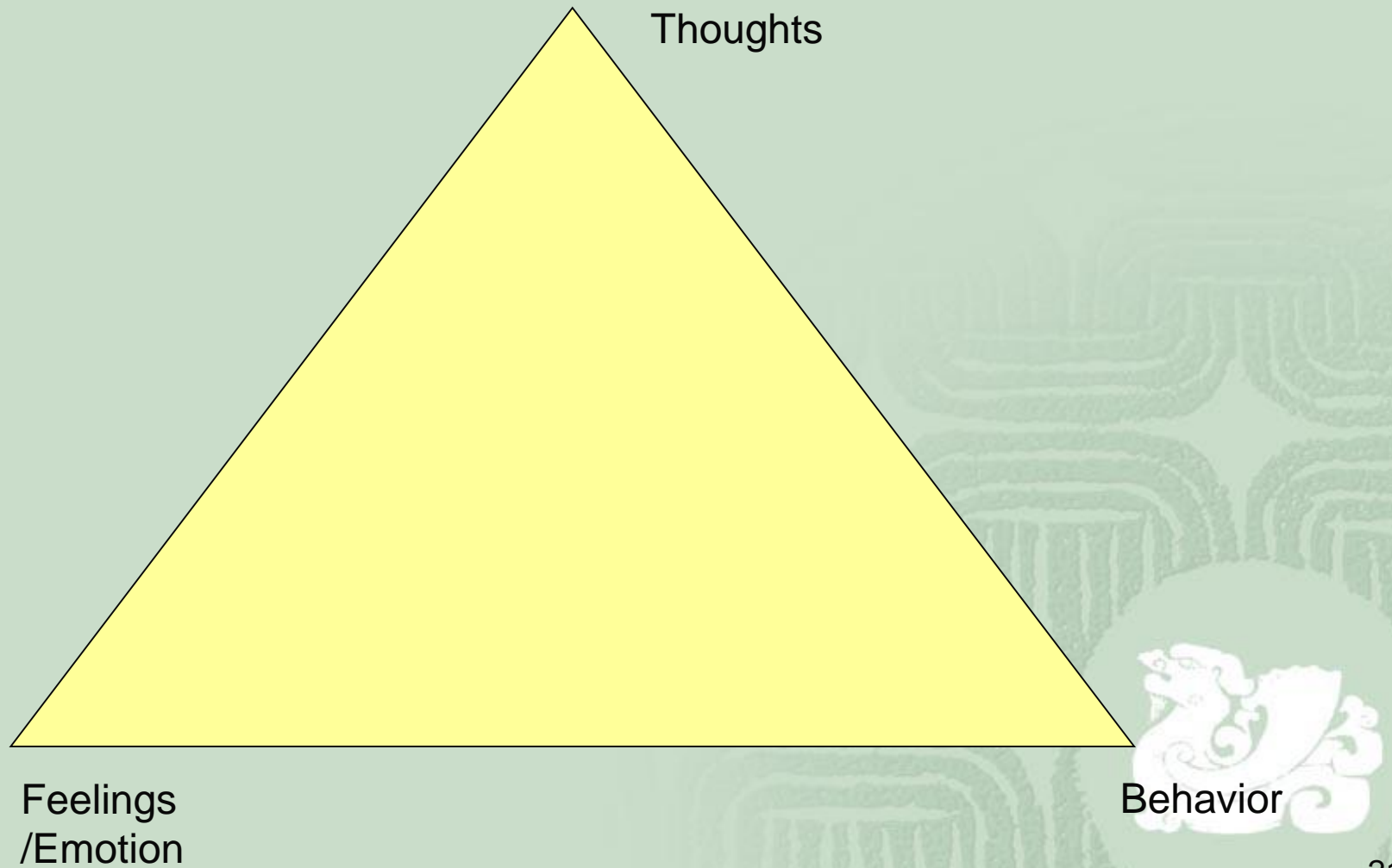
“feel happy most of the time”

Worthlessness

“feel worthless”



Cognitive Triangle



Primary and Secondary Prevention

- Recognizing cognitive distortions
- Balanced, realistic thoughts
- Recognizing automatic thoughts
- Always remember cognitive triangle



Early Detection

- Education about symptoms to public
- Primary care providers training: recognizing and diagnosing depression
- Referring system



Access to Treatment

- Develop mental health clinics in general hospital and community hospital
- Decrease costs
- Close to home



Effective Treatment

- Our goal is fully remission
- Keep trying, do not give up
- Use evidence-based treatment guideline
- Deal with treatment resistant patients



Optimizing Anti-depressant Efficacy

6 to 8 weeks of treatment
minimum especially if initial
Response—50% of remission
Occurs after 6 weeks

Optimization

If no remission

No Response

Partial Response

Switching

within class OR out
of class (SSRI, SNRI,
NDRI, TCA, MAOI,
RIMA, SARI, α 2-
antagonist)

Augmentation

Lithium, T3, Atypical, Buspirone
Less evidence: mood-stabilizers,
Stimulants, Pindolol,
Tryptophan, hormones,
light therapy, IV formulations

Combination

SSRI, Venlafaxine, or Duloxetine
can be combined with:
bupropion, mirtazapine or
TCA (eg. Nortryptiline)

If no remission

ECT & Other Options

Newer Brain Stimulation

VNS, rTMS, DBS



Watch for: Bipolar Depression



Unipolar
Mania

Mania
& mild
depression

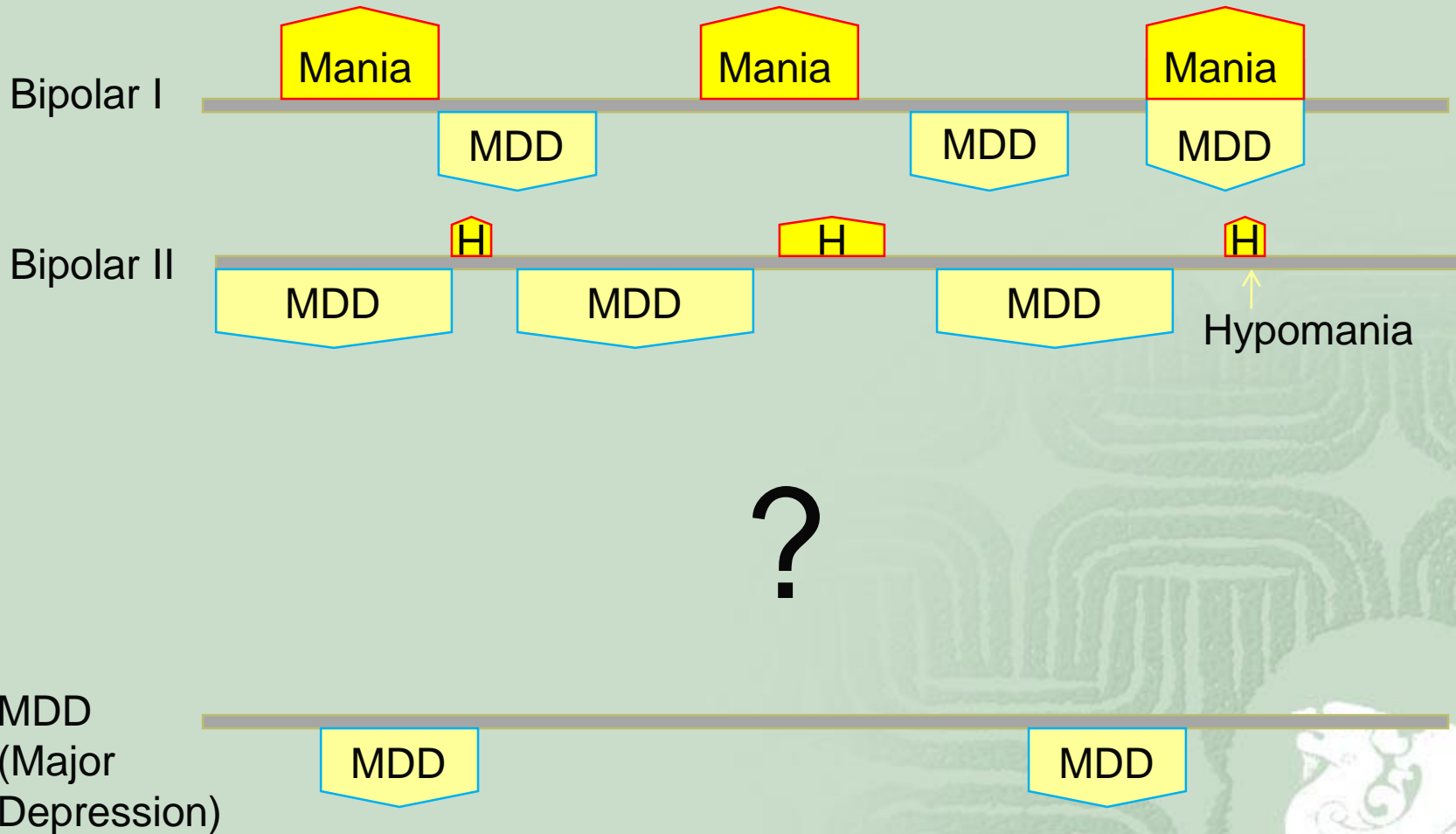
Mania
& Major
Depression

Major
Depression
& hypomania

Unipolar
Depression



Unipolar Depression?



Relapse Prevention

- Psychoeducation
- Medication adherence strategies
- Relapse prevention training
- Crisis Intervention
- Stress Management Training
- Social Skills training
- Peer Support



Suicide prevention



Attempters suicide in people aged 18 and older in Xiamen City

Wen-Qiang Wang, Li-Jun Ding, Cheng Wen,
Zhen-Hua Liao, Su-Ying Wu, Xiamen
Xianyue Hospital, Xiamen, China



- The prevalence of attempted suicide was 0.55%, higher in rural population than in urban population (0.82% vs. 0.47%, $P<0.05$).
- Logistic analysis showed that risk factors of attempted suicide were regular gambling ($OR=3.18$), mental illness ($OR=2.64$), and hospitalization history for psychological problems ($OR=5.13$).
- Most of suicide attempters used tools (42.4%), and the most of drugs or tools sources were stored at home (61.1%). The main aim of attempted suicide was to get rid of suffering (64.4%).



When you work with depressive patient, please ask about suicide

- Are you thinking about suicide?

Who to ask?

When to ask?

How to ask?



Why ask about suicide?

- If you do not ask, you may not know the person is suicidal. A life may be lost because no one asked.
- Suicide is prevented by early recognition of the warning signs of suicide and active intervention and referral to those who can help.



Approach to combat Depressive Illness

- Primary, secondary, tertiary prevention
- Suicide prevention





Thank you!!