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Lecture

Some notes on depression —for the appropriate treatment

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Summary

First, I clarified the difference between 'depression' and 'depressive state'. This differential diagnosis is needed, because the different diseases require different treatment methods. Second, typical depression was described based on Tellenbach's work. Third, previous studies concerning the personalities of patients were explained. Fourth, the therapy was explained, which included resting, and pharmacological and psychological treatments. In psychological treatments, aggression and self-esteem are important. Fifth, the distinction between depression and depression-like diseases was made. Finally, it was emphasized that attention should be paid to the risk of suicide, especially at the very end of therapy.

Key words: depression, masked depression, depressive state, symptoms, sleep, typus melancholicus, persistent personality, Cloninger, rest, pharmacotherapy, psychotherapy, suicide

Ⅰ. Introduction

In this lecture, first of all, I would like to discuss several important points about 'depression', which should be considered for the proper treatment of the disease. In order for the disease to be properly treated, we must recognize the presence of other diseases manifesting apparent depression-like symptoms, and, on the contrary, non-manifest, but genuine depression exhibiting no depressive symptoms. Different diseases clearly require different methods of treatment. Proper recognition of the symptoms leads to the appropriate choice of therapy. Depression treatment requires a liaison between psychiatrists, clinical psychologists and somatic doctors.

Ⅱ. Difference between depression and depressive states (Okonogi et al., 1998)

The depressive state is not the same as the disease 'depression'. The depressive state is merely a symptom, while depression is a definite disease. The depressive state is accompanied by various kinds of psychiatric diseases as well as somatic diseases, and, in some cases, merely a kind of response to severe stresses or an outcome derived from a patient's personality problems.

Ⅲ. Typical depression (Tellenbach, 1967)

Depression is one of the most common psychiatric diseases: more than 10 percent of the population suffer from this disease at some time in their life in Japan.

Symptoms: Patients feel low spirited and downhearted, and may even look like they are suffering from somatic diseases, but no evidence of any somatic diseases can be detected by physical examination. Patients lose body weight due to a poor appetite, and often suspect cancer, pursuing the diagnosis of cancer with a pessimistic mood. They walk and speak slowly (these symptoms are generally called 'psychomotor inhibition'). Facial expressions are poor and stiff, and sometimes even sad or irritated.

Sleep and biorhythm: The patients have difficulties in falling into, the continuation of, and waking up from sleep. Especially, a short duration of sleep (early waking) is a distinctive symptom that is useful for diagnosis. In the

morning, the average duration of sleep is shortened by 30 minutes to 3 hours. Once they wake up, they cannot go back to sleep, nor can they get up. Therefore, the patients feel very low in the morning, and gradually get better in the afternoon. This symptom (daily changes) is also important for diagnosis of the disease.

Personality : In ordinary daily life, the patients are very adaptive to work, being absorbed in their professional or housekeeping lives. It appears that they do not know how to take a rest, and seems to think that the only way to solve their problems might be to continue to work actively and earnestly. They are always watchful to the 'eye' of other persons even when they get tired, because their identity depends on their self-esteem, which is based on how other persons evaluate them.

IV. Previous studies concerning personality of patients, and psychopathological aspects of disease :

1. Typus melancholicus (Tellenbach, 1967). This includes symptoms as follows : love of orders, methodical, regular, precise, punctual, diligent, industrious, hard-working. They want to strictly obey the social standard, while they are very fond of themselves. So they are prone to become easily confused (i. e. the loss of order) when they experience a change of living or working places, such as being promoted at work or being transferred to a different area. This kind of confusion finally induces depression.
2. Persistent personality (Shimoda, 1929). This includes symptoms as follows : enthusiastic, absorptive, being easily tired. They feel such a strong sense of responsibility that they do not know how to take a rest : they devote themselves entirely to fulfilling the responsibility. This continuous heavy burden induces depression.
3. Cloninger's theory of personality (Cloninger et al., 1993). He classified the personality into 7 factors : (A) inborn personality factors ①harm-avoidance, ② novelty-seeking, ③reward-dependence, ④persistent thinking ;
(B) acquired personality factors consisting of ⑤self-directedness, ⑥cooperativeness, and ⑦self-transcendence.

In patients with depression, the scores of ① and ④ are high, while those of ⑤ and ⑦ are low.

4. Recent Anglo-Americans theory concerning the personality of patients with depression : Patients with depression tend to exhibit : ①a low self-esteem, ② harsh superego, ③dependency on someone or something, and ④an immature relationship with other persons. These characteristics are in relations to obsession and life events.

V. Changes in concept of depression (Cloninger et al., 1993 ; Kimura et al., 2000 ; Kimura, 2001)

At first, therapy for the typical depression began using antidepressants. Recently, the United States of America has formulated operative diagnostic criteria called DSM-IV-TR (American Psychiatric Association, 2000), in which major depression has a wider concept than typical depression, and can be treated by both pharmacological and psychological therapy.

Anti-depressants are also effective for diseases other than depression, including dysthimia, panic disorder, obsessive compulsive disorder (clomipramine), chronic pain (amitryptyline), bulimia, PTSD (paroxetine), and depressive state of personality disorders. Pharmacological and psychological therapies are becoming more and more popular.

VI. Therapy

Critical points of therapy are taking a 'rest' and pharmacotherapy. Patients are in a state of feeling there is no hope. Therefore, it is critically important that therapists help to renew the hopes of the patients. Therapists have to convincingly explain to patients and their families that recovery from the depression is possible. It is also necessary for families to understand the disease and learn to cope with the difficulties of depression.

Don't say to patients such phrases as "do your best", "stick to it", or "exert yourself". Patients have never been lazy. They have already done their best. They have to take a rest, as patients with somatic diseases have to.

The most critical risk of the disease is the tendency of suicide. In such cases, patients are required to be admitted to hospital. However,

attention should be paid to patients even in the hospital: when patients become active owing to the effects of therapy, and the family as well as hospital staff become less anxious, patients often commit suicide.

The doctor's documents are also useful for treatment. With the patient's permission, the documents are usually presented to the supervisor to aid his/her understanding of the patient's situation.

A. Pharmacotherapy

The main physiological cause of the disease is thought to be the abnormal release of neurotransmitters, such as serotonin, and noradrenalin. Usually, anti-depressants are prescribed. Additional medicines are sleep-inducing and anti-anxiety drugs. Anti-depressants include 3-ringed and 4-ringed chemicals, serotonin selective reuptake inhibitors (SSRI: fluboxamine, paroxetine) and serotonin noradrenalin reuptake inhibitors (SNRI: milnacipran). The main effects appear 1 or 2 weeks after the start of medication. Side effects usually appear immediately after medication commences, which include thirst, constipation, sleepiness, and general malaise, as induced by acetylcholine in 3-ringed anti-depressants.

B. Psychotherapy

The main psychological cause of the disease is a low self-esteem. Realistic supportive types of psychotherapy are chosen, including cognitive behavior therapy and interpersonal therapy. Main points to be dealt with are as follows:

① Aggression towards patients themselves and other persons. Patients feel that they can do nothing useful by themselves, and that other persons have no sympathy or understanding. They are thoroughly tired, but still people harshly tell them to "strive" nor say "you are lazy". Usually, aggression is not expressed, nor dealt with explicitly. Patients may suddenly express their aggression, and often proceed to suicide.

② Self-esteem. Improvement in self-esteem from a low to high level is the turning point in psychotherapy. The feeling that they are doing useful things or appreciated by neighbors in the community where they live, even if this is only slight, is very important for the patients to recover from the disease.

Ⅶ. Diseases manifesting depression-like symptoms, but have no relation to depression.

These include the following: brain tumors, hypothyroidism, dementia, delirium, neurosis, schizophrenia, alcohol dependency, etc.

Ⅷ. Depression not manifesting typical depression symptoms.

These include the following: masked depression without psychic symptoms, smiling depression showing no painful features, dementia (aged person's depression), depression with neurosis-like symptoms or personality disorder symptoms.

Ⅸ. Suicide at conclusion of depression therapy

This tends to occur when patients return to the community at the end of therapy. On recovering from the disease, patients become active. At the same time, therapists and the family of the patients become less anxious and less attentive. This means that patients lose the care and concern of attendants including hospital staff and family members. They feel alone and more helpless. In such cases, patients tend to commit suicide.

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