

## Depressive disorders, symptoms, prevalence, and incidence.

Scott B. Patten, University of Calgary

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## “Depression”

- A “lowered” mood state
- A dimension consisting lowered mood and/or associated symptoms
- A clinically diagnosable disorder
  - Persistent symptoms
  - Associated with dysfunction

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## Depression as a Disorder

*Hippocrates’ Aphorisms (400 BCE)...*

“If a fright or despondency lasts for a long time, it is a melancholic affection.”

(Translated by Francis Adams)

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Durer's *Melancholia* (1514)

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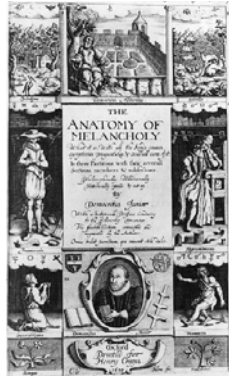
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"And from these melancholy dispositions no man living is free, no Stoick, none so wise, none so happy, none so patient, so generous, so godly, so divine, that can vindicate himself; so well-composed, but more or less, some time or other, he feels the smart of it . . . .

This *Melancholy* of which we are to treat, is a habit, a serious ailment, a settled humour, as Aurelianus and others call it, not errant, but fixed: and as it was long increasing, so, now being (pleasant or painful) grown to a habit, it will hardly be removed."

Robert Burton,  
 The Anatomy of Melancholy, 1621



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## Contemporary Concepts of Clinical Depression

- *Precursors:* Feighner (St. Louis) & Research Diagnostic Criteria (Spitzer, Endicott, Robins)
- Feighner (1972) Diagnostic Criteria for Use in Psychiatric Research
  - Primary Affective Disorder
  - Dysphoric Mood, Associated Symptoms and 1 month duration.
- Diagnostic and Statistical Manual of Mental Disorders, DSM-III, -III-R, -IV.
  - Improved clinical communication
  - Improved linkages of research to practice
  - Ability to carry out epidemiologic research
  - Improved legitimacy

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## DSM-IV Classification

- “Building blocks” are the “episodes” of mood disturbance:
  - Major depressive episodes
  - Manic, hypomanic, mixed episodes
- Major Mood Disorders built from these definitions
  - Major Depressive Disorder
  - Bipolar I, Bipolar II, Bipolar NOS

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## Other Depressive Disorders

- Dysthymic Disorder
- Substance-Induced Mood Disorder
- Mood Disorder Secondary to a General Medical Condition

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## ICD-10 Classification

- Depressive Episodes
  - Mild
  - Moderate
  - Severe
- Recurrent depressive disorder
- Dysthymia
- “organic” categories

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## Symptomatic Features of MDE

- Depressed mood
- Markedly diminished interest or pleasure
- Appetite, weight changes
- Sleep disturbance
- Psychomotor agitation or retardation
- Worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate
- Worthlessness or Guilt
- Recurrent thoughts of death or suicidal ideation

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## Symptoms are Not Enough

- Falls within the general context of a disorder, as defined in DSM-IV
  - "most of the day"
  - "nearly every day"
- Not due to an "identifiable" physical cause
- Symptoms occur "in the same 2-week period"
- Associated with a "change from previous functioning"

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## Prevalence of Major Depression

- Canadian estimates resemble those reported elsewhere in "western" countries<sup>1</sup>:
  - current prevalence  $\approx$  2% (Canada: 1.8%)
  - past-year prevalence  $\approx$  5% (Canada: 4.8%)
  - "lifetime" prevalence  $\approx$  range  $\approx$  8% – 17% (Canada: 12.2%)

<sup>1</sup> Canadian Estimates Derive from the Canadian Community Health Survey 1.2 Mental Health and Well-being, 2002.

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## Prevalence Pattern

- Generally, ♀ > ♂, the sex difference gets smaller with age and disappears in the elderly.
- Highest 12-month prevalence in the CCHS 1.2 was in the 15-25 year age group – decline with age.
- Factors often found to be associated with major depression prevalence...
  - Family history, unemployment, poverty, previously married marital status, income inadequacy, stressful life events, traumatic experiences in childhood.

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## Chronic Conditions

- Almost all chronic conditions are statistically associated with major depression.
- Most strongly are those characterized by...
  - Inflammation
  - Pain

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## Incidence vs. Prevalence

- Incidence refers to the occurrence of new cases.
- In the case of MDD, incidence has been an elusive parameter, but incidence of MDE is about 2% - 3% per year.

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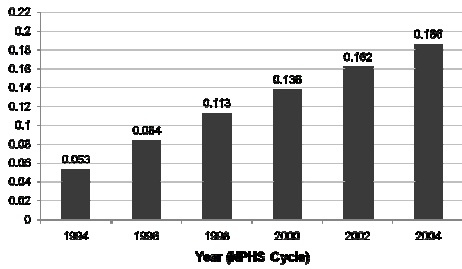
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### Cumulative Prevalence: NPHS 1994-2004



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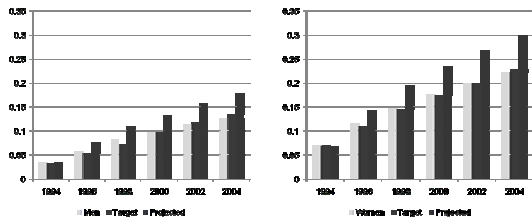
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### Simulated and Observed Prevalence



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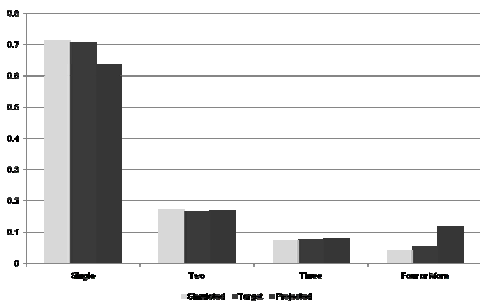
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### Pattern of Recurrence Over 10 Years in the NPHS



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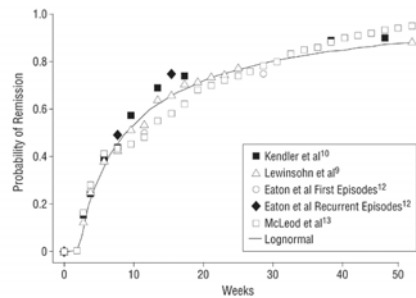
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Time to recovery in episodes of major depression from 4 community samples



Vos, T. et al. Arch Gen Psychiatry 2004;61:1097-1103.

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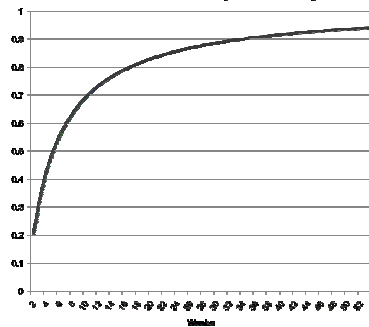
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Cumulative Probability of Recovery



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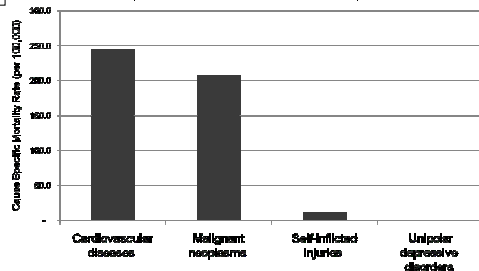
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Deaths, by Selected Causes in Canada  
(WHO Global Burden of Disease, 2004)



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## Population Impact of Major Depression

- Disability Adjusted Life Years:

YLD = Years Lived with Disability

YLL = Years of Life Lost

DALY = YLD + YLL

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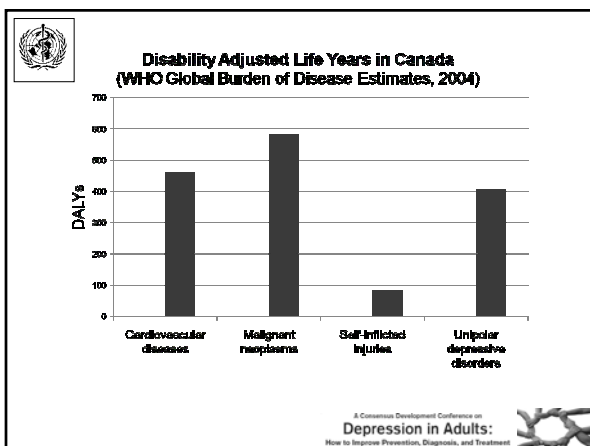
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## Trends in Treatment

- NPHS (1994): antidepressant use reported by 2.8% of respondents.
- CCHS 1.2 (2002): 5.8% taking antidepressants.
- UBC Study: 3.4% in 1996 to 7.2% in 2004.
- Alberta Depression Initiative Survey (2005) 7.4% taking an antidepressant.
- Non-pharmacological treatment – available evidence suggests that the frequency of treatment is much lower.

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## Summary

- Depressive disorders are extremely common conditions that have a huge impact on population health status.
  - About 5% of Canadians in a given year with major depression.
  - The leading single cause of disability and one of the most important contributions to disease burden.
  - Episodes are extremely heterogeneous in terms of prognosis.
- Their main impact is on functioning and quality of life – where they rank among the most important health conditions.
- There is evidence of large increases (approx. doubling) in antidepressant use during the past decade to 7-8% of the population.
- Extent of non-pharmacological treatment is less well established, but probably lower.

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