

INFORMATION PACK

# Depression

**mental  
health  
education**

Clinical depression is one of the most common serious mental disorders. When assessing a person for depression you need to have knowledge of the criteria for a diagnosis.

## DIAGNOSTIC CLASSIFICATION

There are 2 diagnostic classification systems for the diagnosis depression; these include the DSM-IV and ICD-10.

### DSM-IV

To have a diagnosis of a depressive episode 5 or more of the following symptoms must have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either depressed mood or loss of interest or pleasure.

Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

- depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). In children and adolescents, can be irritable mood.
- 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 made by others)
- 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. In children, consider failure to make expected weight gains.
- insomnia or hypersomnia nearly every day
- psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
- fatigue or loss of energy nearly every day
- feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
- diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

- 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

The symptoms must not meet the criteria for a Mixed Episode (the DSM-IV describes a mixed episode as a period of at least one week when there are both a manic (not hypomanic) and a major depressive episode, and the mood disturbance is severe enough to impair job performance, social activities or relationships, or to require hospitalization, or there are psychotic features, and the symptoms are not caused by drug use or a medical condition).

The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

## **ICD-10**

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In typical mild, moderate, or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. Self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss, and loss of libido. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.

## PREDISPOSING FACTORS FOR DEPRESSION

### **Biological:**

Genetics

Biochemical effects. This includes deficiencies of the neurotransmitters norepinephrine, serotonin and dopamine.

Neuroendocrine disturbances. This includes hypothalamic, pituitary, adrenocortical, thyroid.

Physiological effects. This includes side effects of medication, neurological disorders, electrolyte imbalances, hormonal imbalance, nutritional deficiencies, and other physiological conditions such as encephalitis, syphilis, stroke, and cardiovascular disease.

### **Psychosocial:**

Psychoanalytical theories. This includes Freud's theory of melancholia.

Learning theory or learned helplessness. A state of helplessness in people who have experienced numerous failures. Helplessness predisposes people to depression.

Object loss theory. Depression occurs as a result of abandonment or separation.

Cognitive theory. Cognitive distortions that result in negative attitudes.

Transactional model. Recognises the effects of genetic, biochemical and psychosocial effects of a persons susceptibility to depression.

## ASSESSMENT CONSIDERATIONS FOR DEPRESSION

### **Suicide**

Most individuals with suicidal ideation seek help with service providers This provides opportunities for intervention and management by health professionals

By improving practices, the suicide rate could potentially be reduced. Health professionals need to be trained to identify individuals who are at risk of suicide and implement appropriate management plans in collaboration with the health care team

The following link will take you to guidelines on assessing people who are suicidal:

[Working with the suicidal person](#)

## TREATMENTS

### Biological

Medication – antidepressants (Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin and Noradrenaline Reuptake Inhibitors (SNRIs), Tricyclics (TCAs) and Irreversible Monoamine Oxidase Inhibitors (MAOIs).

### Psychological

[Mindfulness therapy](#)

[Cognitive Behavioural Therapy \(CBT\)](#)

[Interpersonal Therapy \(IPT\) Psychotherapies](#)

Counselling

[Narrative Therapy.](#)

The therapies may be an alternative to medication or offered in combination with medication. A thorough assessment of the person is needed in order to decide on the best approach.

### Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a medical procedure. The treatment induces controlled seizures. It is unclear why this treatment works. The brain functions using electrochemical messages, and it is thought that ECT-induced seizures interrupt these messages. ECT is used when other forms of treatment are ineffective.

Watch this [youtube](#) video on ECT

## Resources

[ICD-10](#)

[Beyond Blue](#)

[Black dog institute](#)

## References

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