



DIAGNOSIS AND TREATMENT OF DEPRESSION IN ADULTS

(COVID-19 PANDEMIC EFFECT ON DEPRESSION RATE)



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Professor of psychiatry
TUOMS

Psychobiology

Adolf Meyer



FIG. 1. Adolf Meyer (1866–1950). Professor of Psychiatry at Johns

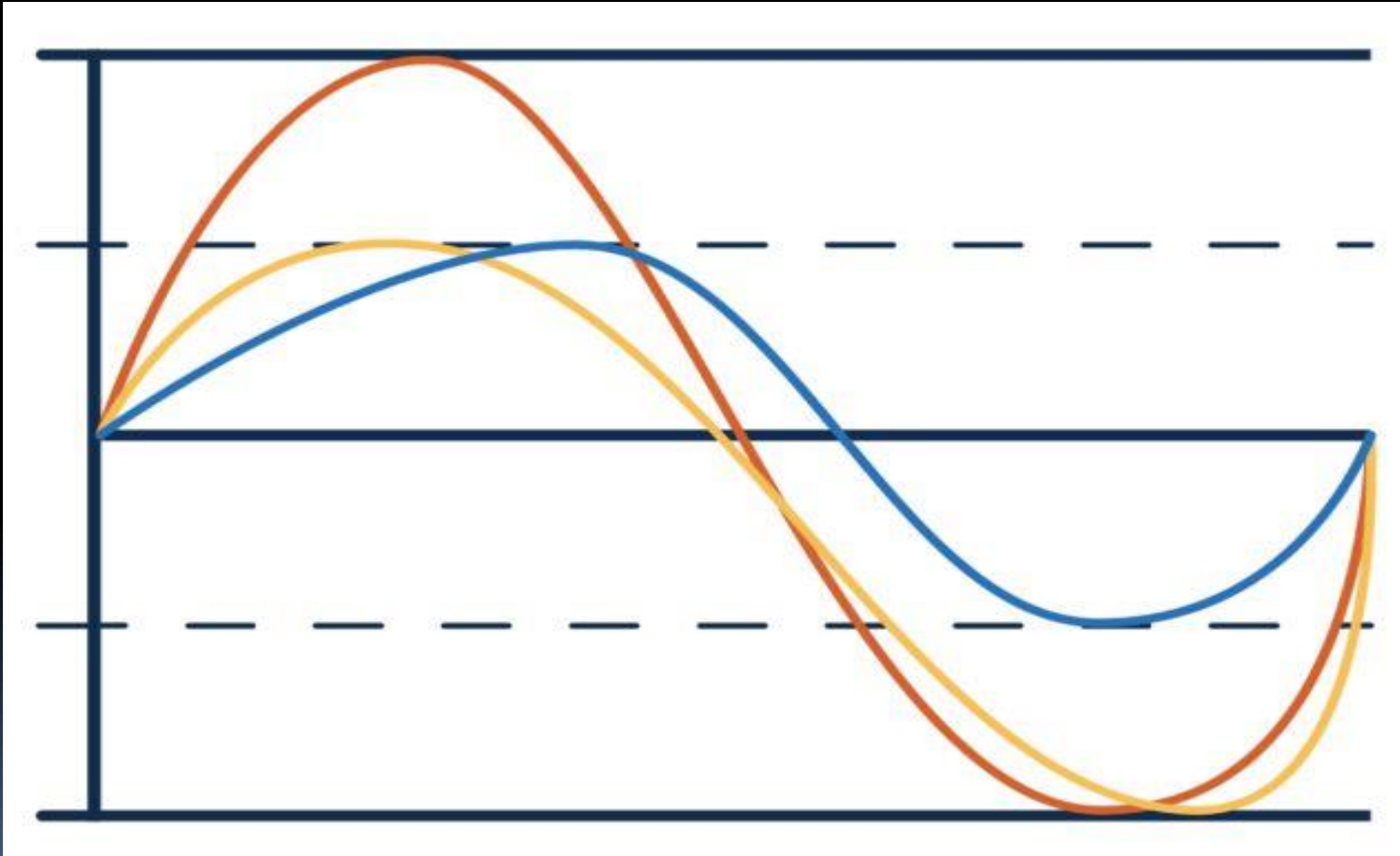


Depression

De + Press



- 
- 
- Emotion
 - Mood
 - Temperament
 - Mood disorders





3 Dimensions of Depression:

- Vegetative dimension
 - Psychomotor dimension
 - Cognitive - Emotional dimension
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Vegetative dimension

- Decreased or increased appetite
 - Insomnia or hypersomnia
 - Decreased or increased libido
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Psychomotor dimension

- Psychomotor agitation or retardation
 - Fatigue or loss of energy
 - Diminished ability to think ,concentrate or decision making
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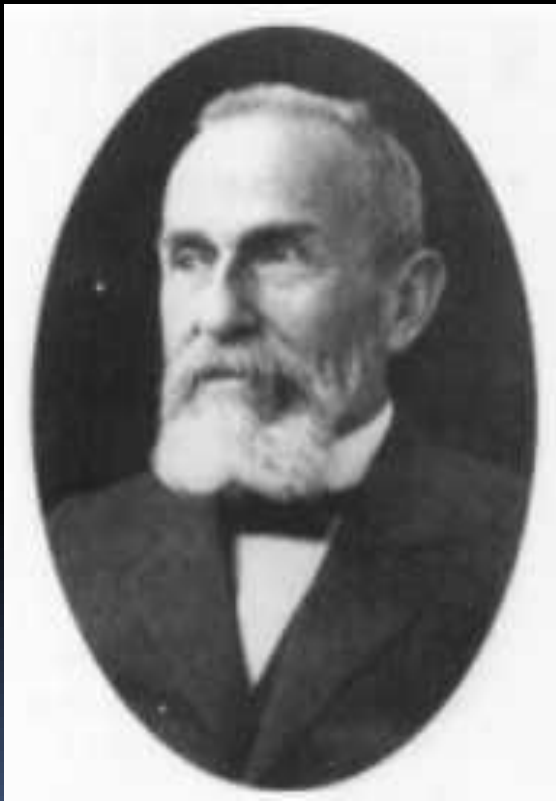


Cognitive-Emotional dimension;

- Depressed mood
 - Diminished interest or pleasure
 - Feelings of worthlessness or guilt
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Biomedical



Psychosocial





Psychological cause of Depression

Loss
(SELF-DEFINITION)





Loss

- Has happened.....Depression
 - Can happen.....Anxiety
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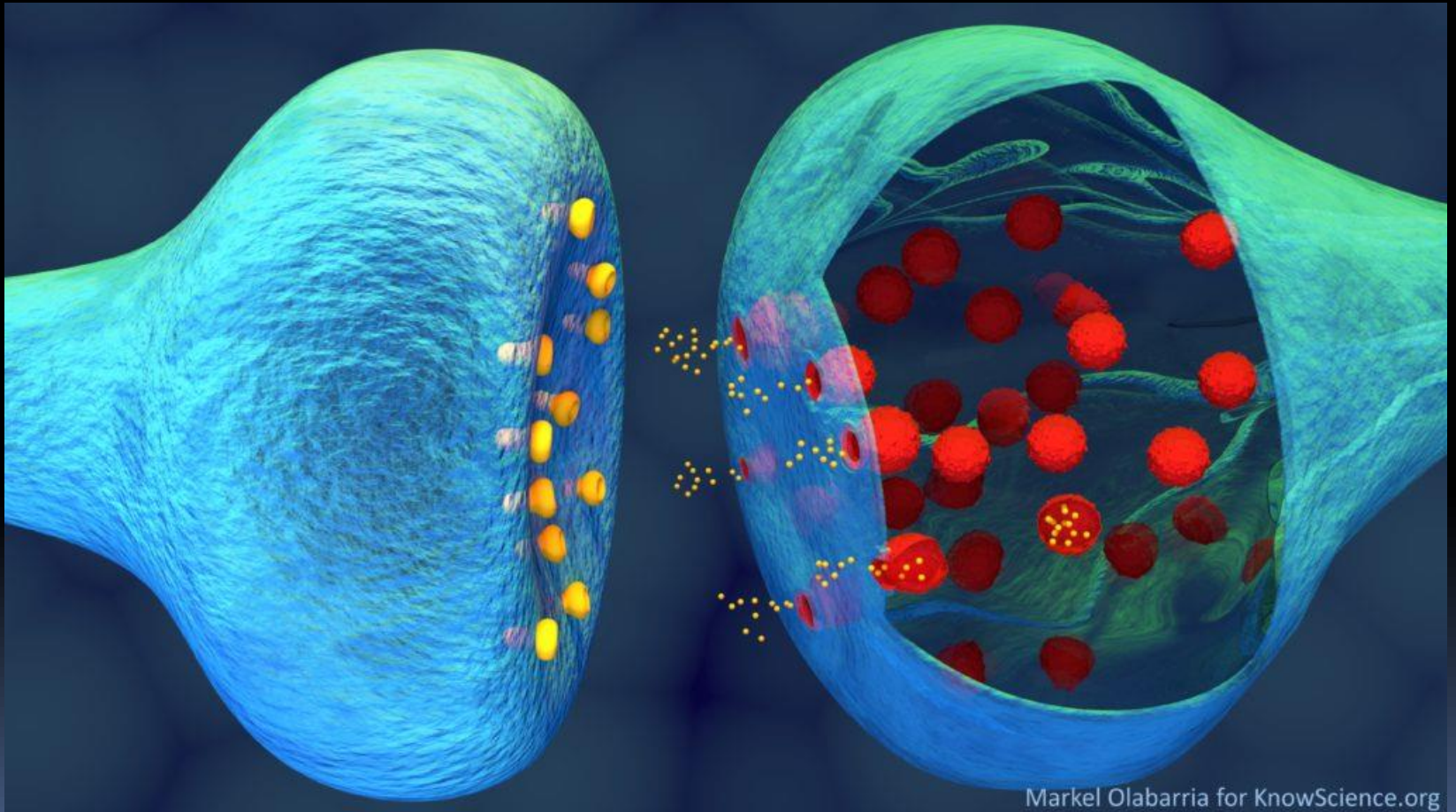
psychotherapy

- 🧩 Psychoanalysis
- 🧩 Cognitive therapy
- 🧩 Behavior therapy
- 🧩 Hypnosis
- 🧩 Group therapy
- 🧩 Family therapy and couple therapy
- 🧩 Interpersonal therapy



Biological cause of Depression

- Neurotransmitter imbalance
- 



Markel Olabarria for KnowScience.org



Historically First antidepressant

- Amphetamines
 - Stimulant
 - Postsynaptic

Historically Second class

- MAO inhibitors
- Iproniazid



Most Involved Neurotransmitter systems:

- Serotonin
 - Norepinephrin
 - Dopamin
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Wilhelm Wundt





Counsciousness (self-awareness)

- Content

- State





Content

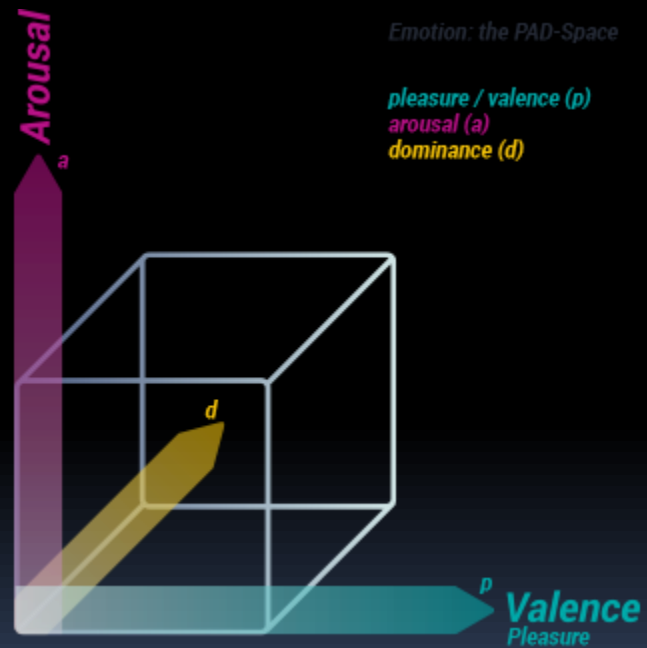
- Thinking
 - Imagination
 - Reasoning
 - Conclusion
 - Memory
- 

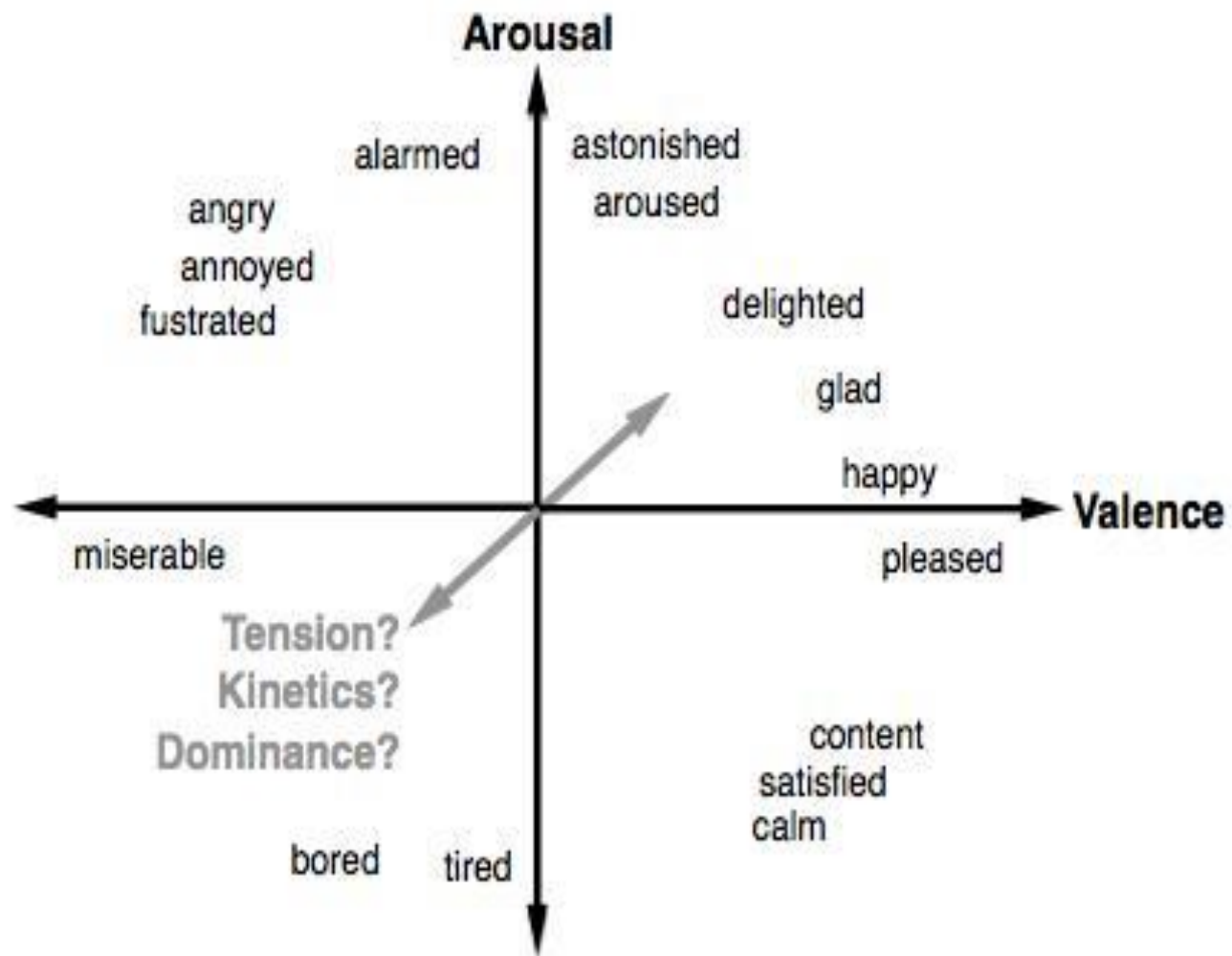


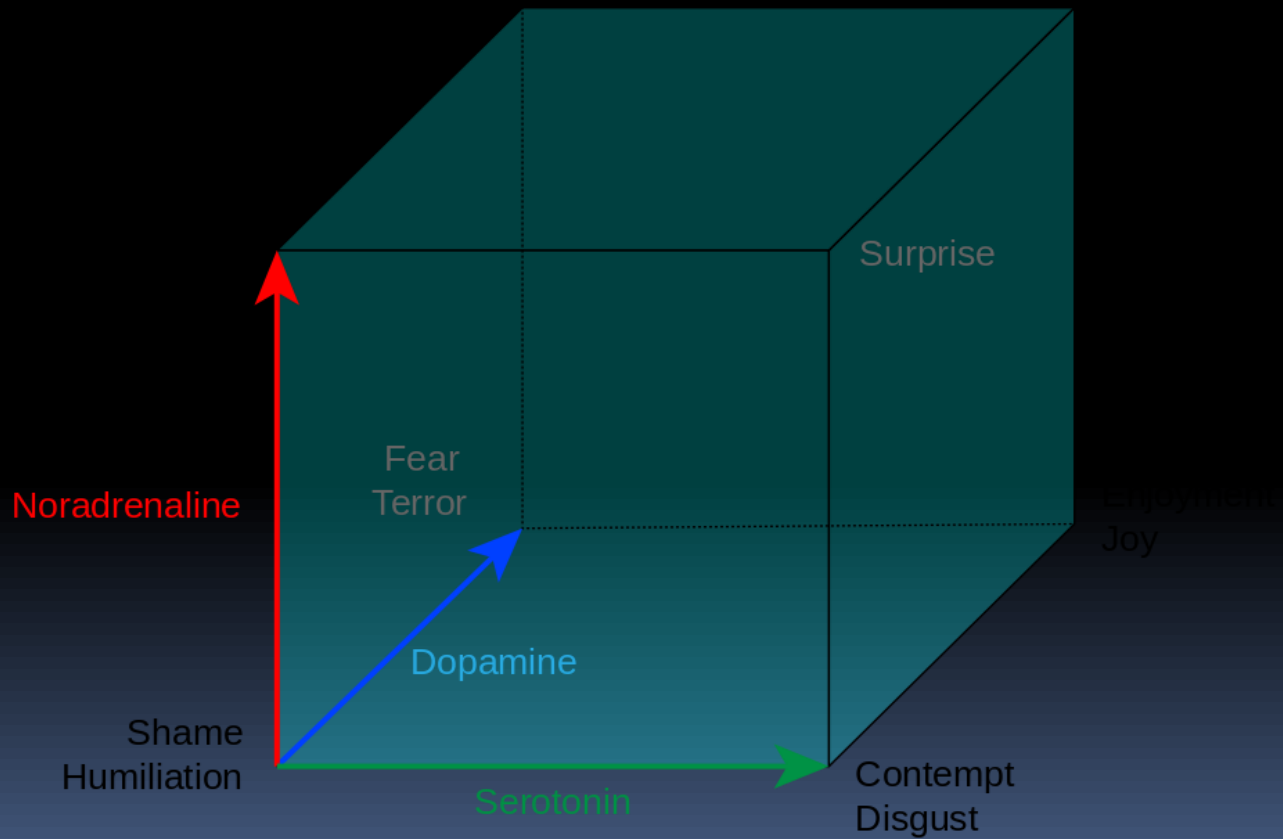
State

- Arousal
 - Pleasantness (Valence)
 - Controllability (Dominance)
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State









Behavior

- Initiation
 - Maintenance
 - Termination
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- Initiation.....Dopamin
 - Maintenance.....Norepinephrin
 - Termination.....Serotonin

Treatment Phase	Duration	Goals	Activities
Acute and continuation	8–12 weeks	▶ Achieve symptomatic remission ▶ Monitor side effects ▶ Restore function	▶ Establish therapeutic alliance ▶ Provide psychoeducation ▶ Select optimal antidepressant treatment(s) ▶ Supportive and measurement-based care ▶ Monitor progress
Maintenance	6–24 months or longer	▶ Return to full function and quality of life ▶ Prevention of recurrence	▶ Continue psychoeducation ▶ Rehabilitate ▶ Manage comorbidities ▶ Monitor for recurrence



Antidepressants

- **Selective Serotonin Reuptake Inhibitors**
 - **Fluoxetine**
 - **Sertraline**
 - **Citalopram**
 - **Escitalopram**
 - **Fluvoxamine**
 - **Paroxetine**
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■ Tricyclics and Tetracyclics

- Amitriptyline
 - Clomipramine
 - Doxepin
 - Imipramine
 - Trimipramine
 - Desipramine
 - Nortriptyline
 - Protriptyline
 - Amoxapine
 - Maprotiline
- 



■ Monoamine Oxidase Inhibitors

- Isocarboxazid
 - Phenelzine
 - Tranylcypromine
 - Selegiline
 - Moclobemide
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- **Selective Serotonin-Norepinephrine Reuptake Inhibitors**

- **VENLAFAXINE**

- **Duloxetine**

- **Nefazodone**

- **Trazodone**



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- **Bupropion**
 - **Mirtazapine**
 - **Buspirone**
 - **Lamotrigine**



Covid-19 effect on depression rate

- Increased prevalence of MDD and GAD
 - Females more affected
 - Youngers more than older
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Causes;

- Social restrictions
 - Lockdowns
 - decrease in economic activity
 - School and business closure
 - Loss of livelihood
 - Shifting priorities of governments in their attempt to control COVID-19
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