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Clinical and neurocognitive characteristics associated with treatment-resistant depression

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Introduction Treatment resistant depression (TRD) is a disabling condition associated with a relevant psychosocial impairment worldwide.
Objectives This exploratory study is aimed to evaluate the main clinical and neurocognitive characteristics in a sample of 21 subjects admitted to the Psychiatric Clinic of University of Genoa as inpatients between 2015 and 2016 and diagnosed with TRD according to Thase and Rush staging method.
Methods Patients have been assessed using the Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale, and Clinical Global Impression (CGI). The Continuous Performance Test (CPT), Trial Making Test (TMT-A/B), Stroop Color Word Interference Test, Verbal Fluency Test, and Rey auditory-verbal learning test (RAVLT) have been administered as well.
Results Subjects with early-onset (< 50 years) depression had a longer illness duration, higher depressive episodes and more impaired performance at RAVLT while individuals with late-onset (> 50 years) depression showed a higher severity of depressive symptoms and more anxiety symptoms. Depressive symptoms were positively associated with anxiety ($r = 0.82$; $P = 0.00$) and negatively with TMT-A/B ($r = -0.56$, $P = 0.01$), Stroop Color Word Interference Test ($r = -0.72$, $P = 0.005$ and $r = -0.616$, $P = 0.008$), and RAVLT ($r = -0.60$; $P = 0.02$) performances. According to regression analyses, anxiety symptoms were the only significant predictor of depression severity ($P = 0.02$).
Conclusions Early-onset depression is associated with more disability and worse neurocognitive performance whereas late-onset depression is linked to more anxiety symptoms and more depressive symptoms severity. Clinicians should closely monitor patients with TRD for the presence of anxiety symptoms that may represent a significant risk factor of poorer long-term outcome.

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Chronic benzodiazepine use in aged patients with depressive disorder

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Objective To identify predictive variables of chronic benzodiazepine use among elderly patients with depressive disorder.
Methods This was a cross-sectional, descriptive and analytical study, including 41 patients suffering from depressive disorders, aged 65 years or more, treated with benzodiazepine (BZD) and followed-up in outpatient psychiatry unit at Hedi Chaker university hospital in Sfax in Tunisia. We used a standardized questionnaire including socio-demographic and clinical data. Chronic BZD use was defined as BZD availability at least 50% of the days between day 181 and day 365 following initiation.
Results The average age of patients was 69.29 ± 5.7 years. The sex ratio (M/F) was 0.5. The majority of them were married (78%), unemployed (82.9%) and living in urban area (61%). They had at most a primary degree (90.2%) and a low socioeconomic level (63.4%). The average time of BZD consumption was 4 years and 5 months.
The prevalence of chronic BZD use in our sample was 56.1%. Duration of benzodiazepine use was greater than 1 year for all chronic BZD users. The mean dose of Benzodiazepine (Lorazepam) consumed was 3.87 ± 2.8 mg per day. Chronic BZD use was correlated with low socioeconomic level (86.3% vs 36.8%; $P = 0.000$), psychiatric comorbidity (72.7% vs 26.3%; $P = 0.004$) and recent hospitalization (59% vs 15.7%; $P = 0.023$).
Conclusion There is a high prevalence of chronic BZD use in our study. For the 65 years and older patients with depressive disorder, significant predictors of chronic BZD use were low socioeconomic level, psychiatric comorbidity and recent hospitalization.

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Views of relatives and friends about the person who is having first episode of depression

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Introduction Major depressive episode is having highest lifetime prevalence almost about 18% of all psychiatric disorder. W.H.O has ranked depression the 4th leading cause of disability worldwide and projects that it will be 2nd leading cause of disability by 2020. a number of consistent socio demographic correlates have also been found across countries. Here I am going to give a glimpse of MDD i.e. Depression excluding Bipolar Depression. Although It is the commonest psychiatric disorder, but attitude views about disease is very unscientific and biased.
Objective Objective of this study was to know the views of relatives and friends about Depression, and acceptance of scientific view about depression.
Aims As various survey reports are projecting that Depression will be the 2nd commonest cause of disability by 2020. So to create an awareness about depression and its modalities of successful treatments.
Method In this study, 96 patients were selected who had first episode of MDD without any discrimination of male and female. Their relatives and friends were categorized by their socioeconomic status. All of them were put on open questions regarding the disease.
Results Amongst them 10% were from upper socioeconomic status, 68% were from middle socioeconomic status and 22% were from lower socioeconomic status. Only 36% accepted depression as a disease, 45.8% suggested to change behavior and thought to get rid off disease; 8.2% believed the disease is due to devils spirit; 20.1% had no comments.
Conclusion After explaining the disease psycho and pharmaco-pathology and showing the results of medicines 91.3% accepted it as a disease entity, 4.2% still in favor of devils spirit and 4.5% had no comments.