- **Epidemiology of depression:**
  - 121 million people are affected worldwide.
  - It is the 1ˢᵗ cause of disability worldwide.
  - It can be reliably (بشكل موثوق ويُعتمد عليه) diagnosed and treated in primary care but only fewer than 25% of cases have access to effective treatment (people tend not to go to see a psychiatrist!).
- **Who is more vulnerable to be affected by depression?**
  - Gender: more seen in females (2:1)
  - Children and adolescents.
  - Elderly.
  - Those people with medical illness.
  - Those people with other psychiatric disorders.
- **What criteria are required to diagnose a major depressive disorder?**
  NOTICE THAT AT LEAST 5 (≥ 5) OF THE FOLLOWING MUST BE PRESENT FOR 2 WEEKS. IN ADDITION, AT LEAST ONE OF THEM MUST BE DEPRESSED MOOD OR LOSS OF INTEREST/PLEASURE

S	**S**leep (insomnia or hypersomnia)
I	**I**nterest (loss of interest and pleasure)
G	**G**uilt (worthlessness)
E	**E**nergy (loss of energy and fatigability)
C	**C**ognition (decreased level of concentration)
A	**A**ppetite
P	**P**sychomotor
S	**S**uicide/death

- **Atypical depression features:**
  - Mood reactivity (being able to improve mood by positive events).
  - Plus 2 or more (≥ 2) of the following:
    - ✓ Significant weight gain (or increase in appetite).
    - ✓ Hypersomnia (فرط النوم)
    - ✓ Leaden paralysis (i.e. heavy leaden feelings in arms or legs)
    - ✓ Long-standing pattern of interpersonal rejection sensitivity.
- **How to explain depression to patients?**
  - **Define depression**: it is an illness which can last from 6 months to a year and involves body, mood and thoughts. It is more than feeling sad about a particular situation or issue. In contrast, it is a medical condition that requires diagnosis and treatment.
  - It has **many impacts** in a person's daily life: socially, at work and in relationships.
  - It is **not something to be ashamed of.**
  - It is **not a sign of weakness**.
  - **No one depression can suddenly become free from it.**
  - **You can't improve your situation by your own efforts.**
- **Deferential diagnosis for major depressive disorder:**
  - **Bipolar I or bipolar II disorders**: ≥ 1 manic (bipolar I), mixed or hypomanic (bipolar II) episodes.
  - **Mood disorders due to a general medical condition**: requires the presence of an etiological general medical condition.
  - **Substance-induced mood disorder**: it is due to the direct physiological effects of a substance.

- **Dysthymic disorder**: depressed mood for at least 2 years and the absence of major depressive episodes during the first 2 years of the dysthymic disturbance.
- **Drug induced depression:**
    - **Corticosteroids.**
    - **Methyldopa.**
    - **Phenytoin.**
    - **Ethanol.**
- **Treatment of depression (30-70% of depressed people improve with treatment):**
    - **There are 3 types of treatment:**
        - ✓ Psychotherapy:
            - ❖ Complete psychiatric assessment.
            - ❖ Use measurements.
            - ❖ Psychoeducation.
            - ❖ Enhance treatment adherence.
            - ❖ Coordinate with other clinicians.
            - ❖ Monitor status.
        - ✓ Medication: refer to pharmacology note. The choice of medications depend on:
            - ❖ Cost.
            - ❖ Side-effects.
            - ❖ Tolerability.
            - ❖ Half-life.
        - ✓ Electroconvulsive therapy.
- **What is mania (الهوس – المس: ضرب من الجنون):** it is abnormal, persistent, elevated, irritable mood and abnormally increased activity and energy for at least 1 week. It is **characterized by the following:**
    - Irritability (الهياج المفرط)
    - Activity.
    - Agitation (a state of anxiety or nervous excitement).
    - Decrease need of sleep.
    - Talkativeness.
    - Irresponsibility.
    - Flight of ideas and increased self-esteem.
- **Treatment of mania: using mood stabilizers such as:**
    - Valproic acid.
    - Carbamezapine.
    - Lithium.
    - Resperidone.
    - Olanzapine.