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Types of Depression

- 1. Unipolar & Bipolar Depression**
- 2. Endogenous & Exogenous Depression**
- 3. Primary & Secondary Depression**
- 4. Acute & Chronic depression**
- 5. Mild, Moderate & Severe Depression**

Contd..

- 6. Masked Depression**
- 7. Neurasthenic Depression**
- 8. Paranoid Depression**
- 9. Atypical Depression**
- 10. Cyclothymic Disorder**

Contd..

11.Dysthymic Disorder

12.Grief Reaction

13.Involucional Melancholia

14.Post-partum Depression

15.Agitated Depression

Types of depression

15.Double Depression

17.Seasonal Depression

18.Depression In Children

19.Secondary Depression

20.Premenstrual Dysphoric Disorder

1. Unipolar & Bipolar Depression:

- **Unipolar Depression:**

History of at least 3 episodes of depression without manic attack.

- **Bipolar Depression:**

History of at least one episode of depression with manic attack.

2. Endogenous & Exogenous Depression

Endogenous Depression

- **Autogenous depression**
- **Factors- Biological**
- **Preceding stress- absent**
- **Premorbid personality-
cyclothymic and
dysthymic**

Exogenous Depression

- **Sometimes reactive**
- **Factors- Environmental**
- **Preceding stress- present**
- **Premorbid personality-
anxious and anankastic**

2. Endogenous & Exogenous Depression

ENDOGENOUS DEPRESSION

- **Feels better when alone**
- **Sad mood during morning**
- **Insomnia- early morning
awakening**
- **Family history or
hereditary influence
present**

EXOGENOUS DEPRESSION

- **Feels better when in group**
- **Sad mood during evening**
- **Insomnia- difficulty in
initiating sleep**
- **Family history absent**

2. Endogenous & Exogenous Depression

ENDOGENOUS DEPRESSION

- **Psychomotor retardation**
- **Relapse common**
- **Suicidal tendencies common**
- **Treatment- ECT & Antidepressants.**

EXOGENOUS DEPRESSION

- **Psychomotor agitation**
- **Relapse uncommon**
- **Suicidal tendencies uncommon**
- **Treatment- Psychotherapy, Antidepressants and Anxiolytics**

3. Primary & Secondary Depression

Primary Depression

Bipolar

Unipolar

Secondary Depression

**Physical or Mental
Illness**

Drugs

4. Acute vs Chronic depression

- Acute Depression:

Duration less than 2 years

- Chronic Depression

Duration more than 2 years

5. Mild, Moderate & Severe Depression

- **Mild Depression:**

- **Affective:** Denial of feelings, Hopelessness

- **Behavioral:** Tearfulness, regression

- **Cognitive:** Self blame, Ambivalence

- **Physiological:** Anorexia, insomnia,
backache

5. Mild, Moderate & Severe Depression

- Moderate Depression:

- ➡ Affective: Sadness, helplessness, powerlessness

- ➡ Behavioral: Slow movements and speech, self mutilation

- ➡ Cognitive: Retarded thinking, pessimistic, suicidal ideation

- ➡ Physiological: Amenorrhea, decreased libido

5. Mild, Moderate & Severe Depression

- **Severe Depression:**

- **Affective:** Flat affect, apathy, total despair

- **Behavioral:** Psychomotor retardation or agitated or purposeless movements

- **Cognitive:** delusional thinking, indecisiveness

- **Physiological:** sluggish digestion, constipation

6. Masked Depression

■ **Depressive mood hidden behind somatic symptoms.**

- **Loss of appetite**
- **Lack of energy**
- **Aches and pain**

■ **Minimal psychological symptoms**

Contd..

- **Neurosthenic Depression**

- **Loss of energy**

- **Fatigue**

- **Paranoid Depression**

- **Mild paranoid ideas**

- **Not constant with the mood.**

Contd..

Atypical Depression

- Depression with predominant anxiety
- Phobic anxiety depersonalization syndrome
- Non endogenous depression
- Hysteroid dysphoric depression

Contd...

Cyclothymic Disorder

- **Mood disturbance of at least 2 years**
- **Episodes of hypomania with depressive mood**
- **Severity may vary from person to person**

Contd...

- **GRIEF REACTION**
- **Normal (Depressive) reaction to any stressful situation**
- **Severity diminishes over time**
- **Later the person gets occupied with society.**

Dysthymic Disorder

-  Depressive mood for at least 2 years.
-  Poor appetite
-  Insomnia
-  Low energy
-  Low self esteem
-  Poor concentration

13. Involucional Melancholia

- **Depression during involutional period of life between 40 – 65 years.**
 - **Marked agitation**
- **Psychotic features**
 - **Tactile and visual hallucinations**
 - **Multiple somatic complaints**

14. Postpartum Depression

- Major depressive episode occurs within 4 weeks after delivery.
- Persistent sad mood
- Fear that baby is not her's
- Suicidal thoughts
- Fear of loneliness
- Fatigue

15. Agitated Depression

- Referred to as depression in elderly
- Common after 40 years
- Severe depression
- Marked motor restlessness

16. Double Depression

- **Major depression superimposed on dysthymia.**
- **Poor response to treatment**

17. Seasonal Depression

- **Depressive features usually common during winter season.**

18. Depression In Children

- **Pre pubertal or post pubertal onset**
- **Irritable mood**
- **Anhedonia**
- **Guilt**
- **Indecisiveness**
- **Hopelessness**
- **Suicidal ideation more common**

19. Secondary Depression

- Due to any physical illness or drugs.

➡ **Physical illness:**

- Hypothyroidism
- Cushing's syndrome

➡ **Drugs:**

- Anesthetics
- Anticholinergics
- Steroids

20.Premenstrual Dysphoric Disorder

- **Depressed mood**
- **Marked anxiety**
- **Mood swings**
- **Decreased interest in activities**
- ➡ **Subsides after onset of menstruation**

CAUSES

1. Biological Theories:

Genetics:

- ❖ Twin studies
- ❖ Family studies
- ❖ Adoption studies

Biochemical influences:

- Neurotransmitters- Decreased Serotonin levels

Neuroendocrinal disturbances:

- Hypothalamic-pituitary adrenocortical axis
- Hypothalamic-pituitary-thyroid axis

Contd.,

Other Biological factors

- **Medication side –effects**
- **Neurological disorders**
- **Electrolyte disturbances**
- **Hormonal disturbances**
- **Nutritional deficiencies**
- **Other physiological conditions**

Contd.,

Psychological theories:

- **Psychoanalytical theory- Repression**
- **Learning theory- Learned behavior**
- **Cognitive theory- Faulty thinking and negative perception**
- **Premormid personality- Anxious and Neurotic personality**

Other factors

- ☐ **Substance abuse**
- ☐ **Character traits**

PSYCHOPATHOLOGY

PRECIPITATING EVENT



Predisposing

Factors

Family history of Depression

Genetic influences:

Past experiences: Anger turned inward

Learned helplessness

Any loss in infancy.

Existing conditions: Inadequate coping skills

Contd..,

Cognitive appraisal



Primary



Threat to, or loss of, self-esteem



Secondary



Defense Mechanisms: denial, regression,
repression, suppression, displacement

Contd..,

Quality of response



Adaptive

**Mal-adaptive
-Depression**



Diagnostic evaluation

- **History**
- **Mental status examination**
- **Physical examination**
- **Investigations**
- **Psychological tests in selected cases**

TREATMENT

Pharmacological Treatment

- **Anti- Depressants**
- **Tri-cyclic anti-depressants**
 - ✓ **Amitriptyline- 50- 300mg**
 - ✓ **Imipramine – 30-300 mg**
 - ✓ **Clomipramine – 25-250 mg.**
- **Selective serotonin reuptake inhibitors**
 - ✓ **Fluoxetine – 20-80 mg**
 - ✓ **Fluvoxamine – 50-300mg**
 - ✓ **Sertraline – 50- 200mg**

Nonselective Reuptake Inhibitors

- **Nefazodone – 200-600 mg**
- **Venlafaxine – 75-375 mg**
- **Duloxetine – 40-60 mg**

Electro Convulsive Therapy

Indications:

- Depression with suicidal ideas
- Severe refractory depression
- Delusional depression
- Severe side effects of Antidepressant drugs
- ➡ Usually 6- 8 ECT's given
- ➡ As maintenance with antidepressants

Psychotherapy

- Individual Psychotherapy
- Supportive Psychotherapy
- Cognitive Therapy
- Group Therapy
- Family Therapy
- Behavioural Therapy



Contd.,

➤ Brief Therapy

- Physical Exercises

Other Somatic Treatments:

- REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS)
- Vagus Nerve Stimulation
- Deep Brain Stimulation

Complimentary therapies

- Music Therapy, Yoga, Meditation etc

Psychosurgery

- **Prefrontal leucotomy-** In very rare cases. Its use is very much restricted in recent days.

● Indication:

- **OCD with Resistant Depression**

Prevention

- 1. Adequate rest and sleep**
- 2. Follow a healthy, nutritious diet**
- 3. Regular Exercises**
- 4. Avoid alcohol, marijuana & other recreational drugs**
- 5. Involving in activities that makes one happy**
- 6. Spent time with family & friends**
- 7. Prayer, Meditation and Yoga**