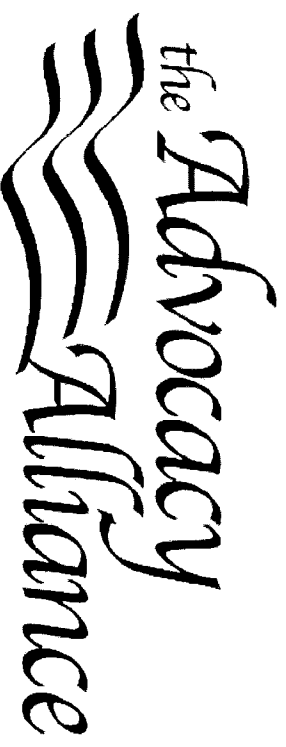


DEPRESSION IN THE ADULT WITH DEVELOPMENTAL DISABILITIES



HEALTH CARE QUALITY UNITS

Disclaimer

- The information presented to you today is intended to increase your ability to recognize Depression in the adult with developmental disabilities.
- This information is not intended to replace medical advice.
- If you are in need of medical advice, please contact your physician.

Objectives

The participant will learn to identify:

- A definition of depression.
- Signs and symptoms of depression.
- Causes of depression.
- Types of depression.
- Several treatment modalities for depression.

Facts and Figures

- Depression is one of the most frequently diagnosed psychiatric disorders for individuals with developmental disabilities.
- Prevalence rates range from 6% to 13% and these parallel rates of depression for the general population.
- This percentage may be an underestimation due to the difficulty in diagnosing the individual with developmental disabilities.

Definition of Depression

- Depression is more than an occasional feeling of sadness or a natural, grieving response to loss.
- Depression is a group of long-lasting or recurring emotions and behaviors that interfere with a person's normal activities.

Diagnosing Depression (DSM-IV)

- Five or more of the following symptoms have been present during the same two week period and represent a change from previous functioning.
- At least one of the symptoms is either:
 - Depressed mood
 - Loss of interest or pleasure previously enjoyed.

Diagnosing Depression (DSM-IV)

Symptoms are:

- Significant weight loss/gain or a decrease/increase in appetite.
- Insomnia/hypersomnia.
- Psychomotor agitation/retardation.

Diagnosing Depression (DSM-IV)

Symptoms (continued):

- Fatigue or loss of energy.
- Feelings of worthlessness or excessive/inappropriate guilt.
- Diminished ability to think or concentrate, or indecisiveness.
- Recurrent thoughts of death.

Diagnosing Depression (DSM-IV)

- The symptoms cause clinically significant distress or impairment in social, occupational or other areas of functioning.
- The symptoms are not due to the direct physiological effects of a substance or a general medical condition.
- The symptoms are not better accounted for by bereavement.

Symptoms of Depression in the Adult with Developmental Disabilities

- **Stress Intolerance.**
- **Increased Dependency Needs.**
- **Wanting to Run Away.**
- **Sensitivity to Criticism or Rejection.**

Symptoms of Depression in the Adult with Developmental Disabilities

- Anxiety and obsessive worry.
- Taking everything seriously.
- Recurrent thoughts about death or dying.
- Tendency to be critical, complain and be irritable.

Causes of Depression

- **Biochemical**
- **Psychological and social factors**
- **Genetics**

Types of Depression

- Major Depression
- Dysthymia
- Bipolar Disorder
- Seasonal Affective Disorder (SAD)

Dysthymia

- Mild form of depression that can last for years if not properly treated.
- Individuals with dysthymia may not even remember what it feels like to be happy.
- They are able to function day to day, but their work/activities and relationships suffer.

Bipolar Disorder

- Alternating mania (exaggerated feeling of well-being) or depression, where one emotional tone may predominate.
- Anxiety, stress and tension.
- Irritability, sleep disturbance, crying and/or increased confusion.

Seasonal Affective Disorder (SAD)

- Individual suffers from symptoms of depression during the winter months, with symptoms subsiding during the spring and summer months.
- Younger individuals and women are at higher risk.
- As sunlight has affected the seasonal activities of animals (i.e., reproductive cycles and hibernation), SAD may be an effect of this seasonal light variation in humans.

Depression and Co-occurring Physical Illness

- The more severe the physical condition, the more likely that individual will experience clinical depression.
- Individuals with depression experience greater distress, an increase in impaired functioning and less ability to follow medical regimens, thus hindering the treatment of any other physical conditions.

Diagnosis And Treatment

Difficulties in Diagnosis

- Diagnosis is critical because having an accurate diagnosis leads to more effective treatment.
- The individual's participation in the psychiatric interview process may be limited by impaired verbal ability, conceptual thinking and overall cognitive functioning.

Difficulties in Diagnosis

- Individuals with developmental disabilities often exhibit concrete thinking and expression of feelings, which may make self-reporting of subjective feelings difficult.
- Depressive symptoms may present in specific and individualized ways.
- Symptoms can vary in type and intensity.

Screening for Depression

- Physical examination
- Depression scales

Antidepressant Medications

- Tricyclic Antidepressants (TCAs)
- Monoamine Oxidase Inhibitors (MAOIs)
- Selective Serotonin Reuptake Inhibitors (SSRIs)

Response Rate After Treating Depression with Medication

- The majority of depressed individuals respond favorably to treatment with antidepressants.
- In two thirds of cases, individuals respond after 8 weeks.

Response Rate After Treating Depression with Medication

- Studies suggest that the treatment of depression should be vigorous and early.
- In general, the rate of response to antidepressants during an individual's first episode of depression is reported to be as high as 60%-70%; however, results in specific individuals may vary.

Adherence with Antidepressant Therapy

- Primary care physicians provide the majority of care for individuals with depression.
- Noncompliance is a major obstacle in the effective treatment of depression.
 - 25%-35% stop taking medication within 1 month.
 - Over 40% stop within 3 months.

Considerations for Maintenance

- Depression may be a lifelong recurring disorder for many individuals and a treatment plan for depression must take into account the individual's history of illness.
- The goal of maintenance treatment is to prevent new episodes of depression, rather than to treat acute episodes.

Considerations for Maintenance

- Antidepressant medication should be continued for 4 to 9 months after an episode.
- An individual should not stop taking medication once he/she feels better – always consult with the Primary Care Physician.
- Individuals who have had three or more depressive episodes are potential candidates for long-term therapy with an antidepressant.

Treating Depression with

Therapy

- Talking about your feelings can be an important part of treatment for depression.
- Talk therapy can help you understand the issues or feelings contributing to depression and help you resolve or cope with them.

Supporting the Individual Diagnosed with Depression

- Make an effort to keep the individual involved in activities.
- Reduce the demands placed on the individual.
- Offer concrete ideas and suggestions.
- Allow individual more time to complete tasks.

Supporting the Individual Diagnosed with Depression

- Offer help with tasks and responsibilities if the individual is struggling.
- Understand that the individual is doing his/her best to cope.
- Treat the individual as someone who needs help.

Supporting the Individual Diagnosed with Depression

- Be Sympathetic.
- Just Listen.

Conclusion

- The treatment of depression requires patience and perseverance from the individual who is depressed as well as from family and friends.
- If you are caring for an individual displaying what may be symptoms of depression, consult a physician.

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