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(Plenary)

11:00 - 11:30 Difficult to Treat Depression

MONASH University

MONASH
Office of the
Pro Vice-Chancellor
Berwick & Peninsula

GP CME CONFERENCE
Christchurch, New Zealand

11-14 August 2016

DIFFICULT TO TREAT DEPRESSION

Professor Leon Piterman AM
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GROUP OF EIGHT AUSTRALIA

MONASH University

DTTD MJA Open Supplement 2012 Editors: Castle D, Piterman L, Berk M

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Astrazeneca Neuroscience

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Prevalence of Depression

- 17% lifetime risk for MDD
- 12 month prevalence 4% for depression, 1.8% dysthymia
- Major cause of disability and days lost. Globally 2nd major cause DALY (WHO Data)
- 400mill treated globally
- BEACH 2009-10 Psych probs 5.5% RFE, Depression 1.4% Probs Managed 7.9% Depression 2.8%
- BEACH 2014-15 Psych Probs 6.2%% RFE, Depression 1.5%, Probs Managed 8.5% Depression 2.9%
- Suicide rate 12.2/100,000(14.6 in 1997). In 2014 2160 males 704 females. Highest 85+ males, 35-39 females

TABLE 1: Number Of Scripts By Year And Drug Group

2005o	SSRI	SNRI	TCA	RIMA	NaSSA	NARI	Benzo
SCRIPTS	6279333	1700159	1881509	180202	755209	94429	3097983
% total	44.9	12.2	13.5	1.3	4.4	0.7	22.1
2010							
SCRIPTS	5281922	4046221	1883608	90490	1067523	63462	2994294
% total	34.2	26.2	12.2	0.6	6.9	0.4	19.4
2014							
SCRIPTS	5481363	4697933	1973336	69706	1398849	49452	2852360
% total	33.2	28.4	11.9	0.4	8.5	0.3	17.3

Classification of Depression

- DSM IV vs DSM V changes
- New:
- 1. Disruptive mood deregulation disorder … Adolescents previously ADHD, ? Bipolar
- 2. Premenstrual Dysphoric Disorder
- 3. Persistent depressive disorder … includes dysthymia and chronic major depressive disorder
- Taxonomy for GP…more interested in severity (mild moderate, major DD) and chronicity and therapeutic implications

Difficult to Treat Depression

- Confusing taxonomy
- “Treatment resistant depression”
- “Treatment refractory depression”
- “Treatment resistant MDD”
- “GPs had little interest in the nuances of classifications and instead their focus was on the patient and what to do in practical terms regarding optimal management” (Jones et al MJA Open1 Suppl 4 Oct 2012)

What Makes Depression Difficult to Treat? Factors/Barriers

- Patient … personal, social and clinical factors, genetics, epigenetics
- Doctor/ health practitioner and D/P relationship
- System ... community attitudes, stigma, availability of services

Clinical Factors, Co-morbidities, Dual Diagnoses

- Anxiety
- Bipolar disorder (Bipolar depression)
- Borderline personality disorder (BPD)
- Schizophrenia
- Dementia
- Intellectual disability
- Physical illness inc. cancer
- Chronic pain

Anxiety (Tiller J MJA Open Suppl 4, 2012:28-31)

- 12 month prevalence is 14%
- 39% of individuals with GAD also have depression and 85% of patients with depression also experience anxiety Up to 25% of GP patients have comorbid anxiety and depression.
- Somatisation is common
- Both need treatment. SSRI, SNRI, short term benzo, occasional antipsychotics

Bipolar Depression (Berk M et al MJA Open 2012; 1Suppl 4:32-35)

- Difficult to diagnose in the absence of a history of mania/hypomania
- Worse prognosis than unipolar
- Caution with antidepressants especially SSRI/SNRI
- Integrate mood stabilizers with ? atypical antipsychotics and psycho-education, mood diary and personalised psychosocial interventions

Depression and Physical Illness (Olver J, Hopwood M, MJA 2012; 1 Suppl 4:9-12)

Medical illness	Prevalence of depression
Cancer	0-38%
CVD	17-27%
COPD	20-50%
Stroke	14-19%
Diabetes	9-26%
Epilepsy	20-55%
Parkinson Disease	2.7-90%

Management of DTTD

- Team approach but personal relationship
- Mental Health Care Plan and Reviews
- Psycho - education
- Psychotherapy CBT IPT
- Appropriate drug treatment, appropriate dose for appropriate duration
- Monitor compliance, drug interactions, side effects
- Drug switches intra class and intra class with expert advice
- ECT

Novel Approaches (Fitzgerald P, MJA Open 2012;1 Suppl 4:48-51)

- Pharmaco-genetic testing
- Melatonin agonist (agomelatine) drug sensitivity vs resistance
- Stimulants (amphetamine like drugs)
- Repetetive Transcranial Magnetic Stimulation
- Magnetic seizure therapy
- Vagus nerve stimulation

Franklinisation: Back to the Future!!