Depression, Suicide and Gender

Women's Health Council of RI

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This talk will discuss unapproved uses of a commercial product, or investigational use of a product not yet approved by the US Food and Drug Administration.

Prevalence of Major Depressive Disorder

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43,093 adults ≥18 years in United States[1]

- *Lifetime MDD 17.1 % in women vs. 9 % in men*
- *12-month MDD 6.9% in women vs. 3.6% in men*
- *Highest prevalence in whites, Native Americans*
- *Mean age of onset 30.4 years*

Female:male 2:1 ratio reported in 89,037 adults ≥18 years from 18 high-, middle-, and low-income countries[2]

[1]*Hasin DS et al., Arch Gen Psychiatry 2005;62:1097-1106;* [2]*Bromet E et al., BMC Med 2011;62:9:90.*

Gender Differences in Depression

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- *Earlier age of onset*
- *More severe symptoms*
- *More self-criticism, guilt, worthlessness*
- *Longer episodes*
- *More likely to seek help*
- *Comorbid anxiety and somatic symptoms*
- *Atypical symptoms: hypersomnia, hyperphagia, weight gain, low energy, interpersonal sensitivity*

Marcus SM et al., J Affect Disord 2005;87:141-50; Grigoriadis S et al., Ann Clin Psychiatry 2007;19:247-55; Kornstein SG et al., Am J Psychiatry 2000;157:1445-52.

Contributors to Gender Differences in Depression

- *Childhood sexual and physical abuse*
- *Intimate partner violence, other adult victimization*
- *Multiple roles*
- *Orientation toward and concern for others*
- *Altered HPA axis stress response*
- *Susceptibility to stress-related disorders*
- *Gonadal steroid hormones*

Oldehinkel AJ et al., Neurosci Biobehav Rev 2011;35:1757-70; Grigoriadis S et al., Ann Clin Psychiatry 2007;19:247-55.

Risk of Depression and Estradiol Levels

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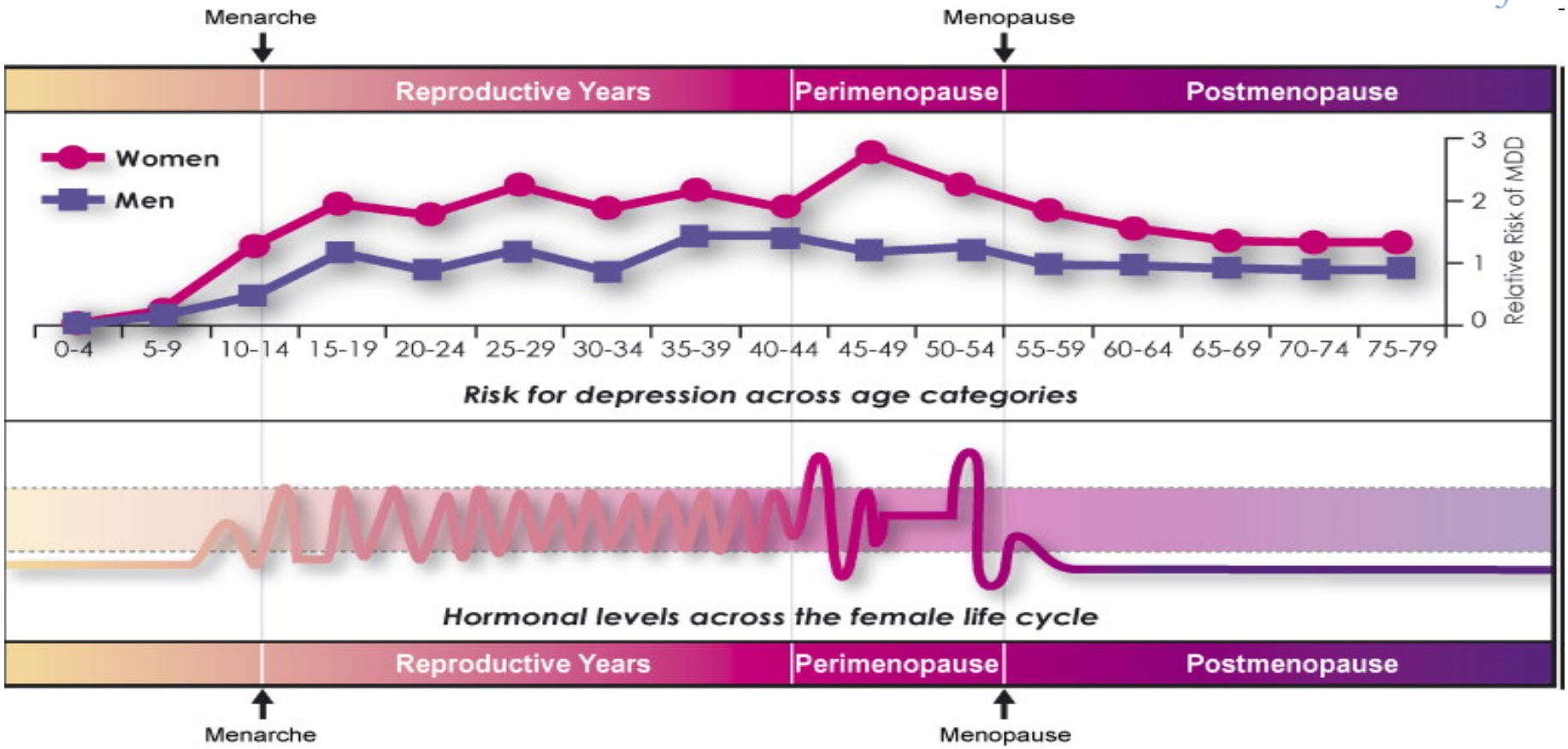

Deecher D et al., Psychoneuroendocrinology 2008;33:3-17.

Screening for Depression

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- *Validated screening tools are available*
- *Positive screen should be followed by diagnostic interview*
- *No evidence that screening for depression in unselected populations within primary care improves treatment rates for depression or outcome*
- *USPSTF recommends screening only if staff-assisted care and follow-up available*
- *Screening in high-risk populations may be more effective*

Farr SL et al., Prev Chronic Dis 2011:8;A122.

Patient Health Questionnaire-2 and PHQ-9

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PHQ-2

1. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?	*0*	*1*	*2*	*3*
2. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?	*0*	*1*	*2*	*3*

PHQ-9

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

1. Little interest or pleasure in doing thing	*0*	*1*	*2*	*3*
2. Feeling down, depressed, or hopeless	*0*	*1*	*2*	*3*
3. Trouble falling or staying asleep, or sleeping too much	*0*	*1*	*2*	*3*
4. Feeling tired or having little energy	*0*	*1*	*2*	*3*
5. Poor appetite or overeating	*0*	*1*	*2*	*3*
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	*0*	*1*	*2*	*3*
7. Trouble concentrating on things, such as reading the newspaper or watching television	*0*	*1*	*2*	*3*
8. Moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual	*0*	*1*	*2*	*3*
9. Thoughts that you would be better off dead or of hurting yourself in some way	*0*	*1*	*2*	*3*

0=Not at All; 1=Several Days; 2=More Than Half the Days; 3=Nearly Every Day

PHQ-9=9-item Patient Health Questionnaire.
Questions 1 and 2 constitute the 2-item Patient Health Questionnaire (PHQ-2).

Arroll B et al., Ann Fam Med 2010;348-53; Zuithoff NP et al., BMC Fam Pract 2010;11:98; Kroenke K et al., J Gen Intern Med 2001;16:606-13; Kroenke K et al., Med Care 2003;41:1284-92.

Psychotherapy for Depression

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Psychotherapy may be sufficient for mild-moderate depressive episodes[1]

Cognitive Behavior Therapy[2]

Interpersonal Psychotherapy[3]

Mindfulness-Based Therapies[4]

Others: psychodynamic, behavioral, motivational, emotion-focused, supportive, couples, family, group

Combined psychotherapy and pharmacotherapy may be superior to either alone

[1]Fournier JC et al., JAMA 2010;303:47-53; [2]Tolin DF, Clin Psychol Rev 2010;30:710-20; [3]Cuijpers P et al., Am J Psychiatry 2011;168:581-92; [4]Fjorback LO et al., Acta Psychiatr Scand 2011;124:102-19.

Selective Serotonin Reuptake Inhibitors (SSRIs) for Major Depression

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Generic Name	Starting Dose (mg/day)	Usual Dose (mg/day)
Citalopram	*20*	*20–40**
Escitalopram	*10*	*10–20*
Fluoxetine	*20*	*20–60*
Paroxetine	*20*	*20–60*
Paroxetine, extended release	*12.5*	*25–75*
Sertraline	*50*	*50–200*
Vilazodone	*10*	*20-40*

APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, 3rd Ed., 2010;167(10).

Antidepressants for Major Depression cont.

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Generic Name	Starting Dose (mg/day)	Usual Dose (mg/day)
Serotonin norepinephrine reuptake inhibitors (SNRIs)		
• *Venlafaxine, immediate release*	*37.5*	*75–375*
• *Venlafaxine, extended release*	*37.5*	*75–375*
• *Desvenlafaxine*	*50*	*50*
• *Duloxetine*	*60*	*60–120*
Norepinephrine-serotonin modulator		
• *Mirtazapine*	*15*	*15–45*
Dopamine norepinephrine reuptake inhibitor		
• *Bupropion, immediate release*	*150*	*300–450*
• *Bupropion, sustained release*	*150*	*300–400*
• *Bupropion, extended release*	*150*	*300–450*

APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, 3rd Ed., 2010;167(10).

Antidepressants for Major Depression cont.

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Serotonin modulators

- *Nefazodone*
- *Trazodone*

Tricyclics and tetracyclics

Amitriptyline	*Nortriptyline*
Imipramine	*Desipramine*
Doxepin	*Trimipramine*
Protriptyline	*Maprotiline*

Monoamine oxidase inhibitors (MAOIs)

- *Irreversible nonselective inhibitors: Phenelzine, Tranylcypromine, Isocarboxazid*
- *Irreversible MAO B selective inhibitor: Selegiline transdermal*
- *Reversible MAO A selective inhibitor: Moclobemide*

APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, 3rd Ed., 2010;167(10).

Alternative Treatments for Depression

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- *Bright light therapy*
- *Fish oil*
- *SAMe*
- *Hypericum*
- *Acupuncture*
- *Exercise*
- *Repetitive transcranial magnetic stimulation (rTMS)*

Freeman MP et al., J Clin Psychiatry 2010;71:669-81.

Augmentation Strategies for Depression

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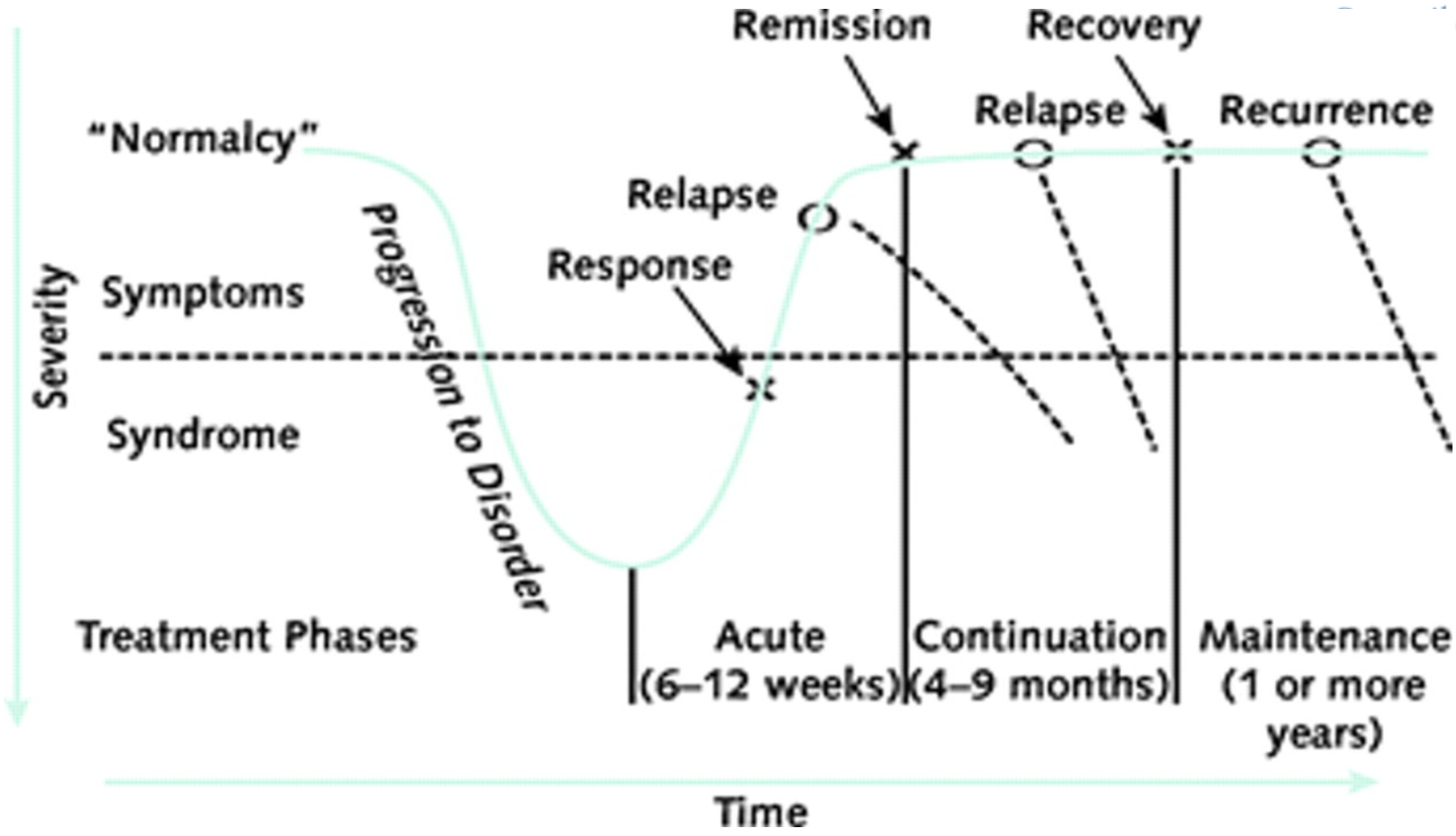
- *Switch or add an antidepressant*
- *Lithium*
- *Thyroid*
- *Atypical antipsychotics: aripiprazole, quetiapine, olanzapine*
- *Antiepileptics: lamotrigine, topiramate*
- *Folic acid*
- *Stimulants*
- *ECT, vagus nerve stimulation (VNS)*

Shelton RC et al., CNS Drugs 2010;24:131-61; Philip NS et al., Expert Opin Pharmacother 2010;11:709-22.

Phases of Treatment of Major Depression



Qaseem A et al. Ann Intern Med 2008;149:725-33;
Kupfer DJ, J Clin Psychiatry 1991;52(Suppl):28-34.

Annals of Internal Medicine

Concerns with Antidepressants

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- *Side effects: weight gain, sexual dysfunction*
- *Citalopram – 40 mg/day maximum*
- *Suicidality*
- *Serotonin syndrome*
- *Fetal and neonatal exposure*
- *Interactions with other drugs*
- *Bone loss*

Suicidal Thoughts and Behaviors in US adults aged ≥18 years

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- *8.3 million (3.7%) had suicidal thoughts in past year (2008-09)*
- *2.3 million (1%) made suicidal plans in past year*
- *1 million (0.5%) made a suicide attempt in the past year*
- *36,035 deaths from suicide in 2008=11.8 suicides per 100,000*
- *10th leading cause of death in US*
- *Highest rates in White (not Hispanic), American Indian and Alaskan Native*
- *Highest rates ages 40-59*
- *90% completed suicides have current psychiatric disorder*

MMWR 2011;60(13):1-22; www.cdc.gov/violenceprevention/suicide/index.html.

Risk Factors for Suicide

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- *Separation from partner or relationship conflict*
- *Previous suicide attempt(s)*
- *Current mood disorder*
- *Current alcohol or drug abuse*
- *Current psychosis*
- *Childhood sexual abuse*
- *Family history of suicide or violence*
- *Physical illness*
- *Availability of means*

Schrijvers DL et al., J Affect Disord 2011:Apr 27[Epub]; Hawton K et al., Lancet 2009; 373:1372-81; www.cdc.gov/violencepreventiion/suicide/index.html.

Gender Differences in Suicidality

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Men

- *4 times higher rate of completed suicide*
- *More lethal means: firearms, hanging*
- *Increased risk with substance abuse, antisocial personality disorder, schizophrenia, attention deficit hyperactivity disorder*
- *Less likely to seek and accept treatment*

Women

- *3 times higher rate of attempting suicide*
- *Less lethal means: overdose*
- *Increased risk with major depression, borderline personality disorder*
- *Decreased risk during pregnancy*
- *More likely to seek and accept treatment*

APA Practice Guideline, 2003; Schrijvers DL et al., J Affect Disord 2011; Apr 27[Epub].

Screening for Suicide

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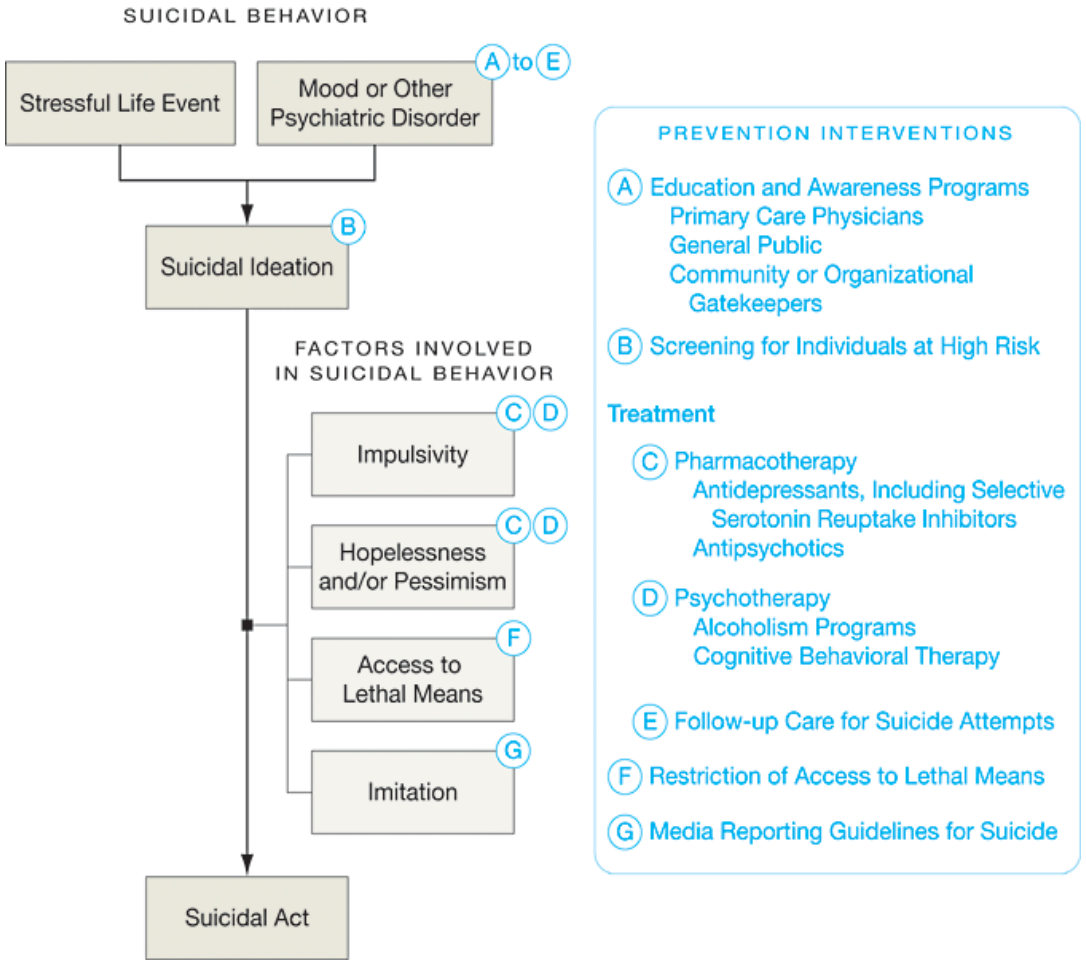
IS PATH WARM?

- *Ideation—Threatened or communicated*
- *Substance abuse—Excessive or increased*
- *Purposeless—No reasons for living*
- *Anxiety—Agitation/Insomnia*
- *Trapped—Feeling there is no way out*
- *Hopelessness*
- *Withdrawing—From friends, family, society*
- *Anger (uncontrolled)—Rage, seeking revenge*
- *Recklessness—Risky acts, unthinking*
- *Mood changes (dramatic)*

Targets of Suicide Prevention Interventions



Mann JJ et al., JAMA 2005;294:2064-74.

Summary

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- *Prevalence of major depression is 2:1 women to men following puberty*
- *Women have unique risk factors, symptoms, course, co-morbidities, and treatment concerns*
- *Primary care should routinely screen for depression, followed by clinical interview and treatment as indicated*
- *Treatment adherence and response should be actively monitored for at least 6 months*

Summary continued

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- *Screening and treatment can successfully intervene with suicidal ideation, plan, attempt, and completion*
- *Women make more suicide attempts than men*
- *Men complete suicide more than women*
- *Education of physicians and restricting access to lethal means have demonstrated efficacy in prevention of suicide*
- *More study is needed of public awareness and education, screening programs, and media education prevention strategies*