Depression and the Medically Ill

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Disclosures

- **Research/Grants**: None
- **Speakers Bureau**: None
- **Consultant**: None
- **Stockholder**: None
- **Other Financial Interest**: None
- **Advisory Board**: None
Learning Objective

List considerations for developing an individualized diagnostic and treatment plan for a medically ill patient with depression.
Why Is Depression Important to Diagnose in the Medically Ill?

- Adds to burden of medical illness
- May lead to discovery of medical cause of depression
  - Hypothyroidism, stroke, medication (e.g., corticosteroids, interferon)
- Important regardless of possible relationship to medical illness
Why Is Depression Important to Diagnose in the Medically Ill? (cont.)

- Decreases functional status, tx adherence\(^1\)
  - Example: DM

- May lead to adverse medical outcomes and increased mortality\(^2\)
  - Example: CVD

- Somatization and/or physical symptoms of depression are common
  - Example: fatigue

CVD = cardiovascular disease; DM = diabetes mellitus; Tx = treatment

Diagnostic Difficulties
Problem 1: Symptom Etiology

- MDE symptoms may be due to medical disorder or hospitalization, not depression
  - Examples: weight loss, insomnia, anergia

- Cognitive symptoms difficult to assess
  - Example: anhedonia in immobile patient with prolonged hospitalization

- Controversy over whether to consider overlapping symptoms
  - Exclusive approach: under-recognition of depression
  - Inclusive approach: over-diagnosis of depression

MDE = major depressive episode
Diagnostic Difficulties
Symptom Etiology: Suggestions

- Note time course of all depressive symptoms
- Focus attention on symptoms less likely affected by medical illness
  - Example: guilt
- Add symptoms to clarify diagnosis
  - Examples: hopelessness, helplessness
Patient can appear depressed but have a different neuropsychiatric condition
- Examples: hypoactive delirium, post-stroke apathy, apathy in dementia
Diagnostic Difficulties
Differential Diagnosis: Suggestions

- Pt history to differentiate apathy from mood disturbance
- Neurologic history, exam
  - Consider consultation and imaging studies
- Differentiate hypoactive delirium from depression
  - Cognitive exam to assess:
    - Sustained attention (e.g., every other letter of alphabet)
    - Constructional praxis (e.g., clock-drawing)
  - Important in hospitalized patients
Medical illness often involves major loss, such as ability to function effectively
  – As with bereavement, challenging to differentiate normal reaction from MDE
Diagnostic Difficulties

Bereavement?: Suggestion

● Careful history of time course and severity of symptoms
Diagnostic Difficulties
Problem 4: Suicidal Thoughts

- Suicidal thoughts often indicate depression
- Thoughts of dying and desire for death in medically ill patients not necessarily due to depression
Carefully explore:
- Intensity of thoughts of dying
- Accuracy of patient’s self-assessed prognosis (i.e., are there cognitive distortions?)
- Whether patient has a plan

Must carefully assess suicide risk in medically ill patient, even one nearing end of life
Depression in Selected Medical Conditions

- CAD: Depression leads to increased morbidity and mortality
- Dementia: Depression among most common neuropsychiatric conditions
- PD: Very high prevalence of depression
- Post-stroke
  - Depression very common
  - May be more common in anterior left-sided strokes; conflicting data
- DM: Extensive data showing depression leads to reduced tx adherence

CAD = coronary artery disease; PD = Parkinson’s disease
Medications that May Cause Depression

- Selected medications: corticosteroids, interferon alfa, beta blockers, isotretinoin, ACE inhibitors, CCBs, varenicline, vinblastine\(^1,2\)
  - Data contradictory for many medications reported to cause depression\(^2,3\)

ACE = angiotensin-converting enzyme; CCB = calcium channel blocker

Treatment: Psychotherapy

- Cognitive-behavioral psychotherapy\(^1\)
  - Include pleasant activity scheduling

- Interpersonal psychotherapy\(^2\)
  - Address new roles related to impairment from medical illness
  - Family involvement
  - Support groups

- Therapy focused on meaning and dignity for individuals near end of life\(^3\)

Antidepressants effective in medical populations even with neurologic cause\(^1\)

Consider lower dosages in some patients
- Example: liver disease

Consider medication with minimal drug-drug interactions
- Examples: citalopram, escitalopram, sertraline, venlafaxine, mirtazapine\(^2\)

Potential side effects especially relevant in medically ill
- Arrhythmias with TCAs\(^3\)
- SIADH or platelet dysfunction with SSRIs\(^4\)

SIADH = syndrome of inappropriate antidiuretic hormone; SSRI = selective serotonin reuptake inhibitor; TCA = tricyclic antidepressant

Consider agent whose side effects may help medical symptoms
- Example: mirtazapine for patient with cachexia and insomnia due to advanced cancer\(^1\)

Consider medication that may help medical condition
- Example: TCAs, venlafaxine, or duloxetine in patients with pain\(^2,3\)
  - Note: data not strong for many pain conditions

Consider psychostimulant in patient with fatigue
- Example: methylphenidate\(^4\)

Conclusions

- Depression highly prevalent among medically ill
  - Causes significant impairment
  - Increases morbidity and mortality risk

- Conduct structured examination to address diagnostic challenges

- Wide range of effective treatments
  - Tailor plan based on individual patient and disease factors
Selected References


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