

# DIAGNOSIS OF DEPRESSION

FLAME LECTURE: 44

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# LEARNING OBJECTIVES

- ▶ To describe the diagnostic criteria for depression
- ▶ To identify differential diagnosis of depression
- ▶ Prerequisites:
  - ▶ NONE
- ▶ See also – for similar related topics:
  - ▶ FLAME LECTURE 45: Anxiety

# MAJOR DEPRESSIVE DISORDER

## EPIDEMIOLOGY

- ▶ Lifetime prevalence of MDD is 20.6% (Females 26.1% vs. Males 14.7%)
- ▶ Ethnicity: Native Am. 28.2%, White 23.1%, Hispanic 16.2%, African Am. 15.2%, and Asian/Pacific 12.2%
- ▶ Age: highest prevalence between 30-64 (~22.5%), then 18-29 (20.2%), and lowest  $\geq 65$  (14.4%)
- ▶ Marital status: married 18.7%, never married 20.7% and widowed, separated or divorced 25.9%
- ▶ Income: Prevalence decreases as income increases

# MAJOR DEPRESSIVE DISORDER

## DIAGNOSIS OVERVIEW

- ▶ Criteria:  $\geq 5$  symptoms in a 2-week period **AND**  $\geq 1$  symptom must be either having a depressed mood AND/OR loss of interest/pleasure (*see next slide*)
- ▶ Symptoms are causing significant distress in important areas of life
- ▶ The symptoms are not better explained by substance use or another medical condition (ex. Addison's Disease, Anemia, Hypothyroidism, Parkinson's, Bipolar, etc.)
- ▶ No history of manic or hypomanic episode

# MAJOR DEPRESSIVE DISORDER

## DIAGNOSIS CRITERIA

- ▶ Sleep: Hypersomnia or Insomnia
- ▶ Interest: Loss of pleasure or interest=anhedonia
- ▶ Guilt: Worthlessness
- ▶ Energy: Fatigue, anergic
- ▶ Concentration: Forgetfulness, indecisiveness
- ▶ Appetite: Lack or increase, weight change
- ▶ Psycomotor: Slowing, retardation or agitation
- ▶ Suicide: thoughts of death, hopeless, helpless

# MAJOR DEPRESSIVE DISORDER SCREENING

- ▶ USPSTF and AAFP both recommend screening for depression in teenagers and the general adult populations at primary care appointments
- ▶ All screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up
- ▶ The two-item and nine-item Patient Health Questionnaires (PHQs) are commonly used validated screening tools
  - ▶ The PHQ-2 and PHQ-9 have similar sensitivity
  - ▶ The specificity of the PHQ-9 ranges from 91% to 94%, compared with 78% to 92% for the PHQ-2
- ▶ If the PHQ-2 is positive for depression, the PHQ-9 or a clinical interview should be administered

# MAJOR DEPRESSIVE DISORDER SCREENING – PHQ-2

## The Patient Health Questionnaire-2 (PHQ-2)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

**Over the past 2 weeks, how often have you been bothered by any of the following problems?**

	<b>Not At all</b>	<b>Several Days</b>	<b>More Than Half the Days</b>	<b>Nearly Every Day</b>
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

# MAJOR DEPRESSIVE DISORDER SCREENING – PHQ-9

- ▶ Over the last two weeks, how often have you been bothered by any of the following problems (0: not at all, 1: several days, 2: >50% of days, 3: nearly every day)
  - ▶ Little interest or pleasure in doing things
  - ▶ Feeling down, depressed, or hopeless
  - ▶ Trouble falling asleep, staying asleep, or sleeping too much
  - ▶ Feeling tired or having little energy
  - ▶ See next slide for continued questions

# MAJOR DEPRESSIVE DISORDER

## SCREENING – PHQ-9

- ▶ Over the last two weeks, how often have you been bothered by any of the following problems (cont'd):
  - ▶ Poor appetite or overeating
  - ▶ Feeling bad about yourself (or that you are a failure, or have let yourself or your family down)
  - ▶ Trouble concentrating on things, such as reading the newspaper or watching TV
  - ▶ Moving or speaking so slowly other people could have noticed OR, being so fidgety or restless that you are moving around more than usual
  - ▶ Thoughts that you were better off dead, or of hurting yourself

# MAJOR DEPRESSIVE DISORDER SCREENING – PHQ-9

- ▶ Then you add the total score up:

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

- ▶ If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people
  - ▶ Not difficult, Somewhat difficult, Very difficult, Extremely difficult

# MAJOR DEPRESSIVE DISORDER

## CODING SPECIFIERS

### ▶ **Episode:**

- ▶ Single or Recurrent (which is > 2 months between episodes)

### ▶ **Severity:**

- ▶ Mild: minor impairment
- ▶ Moderate: (6-7 symptoms)
- ▶ Severe: marked impairment

### ▶ **Clinical Status**

- ▶ With or without psychotic features
  - ▶ Remission: partial (<2 consecutive months), or full ( $\geq$ 2 consecutive months)
  - ▶ Unspecified
- ▶ Example diagnosis: MDD, single episode, severe, without psychosis

# DIFFERENTIAL DIAGNOSIS

- ▶ Disruptive Mood Dysregulation Disorder
- ▶ Premenstrual Dysphoric Disorder (PMDD)
- ▶ Substance/Medication Induced Depressive Disorder
- ▶ Persistent Depressive Disorder (Dysthymia)
- ▶ Depressive Disorder due to another medical condition
- ▶ General Medical Illness & Chronic disease
- ▶ Asthma, Arthritis, CVD, Cancer, Diabetes, & Obesity<sup>3</sup>
- ▶ Complicated grief
- ▶ Attention Deficit Hyperactivity Disorder (ADHD)
- ▶ Bipolar Disorder
- ▶ Schizophrenia or Schizoaffective Disorder
- ▶ Adjustment Disorder with Depressed mood
- ▶ Unspecified depressive disorder

3. Chapman, Perry, Strine (2005). The vital link between chronic disease and depressive disorders

# IMPORTANT REFERENCES / LINKS

1. Hasin DS, Sarvet AL, Meyers JL, et al. Epidemiology of Adult DSM-5 Major Depressive Disorder and Its Specifiers in the United States. *JAMA Psychiatry*. 2018;75(4):336–346. doi:10.1001/jamapsychiatry.2017.4602
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.
3. Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. *Prev Chronic Dis* [serial online] 2005 Jan [date cited]. Available from: URL: [http://www.cdc.gov/pcd/issues/2005/jan/04\\_0066.htm](http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm)
4. DOUGLAS M. MAURER, DO, MPH; TYLER J. RAYMOND, DO, MPH; and BETHANY N. DAVIS, MD. Depression: Diagnosis and Screening. Madigan Army Medical Center, Tacoma, Washington. *Am Fam Physician*. 2018 Oct 15;98(8):508-515.