DEPRESSIVE DISORDERS AND SUICIDALITY pdf

1: Depression, Risk of Suicide, and Treatment Options

Overview. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems.

What is major depressive disorder? Sadness is a natural part of the human experience. However, these feelings are normally short-lived. When someone experiences persistent and intense feelings of sadness for extended periods of time, then they may have major depressive disorder MDD. MDD, also referred to as clinical depression , is a significant medical condition that can affect many areas of your life. It impacts mood and behavior as well as various physical functions, such as appetite and sleep. People with MDD often lose interest in activities they once enjoyed and have trouble performing everyday activities. MDD is one of the most common mental disorders in the United States. In , nearly 7 percent of Americans over age 18 had an episode of MDD. Some people with MDD never seek treatment. However, most people with the disorder can get better with treatment. Medications, psychotherapy, and other methods can effectively treat people with MDD and help them manage their symptoms. What are the symptoms of major depressive disorder? Your doctor or a mental health professional can make a MDD diagnosis based on your symptoms, feelings, and behavior patterns. They will ask you certain questions or give you a questionnaire so they can better determine whether you have MDD. This manual helps medical professionals diagnose mental health conditions. According to its criteria, you must have 5 or more of the following symptoms , and experience them at least once a day for a period of more than 2 weeks: You feel sad or irritable most of the day, nearly every day. You are less interested in most activities you once enjoyed. You suddenly lose or gain weight or have a change in appetite. You have trouble falling asleep or want to sleep more than usual. You experience feelings of restlessness. You feel unusually tired and have a lack of energy. You have difficulty concentrating, thinking, or making decisions. You think about harming yourself or committing suicide. What causes major depressive disorder? However, there are several factors that can increase the risk of developing the condition. A combination of genes and stress can affect brain chemistry and reduce the ability to maintain mood stability. Changes in the balance of hormones might also contribute to the development of MDD. MDD may also be triggered by: MDD is often treated with medication and psychotherapy. Some lifestyle adjustments can also help ease certain symptoms. People who have severe MDD or who have thoughts of harming themselves may need to stay in the hospital during treatment. Some might also need to take part in an outpatient treatment program until symptoms improve. Medication Primary care providers often start treatment for MDD by prescribing antidepressant medications. Selective serotonin reuptake inhibitors SSRIs. These antidepressants are frequently prescribed. SSRIs work by helping inhibit the breakdown of serotonin in the brain, resulting in higher amounts of this neurotransmitter. It may help improve mood and produce healthy sleeping patterns. People with MDD often have low levels of serotonin. They have a relatively low incidence of side effects that most people tolerate well. They can cause several side effects, including weight gain and sleepiness. Psychotherapy Psychotherapy, also known as psychological therapy or talk therapy, can be an effective treatment for people with MDD. It involves meeting with a therapist on a regular basis to talk about your condition and related issues. Psychotherapy can help you: Lifestyle changes In addition to taking medications and participating in therapy, you can help improve MDD symptoms by making some changes to your daily habits. Consider eating foods that contain omega-3 fatty acids, such as salmon. Foods that are rich in B vitamins, such as beans and whole grains, have also been shown to help some people with MDD. Magnesium has also been linked to fighting MDD symptoms. Avoiding alcohol and certain processed foods: Also, certain refined, processed, and deep-fried foods contain omega-6 fatty acids, which may contribute to MDD. Getting plenty of exercise: Exercising , especially outdoors and in moderate sunlight, can boost your mood and make you feel better. What is the outlook for someone with major depressive disorder? On days when you feel particularly sad despite treatment, it can be helpful to call the National Suicide Prevention Lifeline or a local crisis or mental health service. These free, hour phone lines take calls from anyone feeling depressed or

anxious. A friendly, supportive voice could be just what you need to get you through a difficult time. Medically reviewed by Timothy J.

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2: Depression (major depressive disorder) - Diagnosis and treatment - Mayo Clinic

Suicide is one of the top causes of death in the U.S., with rates rising across the country. Nearly 45, Americans died by suicide in , according to the CDC. Suicide is preventable. And that.

Diagnosing and assessing people who are at risk for suicide Your health care provider may be able to determine whether you are at a high risk for suicide based on your symptoms, personal history, and family history. Your health care provider will want to know when your symptoms started and how often you experience them. They will also ask you about any past or current medical problems and about certain conditions that may run in your family. This can help them determine possible explanations for your symptoms and which tests will be needed to make a diagnosis. In many cases, thoughts of suicide are caused by an underlying mental health disorder. If your health care provider suspects that a mental health disorder is contributing to suicidal thoughts, they will refer you to a mental health professional. This person can provide an accurate diagnosis and determine an effective treatment plan for your particular condition. Alcohol or drug abuse can often contribute to suicidal thinking and acts of suicide. If substance abuse is causing you to have suicidal thoughts, then you will likely need to enroll in an alcohol or rehabilitation program. The use of certain prescription or over-the-counter drugs can also trigger thoughts of suicide and suicidal behavior. Treatment will depend on the underlying cause of your suicidal thoughts and behavior. In most cases, however, treatment consists of talk therapy and medication. Talk Therapy Talk therapy, also known as psychotherapy, is one possible treatment method for lowering your risk of committing suicide. It teaches you how to work through stressful life events and emotions that may be contributing to your suicidal thoughts and behavior. CBT can also help you replace negative beliefs with positive ones and regain a sense of satisfaction and control in your life. Treating the underlying cause of symptoms can help reduce the frequency of suicidal thoughts. You be prescribed one or more of the following types of medication: Avoiding alcohol and drugs: Abstaining from using alcohol and drugs is critical, as these substances can increase the frequency of suicidal thoughts. Exercising at least three times per week, especially outdoors and in moderate sunlight, can also help. Physical activity stimulates the production of certain brain chemicals that make you feel happier and more relaxed. How to prevent suicide To help prevent suicidal thoughts, you should: You should never try to manage suicidal feelings entirely on your own. Getting professional help and support from loved ones can make it easier to overcome any challenges that are causing suicidal thoughts or behavior. The National Suicide Prevention Lifeline is another great resource. They have trained staff available to speak to you 24 hours a day, seven days a week. Take medications as directed. You should never change your dosage or stop taking your medications unless your health care provider tells you to do so. Your suicidal feelings may return and you may develop withdrawal symptoms if you suddenly stop taking your medications. Never skip an appointment. Sticking with your treatment plan is the best way to overcome suicidal thoughts and behavior. Pay attention to warning signs. Work with your health care provider or therapist to learn about the possible triggers for your suicidal feelings. This will help you recognize the signs of danger early on and decide what steps to take ahead of time. It can also be beneficial to tell family members and friends about the warning signs so they can know when you may need help. Eliminate access to lethal methods of suicide. Get rid of any firearms, knives, or dangerous medications if you worry that you might act on suicidal thoughts. If you suspect that a family member or friend may be considering suicide, you should talk to them about your concerns. You can begin the conversation by asking questions in a non-judgmental and non-confrontational way. You may ask them: Have you ever thought about committing suicide? Have you ever taken steps to commit suicide? Have ever attempted to commit suicide in the past? Calling or going to a hospital emergency room are good ways to prevent a suicide attempt. You can also get help from a crisis or suicide prevention hotline. Befrienders Worldwide and the International Association for Suicide Prevention are two organizations that provide contact information for crisis centers outside of the United States. During the conversation, make sure you: Listening to them and showing your support is the best way to help them. You can also try encouraging them to seek professional care. Offer to help them find a health care provider or mental health professional, make a phone

call, or go with them to their first appointment. Starting a conversation and risking your feelings to help save a life is a risk worth taking. If you think someone is at immediate risk of self-harm or hurting another person: Call or your local emergency number. Stay with the person until help arrives. Remove any guns, knives, medications, or other things that may cause harm. If you think someone is considering suicide, get help from a crisis or suicide prevention hotline. Try the National Suicide Prevention Lifeline at Medically reviewed by Timothy J.

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3: Robin Williams: Depression Alone Rarely Causes Suicide - Scientific American

Definition: A mood disorder that causes a persistent feeling of sadness and loss of interest. It affects how one feels, thinks and behaves and can lead to a variety.

Diagnosis Your doctor may determine a diagnosis of depression based on: Your doctor may do a physical exam and ask questions about your health. In some cases, depression may be linked to an underlying physical health problem. Your mental health professional asks about your symptoms, thoughts, feelings and behavior patterns. You may be asked to fill out a questionnaire to help answer these questions. Types of depression Symptoms caused by major depression can vary from person to person. To clarify the type of depression you have, your doctor may add one or more specifiers. A specifier means that you have depression with specific features, such as: Bipolar I and II disorders. These mood disorders include mood swings that range from highs mania to lows depression. Cyclothymic sy-kloe-THIE-mik disorder involves highs and lows that are milder than those of bipolar disorder. Disruptive mood dysregulation disorder. This mood disorder in children includes chronic and severe irritability and anger with frequent extreme temper outbursts. This disorder typically develops into depressive disorder or anxiety disorder during the teen years or adulthood. Sometimes called dysthymia dis-THIE-me-uh , this is a less severe but more chronic form of depression. This involves depression symptoms associated with hormone changes that begin a week before and improve within a few days after the onset of your period, and are minimal or gone after completion of your period. Treatment Medications and psychotherapy are effective for most people with depression. Your primary care doctor or psychiatrist can prescribe medications to relieve symptoms. However, many people with depression also benefit from seeing a psychiatrist, psychologist or other mental health professional. If you have severe depression, you may need a hospital stay, or you may need to participate in an outpatient treatment program until your symptoms improve. Medications Many types of antidepressants are available, including those below. Be sure to discuss possible major side effects with your doctor or pharmacist. Selective serotonin reuptake inhibitors SSRIs. Doctors often start by prescribing an SSRI. These drugs are considered safer and generally cause fewer bothersome side effects than other types of antidepressants. Serotonin-norepinephrine reuptake inhibitors SNRIs. These drugs â€” such as imipramine Tofranil , nortriptyline Pamelor , amitriptyline, doxepin, trimipramine Surmontil , desipramine Norpramin and protriptyline Vivactil â€” can be very effective, but tend to cause more-severe side effects than newer antidepressants. Monoamine oxidase inhibitors MAOIs. Other medications may be added to an antidepressant to enhance antidepressant effects. Your doctor may recommend combining two antidepressants or adding medications such as mood stabilizers or antipsychotics. Anti-anxiety and stimulant medications also may be added for short-term use. Finding the right medication If a family member has responded well to an antidepressant, it may be one that could help you. Or you may need to try several medications or a combination of medications before you find one that works. This requires patience, as some medications need several weeks or longer to take full effect and for side effects to ease as your body adjusts. Inherited traits play a role in how antidepressants affect you. In some cases, where available, results of genetic tests done by a blood test or cheek swab may offer clues about how your body may respond to a particular antidepressant. However, other variables besides genetics can affect your response to medication. Stopping treatment abruptly or missing several doses can cause withdrawal-like symptoms, and quitting suddenly may cause a sudden worsening of depression. Work with your doctor to gradually and safely decrease your dose. Antidepressants and increased suicide risk Most antidepressants are generally safe, but the Food and Drug Administration FDA requires all antidepressants to carry a black box warning, the strictest warning for prescriptions. In some cases, children, teenagers and young adults under age 25 may have an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. Anyone taking an antidepressant should be watched closely for worsening depression or unusual behavior, especially when starting a new medication or with a change in dosage. If you or someone you know has suicidal thoughts when taking an antidepressant, immediately contact a doctor or get emergency help. Keep in mind that antidepressants are more likely to

reduce suicide risk in the long run by improving mood. Psychotherapy Psychotherapy is a general term for treating depression by talking about your condition and related issues with a mental health professional. Psychotherapy is also known as talk therapy or psychological therapy. Different types of psychotherapy can be effective for depression, such as cognitive behavioral therapy or interpersonal therapy. Your mental health professional may also recommend other types of therapies. Psychotherapy can help you: Adjust to a crisis or other current difficulty Identify negative beliefs and behaviors and replace them with healthy, positive ones Explore relationships and experiences, and develop positive interactions with others Find better ways to cope and solve problems Identify issues that contribute to your depression and change behaviors that make it worse Regain a sense of satisfaction and control in your life and help ease depression symptoms, such as hopelessness and anger Learn to set realistic goals for your life Develop the ability to tolerate and accept distress using healthier behaviors Alternate formats for therapy Formats for depression therapy as an alternative to face-to-face office sessions are available and may be an effective option for some people. Therapy can be provided, for example, as a computer program, by online sessions, or using videos or workbooks. Programs can be guided by a therapist or be partially or totally independent. Before you choose one of these options, discuss these formats with your therapist to determine if they may be helpful for you. Also, ask your therapist if he or she can recommend a trusted source or program. Some may not be covered by your insurance and not all developers and online therapists have the proper credentials or training. Smartphones and tablets that offer mobile health apps, such as support and general education about depression, are not a substitute for seeing your doctor or therapist. Hospital and residential treatment In some people, depression is so severe that a hospital stay is needed. Psychiatric treatment at a hospital can help keep you calm and safe until your mood improves. Partial hospitalization or day treatment programs also may help some people. These programs provide the outpatient support and counseling needed to get symptoms under control. Other treatment options For some people, other procedures, sometimes called brain stimulation therapies, may be suggested: In ECT, electrical currents are passed through the brain to impact the function and effect of neurotransmitters in your brain to relieve depression. Transcranial magnetic stimulation TMS. During TMS, a treatment coil placed against your scalp sends brief magnetic pulses to stimulate nerve cells in your brain that are involved in mood regulation and depression. Request an Appointment at Mayo Clinic Clinical trials Explore Mayo Clinic studies testing new treatments, interventions and tests as a means to prevent, detect, treat or manage this disease. But in addition to professional treatment, these self-care steps can help: Stick to your treatment plan. If you stop, depression symptoms may come back, and you could also experience withdrawal-like symptoms. Recognize that it will take time to feel better. Education about your condition can empower you and motivate you to stick to your treatment plan. Encourage your family to learn about depression to help them understand and support you. Pay attention to warning signs. Work with your doctor or therapist to learn what might trigger your depression symptoms. Make a plan so that you know what to do if your symptoms get worse. Contact your doctor or therapist if you notice any changes in symptoms or how you feel. Ask relatives or friends to help watch for warning signs. Avoid alcohol and recreational drugs. It may seem like alcohol or drugs lessen depression symptoms, but in the long run they generally worsen symptoms and make depression harder to treat. Talk with your doctor or therapist if you need help with alcohol or substance use. Take care of yourself. Eat healthy, be physically active and get plenty of sleep. Consider walking, jogging, swimming, gardening or another activity that you enjoy. Sleeping well is important for both your physical and mental well-being. Alternative medicine Alternative medicine is the use of a nonconventional approach instead of conventional medicine. Complementary medicine is a nonconventional approach used along with conventional medicine â€” sometimes called integrative medicine. Make sure you understand the risks as well as possible benefits if you pursue alternative or complementary therapy. Supplements Examples of supplements that are sometimes used for depression include: But if you choose to use it, be careful â€” St. Also, avoid taking St. Pronounced "sam-E," this dietary supplement is a synthetic form of a chemical that occurs naturally in the body. It may be helpful, but more research is needed. SAMe may trigger mania in people with bipolar disorder. These healthy fats are found in cold-water fish, flaxseed, flax oil, walnuts and some other foods. Omega-3 supplements are being studied as a possible

treatment for depression. While considered generally safe, in high doses, omega-3 supplements may interact with other medications. More research is needed to determine if eating foods with omega-3 fatty acids can help relieve depression. Also, because some herbal and dietary supplements can interfere with prescription medications or cause dangerous interactions, talk to your doctor or pharmacist before taking any supplements. Mind-body connections Integrative medicine practitioners believe the mind and body must be in harmony for you to stay healthy. Examples of mind-body techniques that may be helpful for depression include:

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4: Depression Symptoms (Major Depressive Disorder)

A depressive disorder is an illness that involves the body, mood, and thoughts. It interferes with daily life, normal functioning, and causes pain for both the person with the disorder and those.

Globally, more than million people of all ages suffer from depression. Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease. More women are affected by depression than men. At its worst, depression can lead to suicide. There are effective psychological and pharmacological treatments for depression. Overview Depression is a common illness worldwide, with more than million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. Close to people die due to suicide every year. Suicide is the second leading cause of death in year-olds. Barriers to effective care include a lack of resources, lack of trained health-care providers, and social stigma associated with mental disorders. Another barrier to effective care is inaccurate assessment. In countries of all income levels, people who are depressed are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants. The burden of depression and other mental health conditions is on the rise globally. A World Health Assembly resolution passed in May has called for a comprehensive, coordinated response to mental disorders at country level. Types and symptoms Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. A key distinction is also made between depression in people who have or do not have a history of manic episodes. Both types of depression can be chronic i. During these episodes, the person experiences depressed mood, loss of interest and enjoyment, and reduced energy leading to diminished activity for at least two weeks. Many people with depression also suffer from anxiety symptoms, disturbed sleep and appetite and may have feelings of guilt or low self-worth, poor concentration and even medically unexplained symptoms. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep. Contributing factors and prevention Depression results from a complex interaction of social, psychological and biological factors. People who have gone through adverse life events unemployment, bereavement, psychological trauma are more likely to develop depression. There are interrelationships between depression and physical health. For example, cardiovascular disease can lead to depression and vice versa. Prevention programmes have been shown to reduce depression. Effective community approaches to prevent depression include school-based programmes to enhance a pattern of positive thinking in children and adolescents. Interventions for parents of children with behavioural problems may reduce parental depressive symptoms and improve outcomes for their children. Exercise programmes for the elderly can also be effective in depression prevention. Diagnosis and treatment There are effective treatments for moderate and severe depression. Health-care providers may offer psychological treatments such as behavioural activation, cognitive behavioural therapy [CBT], and interpersonal psychotherapy [IPT] or antidepressant medication such as selective serotonin reuptake inhibitors [SSRIs] and tricyclic antidepressants [TCAs]. Psychosocial treatments are also effective for mild depression. Antidepressants can be an effective form of treatment for moderate-severe depression but are not the first line of treatment for cases of mild depression. They should not be used for treating depression in children and are not the first line of treatment in adolescents, among whom they should be used with extra caution. The Programme aims to help countries increase services for people with mental, neurological and substance use disorders, through care provided by health workers who are not specialists in mental health. WHO, among other agencies, has developed brief psychological intervention

manuals for depression that may be delivered by lay workers. An example is, Problem Management Plus, which describes the use of behavioural activation, relaxation training, problem solving treatment and strengthening social support. Finally, Thinking Healthy covers the use of cognitive-behavioural therapy for perinatal depression.

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5: Major depressive disorder - Wikipedia

Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working.

TCA side effects include dry mouth, dizziness, constipation, blurred vision, sedation, urine retention, fast heart rate, and weight gain; many of these side effects are due to anticholinergic action of the TCAs. Like the MAOIs, TCAs are rarely used initially as first-line treatments for depression; however, they may be used in adults for other indications , including nerve pain and migraine headache prevention. A TCA overdose can be fatal. Heart rhythm disturbances, seizures, and depressed breathing are serious overdose complications. Trintellix has several other actions at serotonin receptors, and is a unique agent with this combination of serotonergic activity. More than 7, patients aged 18 to 88 years old were enrolled in clinical trials demonstrating Trintellix effectiveness. Common side effects include stomach issues such as nausea, constipation, and vomiting. Levomilnacipran is the active enantiomer of milnacipran Savella which is approved only for fibromyalgia. Rexulti is a serotonin-dopamine activity modulator SDAM and second-generation version of aripiprazole Abilify , with a reduced incidence of a bothersome side effect known as akathisia restlessness. Common side effects seen in the depression studies included restlessness, diarrhea, nausea, weight gain, headache and somnolence. Rexulti is not approved for use in psychotic conditions related to dementia. In addition, healthcare providers should see the label for significant drug interactions that can affect the dose of Rexulti. Rexulti is co-marketed by Lundbeck and Otsuka. The Abilify tablet formulation is embedded with the ingestible Proteus sensor that allows patients, and, if given access, doctors and caregivers, to track ingestion of the medication on a smartphone or web-based portal. Risk of Suicide The FDA requires labeling on all antidepressants to include strong warnings about risks of suicidal thinking and behavior, known as suicidality, in children, adolescents and young adults. An example of this warning can be seen here. This risk may be higher during the initial few months of treatment, or with a personal or family history of bipolar disorder or suicidal action. Initially high doses of antidepressants in children have been linked with elevated suicide risk. However, it is important to remember that untreated depression itself is also linked with suicide. Caregivers and healthcare providers should closely monitor patients for suicidal signs and symptoms within the first few months of treatment initiation and with any dose or drug change. However, about 4 out of of those children taking SSRIs experienced suicidal thinking, including attempts, at twice the rate of those taking placebos. Due to this increased risk, the FDA requires a "Boxed Warning" about the risk for suicide or attempted suicide in children and adolescents on all antidepressant labels. Some studies suggest that the benefits of antidepressants may outweigh the risks to certain children with major depression and anxiety disorders. However, only two agents are approved for use in pediatrics: How to Manage the Risk of Suicide To better understand this risk, patients and caregivers are strongly encouraged to review and discuss with a healthcare provider the FDA Medication Guide available for all antidepressants. According the scientific data in patients taking antidepressants, the risk for suicide is not increased in adults older than Adults 65 years and older taking antidepressants actually have a decreased risk of suicidality. It is not known if any one antidepressant is more or less likely to result in suicidal thoughts or action. Do not hesitate to call the below numbers for trained help: Abruptly stopping an antidepressant can lead to a host of unpleasant withdrawal symptoms such as:

6: High-Frequency, Repetitive TMS May Reduce Suicidal Ideation in Adolescents With Depression

Major depressive disorder (MDD) is one of the most common psychiatric disorders of childhood and adolescence, but because of symptom variation from the adult criteria, it is often unrecognized and untreated.

Depressed people may be preoccupied with, or ruminate over, thoughts and feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-hatred. These symptoms include delusions or, less commonly, hallucinations , usually unpleasant. Insomnia is common among the depressed. In the typical pattern, a person wakes very early and cannot get back to sleep. They may be described as clingy, demanding, dependent, or insecure. The â€”92 National Comorbidity Survey US reports that half of those with major depression also have lifetime anxiety and its associated disorders such as generalized anxiety disorder. Depression and pain often co-occur. The diagnosis of depression is often delayed or missed, and the outcome can worsen if the depression is noticed but completely misunderstood. People with major depression are less likely to follow medical recommendations for treating and preventing cardiovascular disorders , which further increases their risk of medical complications. The biopsychosocial model proposes that biological, psychological, and social factors all play a role in causing depression. The preexisting vulnerability can be either genetic , [42] [43] implying an interaction between nature and nurture , or schematic , resulting from views of the world learned in childhood. Childhood trauma also correlates with severity of depression, lack of response to treatment and length of illness. However, some are more susceptible to developing mental illness such as depression after trauma, and various genes have been suggested to control susceptibility. However, since the s, results have been inconsistent, with three recent reviews finding an effect and two finding none. A study found 44 areas within the chromosomes that were linked to MDD. Therapies associated with depression include interferons , beta-blockers , isotretinoin , contraceptives , [54] cardiac agents, anticonvulsants , antimigraine drugs , antipsychotics , and hormonal agents such as gonadotropin-releasing hormone agonist. Biology of depression and Epigenetics of depression The pathophysiology of depression is not yet understood, but the current theories center around monoaminergic systems, the circadian rhythm , immunological dysfunction, HPA axis dysfunction and structural or functional abnormalities of emotional circuits. The monoamine theory, derived from the efficacy of monoaminergic drugs in treating depression, was the dominant theory until recently. The theory postulates that insufficient activity of monoamine neurotransmitters is the primary cause of depression. Evidence for the monoamine theory comes from multiple areas. Firstly, acute depletion of tryptophan , a necessary precursor of serotonin , a monoamine, can cause depression in those in remission or relatives of depressed patients; this suggests that decreased serotonergic neurotransmission is important in depression. Third, decreased size of the locus coeruleus , decreased activity of tyrosine hydroxylase , increased density of alpha-2 adrenergic receptor , and evidence from rat models suggest decreased adrenergic neurotransmission in depression. Further countering the monoamine hypothesis is the fact that rats with lesions of the dorsal raphe are not more depressive that controls, the finding of increased jugular 5-HIAA in depressed patients that normalized with SSRI treatment, and the preference for carbohydrates in depressed patients. The first model proposed is the "Limbic Cortical Model", which involves hyperactivity of the ventral paralimbic regions and hypoactivity of frontal regulatory regions in emotional processing. A review found that non-psychiatrist physicians miss about two-thirds of cases, though this has improved somewhat in more recent studies. These include blood tests measuring TSH and thyroxine to exclude hypothyroidism ; basic electrolytes and serum calcium to rule out a metabolic disturbance ; and a full blood count including ESR to rule out a systemic infection or chronic disease. Testosterone levels may be evaluated to diagnose hypogonadism , a cause of depression in men. No biological tests confirm major depression. There are several potential biomarkers, including brain-derived neurotrophic factor and various functional MRI fMRI techniques. One study developed a decision tree model of interpreting a series of fMRI scans taken during various activities. However, much more research is needed before these tests can be used clinically. At least one of these must be present to make a diagnosis of major depressive episode. The ICD system does not use the term major depressive disorder but lists very similar criteria for the diagnosis of a

depressive episode mild, moderate or severe ; the term recurrent may be added if there have been multiple episodes without mania. Major depressive episode A major depressive episode is characterized by the presence of a severely depressed mood that persists for at least two weeks. An episode with psychotic featuresâ€"commonly referred to as psychotic depression â€"is automatically rated as severe. If the patient has had an episode of mania or markedly elevated mood , a diagnosis of bipolar disorder is made instead. Melancholic depression is characterized by a loss of pleasure in most or all activities , a failure of reactivity to pleasurable stimuli, a quality of depressed mood more pronounced than that of grief or loss, a worsening of symptoms in the morning hours, early-morning waking, psychomotor retardation , excessive weight loss not to be confused with anorexia nervosa , or excessive guilt. Here, the person is mute and almost stuporous, and either remains immobile or exhibits purposeless or even bizarre movements. Catatonic symptoms also occur in schizophrenia or in manic episodes, or may be caused by neuroleptic malignant syndrome. The DSM-IV mandates that, in order to qualify as postpartum depression, onset occur within one month of delivery. It has been said that postpartum depression can last as long as three months. The diagnosis is made if at least two episodes have occurred in colder months with none at other times, over a two-year period or longer. Depression differential diagnoses To confirm major depressive disorder as the most likely diagnosis, other potential diagnoses must be considered, including dysthymia, adjustment disorder with depressed mood, or bipolar disorder. Dysthymia is a chronic, milder mood disturbance in which a person reports a low mood almost daily over a span of at least two years. The symptoms are not as severe as those for major depression, although people with dysthymia are vulnerable to secondary episodes of major depression sometimes referred to as double depression. Although depression is currently categorized as a separate disorder, there is ongoing debate because individuals diagnosed with major depression often experience some hypomanic symptoms, indicating a mood disorder continuum. They include depressions due to physical illness, medications , and substance abuse. Depression due to physical illness is diagnosed as a mood disorder due to a general medical condition. This condition is determined based on history, laboratory findings, or physical examination. When the depression is caused by a medication, drug of abuse, or exposure to a toxin , it is then diagnosed as a specific mood disorder previously called substance-induced mood disorder in the DSM-IV-TR. In addition, the programs that best prevented depression comprised more than eight sessions, each lasting between 60 and 90 minutes, were provided by a combination of lay and professional workers, had a high-quality research design, reported attrition rates , and had a well-defined intervention. Management of depression The three most common treatments for depression are psychotherapy, medication, and electroconvulsive therapy. Psychotherapy is the treatment of choice over medication for people under The UK National Institute for Health and Care Excellence NICE guidelines indicate that antidepressants should not be used for the initial treatment of mild depression, because the risk-benefit ratio is poor. The guidelines recommend that antidepressants treatment in combination with psychosocial interventions should be considered for: People with a history of moderate or severe depression Those with mild depression that has been present for a long period As a second line treatment for mild depression that persists after other interventions As a first line treatment for moderate or severe depression. The guidelines further note that antidepressant treatment should be continued for at least six months to reduce the risk of relapse , and that SSRIs are better tolerated than tricyclic antidepressants. Options may include pharmacotherapy, psychotherapy, exercise, electroconvulsive therapy ECT , transcranial magnetic stimulation TMS or light therapy. Antidepressant medication is recommended as an initial treatment choice in people with mild, moderate, or severe major depression, and should be given to all patients with severe depression unless ECT is planned. Development of mental health services is minimal in many countries; depression is viewed as a phenomenon of the developed world despite evidence to the contrary, and not as an inherently life-threatening condition. This effect is usually temporary. Besides sleepiness, this method can cause a side effect of mania or hypomania. A review found that cognitive behavioral therapy appears to be similar to antidepressant medication in terms of effect. Cognitive behavioral therapy See also: Behavioral theories of depression Cognitive behavioral therapy CBT currently has the most research evidence for the treatment of depression in children and adolescents, and CBT and interpersonal psychotherapy IPT are preferred therapies for adolescent depression. Research beginning in the mids

suggested that CBT could perform as well as or better than antidepressants in patients with moderate to severe depression. Conflicting results have arisen from studies that look at the effectiveness of antidepressants in people with acute, mild to moderate depression. While small benefits were found, researchers Irving Kirsch and Thomas Moore state they may be due to issues with the trials rather than a true effect of the medication. Food and Drug Administration published a systematic review of all antidepressant maintenance trials submitted to the agency between and They are still used only rarely, although newer and better-tolerated agents of this class have been developed.

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7: Suicide and Prevention | Anxiety and Depression Association of America, ADAA

Major depressive disorder (MDD), also known simply as depression, is a mental disorder characterized by at least two weeks of low mood that is present across most situations.

Conditions for Further Study Introduction Suicidal Behavior Disorder is a proposed DSM-5 Diagnostic and Statistical Manual of Mental Disorders, fifth edition , diagnosis which would be assigned to individuals who have made a suicide attempt within the past two years. A suicide attempt is defined, as a self-destructive act deliberately carried out where there is a clear expectation of death. Considering suicidal behavior as a condition independent of depression or other mental disorders is a paradigm shift, as suicidal ideation, attempts, and successful attempts were defined as behaviors associated with mood disorders, and other mental disorders. Th previous findiing are very debatable, and must be considered critically. It is also a major assumpotion to state that most people with a mood disorder have not attempted suicide, as attempts may be denied or hidden. However causality has not been established, and is most likely much more complex than the observed neuroanatomical variations. Men tend to commit suicde at a higher rather than women, as it has long been established that men are likely to use more lethal and reliable means, such as a firearm or jumping for a height, while women ar more likely to use unreliable , less lethal means such as cutting or taking an overdose of medication Schrijvers, Bollen and Sabbe, Symptoms of Suicidal Behavior Disorder According to the DSM-5, there are five proposed criterion Suicidal Behavior Disorder, with two specifiers The individual has made a suicide attempt within the past two years. The criterion for non-suicidal self-injurious behavior is not met during the aforementioned suicide attempts. The diagnosis is not applied to preparation for a suicide attempt, or suicidal ideation. The act was not ideologically motivated- e. Current- Not more than 24 months since last attempt. In Remission- more than 24 months since last attempt. American Psychiatric Association, The actual numbers are unknown of course, as attempts may be hidden or denied, and this is not including suicidal ideation which is not acted out behaviorally. Risk Factors The DSM-5 indicates that risk factors for Suicidal Behavior Disorder are mental illnesses such as bipolar disorder, major depressive disorder, schizophrenia, schizoaffective disorder, anxiety disorders panic disorder and PTSD, substance use disorders especially alcohol use disorder , borderline personality disorder, antisocial personality disorder, eating disorders, and adjustment disorders American Psychiatric Association, Chronic pain and terminal or chronic illnesses, which cause impairment and loss of physical ability, may be co-morbid with Suicidal Behavior Disorder. In recent years, there has been increasing attention to children and teens contemplating or carrying out suicide in response to bullying. It has been found that there is an especially robust correlation between cyber bullying and suicidality Blaszczak-Boxe, Cybrbullying can be overwhlming. Several peers bullying a child or teen is difficutl enough, and causes emotional harm and psychological stress, which can hav a long term impact. Cyber-bullying can involve an onslaught of abuse. This type of situation has the potential to drive a child or teen to suicide. The veterans of the conflicts in Iraq and Afghanistan having an extremely high suicide rate. Treatment of an underlying mental or physical disorder may alleviate suicidal impulses, or improved coping with the source of distress. Instillation of hope is essential, as the individual must find reasons to continue living, rather than seeking self-destruction. Impact on Functioning Suicidal behavior disorder may result in injuries from unsuccessful attempts American Psychiatric Association, References American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Bullying Linked to Suicidal Behavior in Adolescents. LiveScience Retrieved March 13, from http: The neuroscience of suicidal behaviors: Suicide rate for veterans far exceeds that of civilian population. Center for Public Integrity: Retrieved March 15, The association between bullying and early stages of suicidal ideation in late adolescents in Greece. Suicidal behaviour is a disease, psychiatrists argue. Retrieved March 13, from http: The gender paradox in suicidal behavior and its impact on The suicidal process. Journal of Affective Disorders. Retrieved March13, from http: Retrieved March 13, , from http: We work hard to provide accurate and scientifically reliable information. If you have found an error of any kind, please let us know by sending an email to contact theravive. Share Therapedia With Others Discover. Everyone who succeeds has some fear of failure. But if

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8: Suicidal Behavior Disorder DSM-5 - Therapedia

BackgroundPrevious research has reported both a moderate degree of comorbidity between cannabis dependence and major depressive disorder (MDD) and that early-o.

Open in a separate window Abbreviations: In the first block, we introduced the variables to be controlled and in the second block we introduced the BIS, the AQ, and the pharmacotherapy variables. The BIS scores Beta std. Discussion Our results are consistent with the view that people with MAD are highly vulnerable to suicidal behavior, and the women were the group were more likely to have attempted suicide than were the men. This is also consistent with the study by Schneider and colleagues who, analyzing mortality data from a prospective study of outpatients with affective disorders during a follow-up period of 5 years, observed nearly three times SMR 2. Death from unnatural causes was Women with affective disorders had a very high risk of dying from unnatural causes SMR In stress-provoking situations, women are more likely to attempt suicide, while men report more external physical aggressiveness. Given the high risk of completed suicide in those patients suffering from major affective disorders and judged to be at high risk of suicide, it is crucial to perform a comprehensive assessment of suicide. Lester performed a meta-analysis of studies of suicidal behavior in patients with bipolar and unipolar affective disorders and found two possible trends: Our results indicated that impulsivity may be a strong predictor for suicide intent. MAD patients with problems of impulse control are at higher risk for suicide. Impulsivity was able to predict suicide even when controlling for diagnosis, anxiety and depression severity, and sociodemographic variables. The analysis indicated differences in the drug therapy between patients at risk of suicide and patients without risk. The fact that those experiencing hopelessness were prescribed more antidepressants should be viewed with caution. In fact, evidence emerging from clinical practice is suggestive that mood stabilizers can decrease the feelings of anguish and despair that are often associated with hopelessness both in unipolar and bipolar patients. Moreover, such drugs reduce the agitation components of depressive-dysphoric states which often are correlated with impulsiveness and aggression and often found in suicidal crisis. Baldessarini and colleagues d suggested that the antisuicidal properties of lithium in bipolar disorder may act upon these components. Moreover, lithium has proven to be the best antisuicidal treatment even in major depression Guzzetta et al However, we had no access to medical records regarding past pharmacotherapy in our patients, and we cannot know if any causal relationship exists between the variables. This could be important because there is growing evidence for suicidal risk reduction with long-term lithium maintenance Thies Flechtner et al ; Baldessarini et al , d. Inconsistent with data reported elsewhere Fawcett et al , neither a history of previous suicide attempts nor psychic anxiety was able to predict suicide risk in our sample of MAD patients. On the contrary, we found that the somatic symptomatology of anxiety predicts suicide risk. Lastly, pharmacotherapy was a strong predictor of suicide risk. It was the strongest predictor of suicide risk even after controlling for diagnosis, anxiety and depression severity, and sociodemographic variables. Mood stabilizer use as whole considering both lithium and anticonvulsants was the only protective factor for suicide risk in our analysis, but only before controlling for clinical and sociodemographic variables. This latter result could be explained by our inclusion of both lithium and anticonvulsants as mood stabilizers. The predictive power of antidepressant use is relevant to the ongoing debate about the potential increase in suicidal risk among patients being treated with antidepressant drugs FDA ; Baldessarini et al c , b ; Simon et al ; Sondergard et al Several studies have failed to produce evidence of a significant effect of antidepressants on suicide risk Simon et al ; Sondergard et al In March , the US FDA issued a public health advisory regarding worsening depression and suicidality in pediatric and adult patients being treated with several antidepressants FDA Although, the question is still controversial Simon et al , Kahn and colleagues Khan et al provided data on suicides and attempts extracted from controlled premarketing trials submitted to the FDA for several modern antidepressants, including SSRIs paroxetine, sertraline and other agents mirtazapine, nefazodone , the older, standard drugs, and placebos. These pooled trials yielded relevant data for large numbers of subjects 2,â€”5, , but for only brief exposures averaging 3â€”7 months. Minor differences were found in suicidal risk among the non-SSRI agents 3. As

suggested by Baldessarini collegues b , suicidal ideation, but usually not suicidal behavior, can been reduced with antidepressant treatment. These considerations suggest that, suicidal acts require more than depressed mood and thoughts of death. Although the use of antidepressants seems not to be associated with an elevated suicide risk, there are circumstances when it is compulsory not to use antidepressants. Administration of antidepressants may lead to a switch from depression to mania or increase the irritable component of the disorder, a condition often associated with high suicide risk. In contrast, when high-voltage manic individuals slow down and their mood switches into depression, the reduced impetuousness and happiness can indicate an elevated suicide risk. Impulsivity and aggression may be particularly important for both the risk and the timing of suicidal acts and may help to account for the striking disparity between the effectiveness of lithium in reducing suicidal risk and the lack of evidence of such an effect for antidepressants in the treatment of unipolar or bipolar major depression Khan et al , ; Jick et al ; Baldessarini ; Baldessarini et al , b ; Baldessarini and Tarazi ; Gunnell et al ; Martinez et al The role of mood-stabilizers appears to be the better remedy for the violent agitation that may precede suicide in bipolar disorders. Especially in mixed states, which may occur as a transitional condition when depression escalates into mania, the correct dosage of a mood stabilizer may determine whether or not an individual develops a high risk of suicide. Volatile and erratic moods associated with dysphoria and agitation should always lead clinicians to treat this condition carefully, monitoring suicide risk at all time. Antidepressants should be used only after careful assessment regarding the absence of such states Rihmer and Akiskal Psychiatric inpatients should always be followed-up soon after discharge as periods following hospitalization are often marked with high suicide risk, especially when patients face daily difficulties and cannot rely on family members or any social contact for support Pompili et al , The present study had a number of limitations. The small sample size and the lack of information regarding long-term pharmacotherapy limit the generalization of the findings. Another limitation is that use of the BHS may have drawbacks which are shared by all self-administered psychometric instruments. Nevertheless, this simple, self-administered method has been reported as an important tool for the prediction of suicide Beck et al The generalizability of our findings is limited by the usual difficulties of a retrospective assessment of suicide attempts and the review of clinical chart records. Furthermore, suicide attempts could not be classified retrospectively for their potential lethality. Finally, our patients had in some cases complex treatment regimens, including antidepressants administered alone, in combination or as add-on therapy. It could be argued that suicidality in these patients was affected by the antidepressant treatment. However clear scientific evidence supporting this notion is still lacking. One major point for further investigation is to take into consideration past pharmachological treatment including time and dosage. In conclusion, we stress the need to better screen MAD patients for aggressiveness and impulsivity as well as suicide intent. The use of proper pharmacological therapy especially lithium can dramatically decrease deaths from suicide. Atypical antipsychotics for treatment of depression in schizophrenia and affective disorders. Does lithium exert an independent antisuicidal effect? A pilot study on differences in aggression in New York City and Madrid, Spain, and their possible impact on suicidal behavior. Drug therapy of depression and anxiety disorders. American Psychiatric Publishing; a. Suicidal risk in antidepressant drug trials. Suicide in bipolar disorder: Antidepressants and suicidal behavior: Are we hurting or helping? Pharmacotherapy of psychosis and mania. Decreased risk of suicides and attempts during long-term lithium treatment: Lithium treatment and suicide risk in major affective disorders: Update and new findings. Relationship between hopelessness and ultimate suicide: A replication with psychiatric outpatients. Prediction of eventual suicide in psychiatric inpatients by clinical ratings of hopelessness. J Consult Clin Psychol. Hopelessness and eventual suicide: A year prospective study of patients hospitalized with suicidal ideation.

9: Ketamine Promising for Suicidal Ideation in Major Depressive Disorder

Robin Williams: Depression Alone Rarely Causes Suicide. Several factors, such as severity of symptoms, family history, substance abuse and a "mixed" depressive and manic state may combine to.

Doubtfire, Robin Williams was known for his rapid-fire impersonations and intensely playful energy. His most critically acclaimed work, however, including his Oscar-winning turn in Good Will Hunting, married humor with sharp introspection and appreciation for melancholy. Williams had been seeking treatment for severe depression, and many commenters have labeled that as the reason for his death. Whereas the majority of people who commit suicide suffer from depression, less than 4 percent of those eventually take their lives. Clearly, more factors are at work as causes of suicide than depression alone. The severity of mood disorders, past suicide attempts and substance abuse are all thought to increase the risk. Recent evidence also suggests that the mixed-depressive form of bipolar disorder can be a particularly dangerous time that can often go undetected or masquerade as general depression and irritability. In Williams told interviewer Terry Gross on the radio show Fresh Air that he had experienced depressive episodes, but said that he had not been diagnosed with clinical depression or bipolar disorderâ€”an illness typified by extreme emotional highs and lows, where people alternate between states of manic energy and deep depression. He also discussed his struggles with addiction and substance abuseâ€”cocaine in the s, and later, alcohol, for which he entered treatment in Do I get sad? Does it hit me hard? Oh yeah," he said at the time. Depression, which affects about 16 million people in the U. People with major depressive disorder also known as clinical, major or unipolar depression exist beyond the realm of sadness. In fact, they can feel numb to the world and often become lethargic and lose interest in people and activities that formerly brought them joy. Unsurprisingly, the more severe the depression symptoms the more likely the person is at risk for suicide. Mild to moderate depression or dysthymiaâ€”chronic gloominess that is less serious than major depressionâ€”is not considered a risk factor for suicide. When left untreated, however, moderate depression can turn severe over time as the episodes build on one another. Although women attempt suicide more often, men are more likely to complete the act. That morbid fact is frequently attributed to the method: Yet men are also more likely to be depressed for a longer period of time and to have their depression go undetected than are women. The longstanding biological explanation of depressionâ€”that people with the disorder have low levels of the neurotransmitter serotoninâ€”is now considered overly simplistic. But serotonin, which facilitates learning and memory, is thought to be involved in some capacity; people with depression struggle to break negative, recursive thought patterns that inhibit their ability to learn from new information. In a study , John Keilp, a neuropsychologist at Columbia University, and colleagues found that people with depression who attempt suicide tend to have shorter attention spans and worse memory capacity than those with the disorder who do not attempt suicide. Cognitive behavioral therapy and medication can work together to correct those counterproductive thought patterns, but that type of recovery becomes more difficult when mind-altering recreational substances are added to the equation. Approximately 60 percent of people who commit suicide have consumed alcohol at the time of death. Another condition that may appear as depression but is actually a facet of bipolar disorder, called a mixed-depressive episode, can also elevate the risk for suicide. Mixed episodes combine the racing thoughts of a manic episode, but with a distinctly negative instead of euphoric tinge Mixed states in turn may deepen depression and make it more resistant to treatment. A review in The American Journal of Psychiatry suggests that suicidal ideation and past suicide attempts are more frequent in people during mixed-depressive episodes compared with those experiencing depression alone. This summer Williams reportedly entered Hazelden, an addiction treatment center in Minnesota. A number of other factors can contribute to suicide riskâ€”poverty, for one, family history of suicide, for another.

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