



ECHO Idaho: Behavioral Health in Primary Care

Complicated Mood Disorders

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Coire Weathers, MD

The speaker has no significant financial conflicts of interest to disclose.

# Learning Objectives

- Understand treatment options for treatment resistant and treatment refractory major depression
- Understand basic principles in treating bipolar mania vs bipolar depression

# Topics

- Major Depression
  - treatment resistant
  - treatment refractory
- Bipolar Disorder
  - depression
  - mania
  - psychosis

# DSM-5 Depression

- Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
  - Note: Do not include symptoms that are clearly attributable to another medical condition.
  - 1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)
  - 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation.)
  - 3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)
  - 4. Insomnia or hypersomnia nearly every day.
  - 5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
  - 6. Fatigue or loss of energy nearly every day.
  - 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
  - 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
  - 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.



# Treatment

- SSRI (selective serotonin reuptake inhibitor)
- Treatment resistant
  - switching antidepressant
  - augmentation
  - alternatives

# Non-pharmacological Treatments

- Psychotherapy
  - CBT (cognitive behavioral therapy)
  - ACT (acceptance and commitment therapy)
- ECT (electro convulsion therapy)
- TMS (transcranial magnetic stimulation)

# DSM-5 Bipolar Disorder

- Characterized by the occurrence of 1 or more manic or mixed episodes
- Distinct period of abnormally and persistently elevated, expansive, or irritable mood, and increased goal-directed activity or energy lasting  $\geq 1$  week (any duration if hospitalized), present most of the day, nearly every day
- During the mood disturbance and increased energy or activity,  $\geq 3$  (or 4 if irritable mood only) of the following:
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep
  - Pressured speech
  - Racing thoughts or flight of ideas
  - Distractibility
  - Increased activity
  - Excess pleasurable or risky activity.
- Marked impairment not due to a substance or medical condition
- In addition, these symptoms:
  - Do not meet criteria for a mixed episode
  - Cause functional impairment, necessitate hospitalization, or there are psychotic features
  - Are not related to substance misuse
  - Are not due to a general medical condition
  - Are not caused by somatic antidepressant therapy.
- Criteria for mixed episode:
  - Criteria are met both for a manic episode and for a major depressive episode during at least a 1-week period
  - Causes functional impairment, necessitates hospitalization, or there are psychotic features
  - Symptoms are not due to substance misuse, a general medical condition, or somatic antidepressant therapy.



# Mania and Hypomania

- Lithium
- Valproate and other anticonvulsants
- Atypical antipsychotics
- Benzodiazepine
- ECT
- Hospitalization



# Bipolar depression

- lithium
- lamictal
- SGAs (second generation antidepressants)
- antidepressants

# Key Points

- Consider various treatment/augmentation strategies
- Refer and/or hospitalize if necessary
- Collaborate

# References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. More
- Papakostas GI, Managing Partial Response or Nonresponse: Switching, Augmentation, and Combination Strategies for Major Depressive Disorder. *J Clin Psychiatry*. 2009; 70 Suppl 6:16-25.
- Mohamed S, Johnson GR, Chen P, Hicks PB. Effect of Antidepressant Switching vs Augmentation on Remission Among Patients With Major Depressive Disorder Unresponsive to Antidepressant Treatment: The VAST-D Randomized Clinical Trial. *JAMA*. 2017; 318(2):132.