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Differentiating between depression and sadness

Dr Sarah Kendal

4th National Conference: Current Issues in
Palliative Care

6th and 7th May 2010, Institute of Physics, London.

Content

- Concepts of depression
- Sadness, depression in history, culture and art
- Relevance of patient-clinician communications in palliative care
- Mental health-illness continuum
- Clinical guidelines
- Practical tools

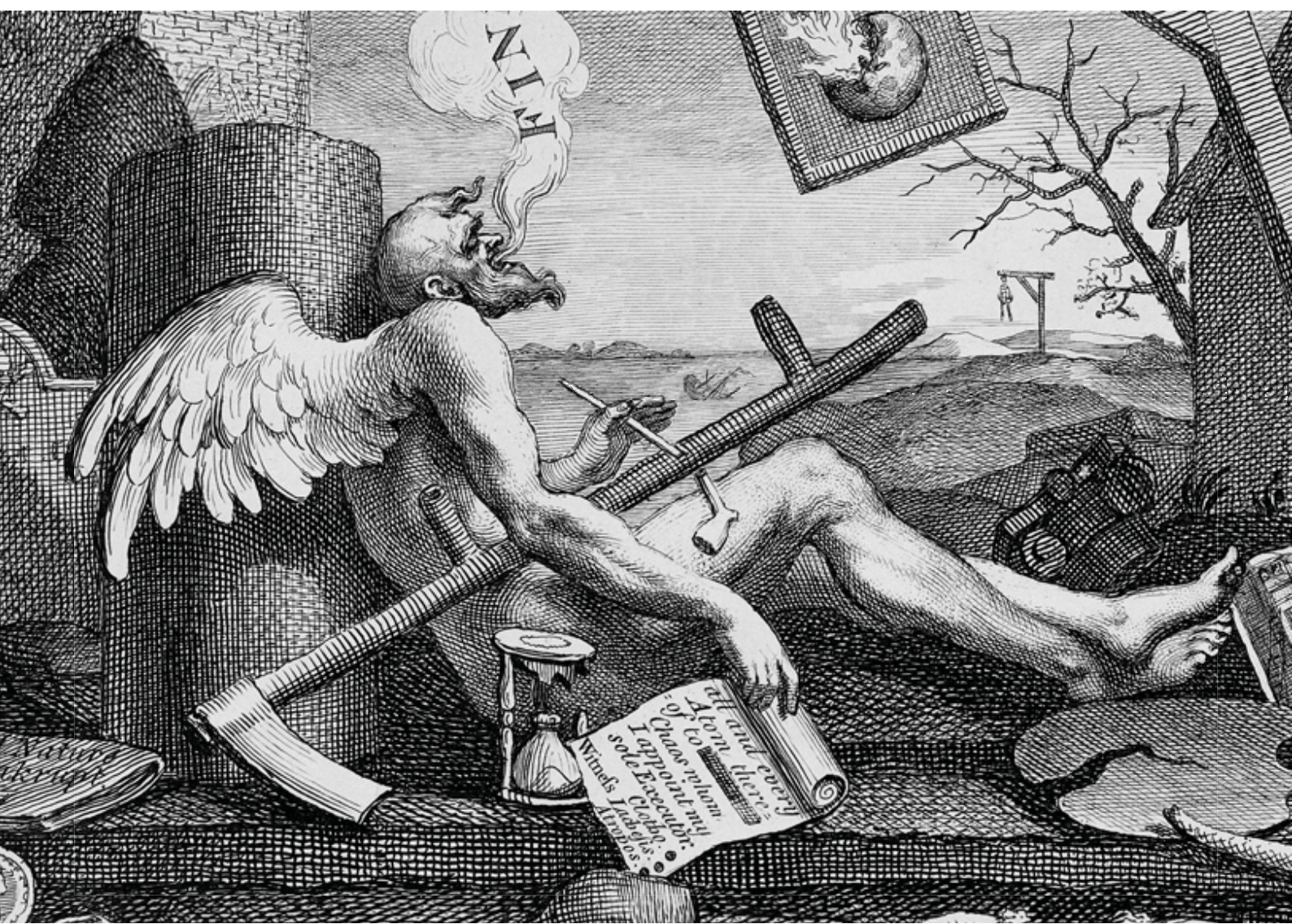
Depression

The mental and physical experience
of lowness of spirits

...melancholy...hypochondria...

despondency...gloom

The Before Depression project, Northumbria and Sunderland Universities



ICD10 definition of depression

- Lowering of mood
- Less: energy, activity, capacity for enjoyment, interest, concentration self-esteem and self-confidence
- Marked tiredness after even minimum effort.
- Disturbed sleep, appetite
- Ideas of guilt or worthlessness are often present.
- Little change day to day, unresponsive to circumstances. accompanying somatic symptoms:
 - loss of interest and pleasurable feelings,
 - waking in the morning several hours early
 - depression worst in the morning,
 - marked psychomotor retardation,
 - agitation, loss of appetite, weight loss, loss of libido.

Nursing definition

- Depression: umbrella term used to describe an experience that affects the whole person in terms of feeling, thoughts, judgements and behaviour.
- May be characterised by: sadness, anxiousness, hopelessness, pessimism, guilt, worthlessness, loss of confidence, low self esteem, fatigue, decreased interest in activities, disturbance of sleep, changes in appetite.
- Occasionally, psychosis and sometimes, tragically, suicide.
 - Norman and Ryrie 2009: 429

Impact of comorbid depression

- Risk
 - many health conditions increase the risk for mental disorder
- Recognition
 - comorbidity complicates help-seeking, diagnosis, and treatment, and influences prognosis.
 - Prince et al. 2007

Impact of subclinical depression

Even patients with symptoms not severe enough to qualify for a diagnosis of either anxiety or depression alone have impaired working and social lives and many unexplained physical symptoms, leading to greater use of medical services.

Hale 1997:43

Risk factors for depression across the lifespan (Pickin and St Leger 1993)

- 15-24 yrs: family, violence, self injury, risk taking, sexual activity, homelessness, social + academic pressure, employment, physical illness
- 25-44: family, special needs, work stress, relationships, physical illness
- 45-64: family, work and relationship stress, carer roles, loss, physical illness
- 65-74: family, relationship stress, carer roles, loss, dementia, dependence, social isolation, physical illness
- 75 +: relationship stress, carer roles, loss, multiple morbidity, dementia and depression, dependence, social isolation, housing, bereavement

Health-illness continuum

sadness

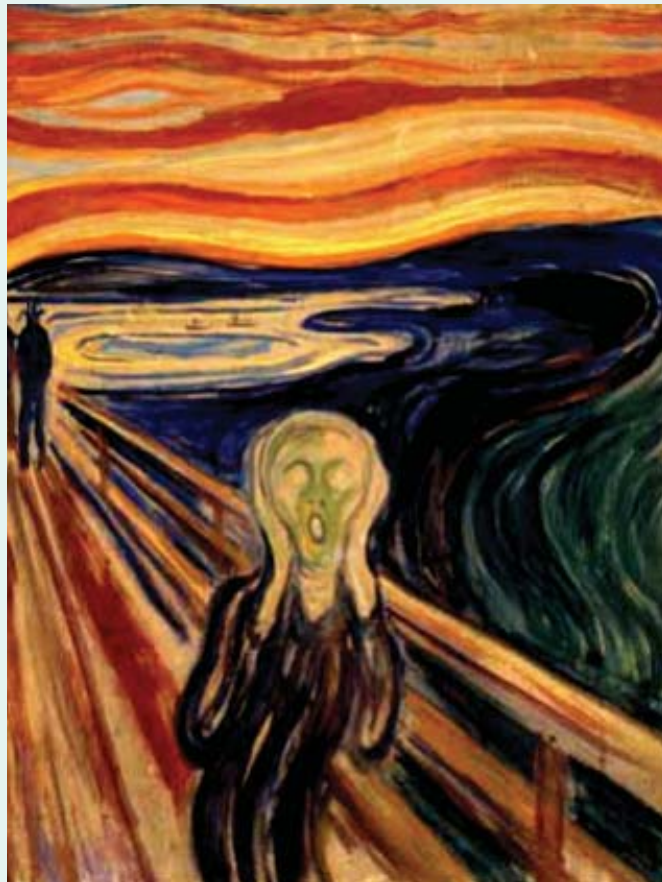
depression



Horace: satires

Then too you cannot spend an hour alone;
No company's more hateful than your own;
You dodge and give yourself the slip; you seek
In bed or in your cups from care to sneak:
In vain: the black dog follows you, and hangs
Close on your flying skirts with hungry fangs.

Edvard Munch: The Scream



Van Gogh: Social isolation?



Underlying depression, have to crawl
into my room

Underlying depression don't want to
know about the moon in june

Outside there's a cavalcade of clowns
but they`re bringing me down

With underlying depression

- Van Morrison

Ophelia: romantic suicide



Sylvia Plath

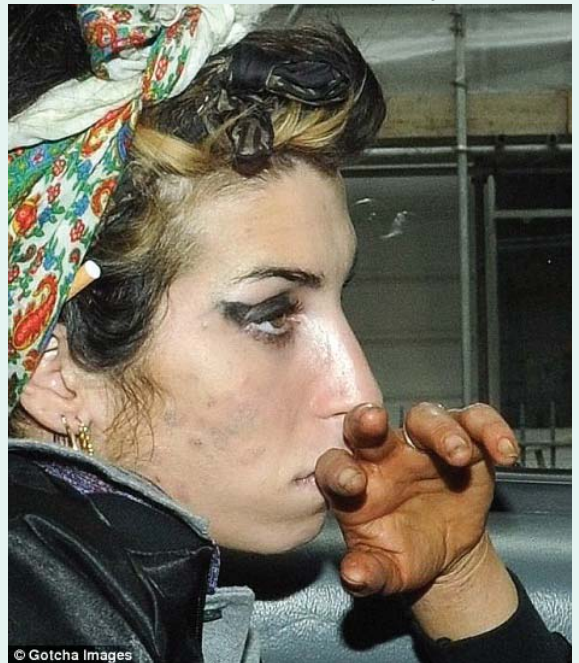
I am afraid, I am not solid, but hollow. I feel behind my eyes a numb, paralysed cavern, a pit of hell, a mimicking nothingness, I never thought, I never wrote, I never suffered. I want to kill myself, to escape from responsibility, to crawl back abjectly into the womb. I do not know who I am, where I am going - and I am the one who has to decide the answers to these hideous questions.

Amy Winehouse

Daily Mail

I told you I was trouble
Yeah, you know I'm no good

They wanted me to go to rehab
but I said no no no



Depression or sadness? Unwell or emotional?



Clinical decision making

- Health-illness continuum
- Identify norm for the individual
- Identify mental health priorities
- Identify what helps
- Patient is expert on their feelings
- You are expert on your feelings

DH: End of life care strategy

Consultation with patients and carers:

Fear (of being admitted to hospital)

Loss of identity

Feelings of guilt

Feeling abandoned or unsupported

Circumstances liable to change

Clinicians not honest when news is bad

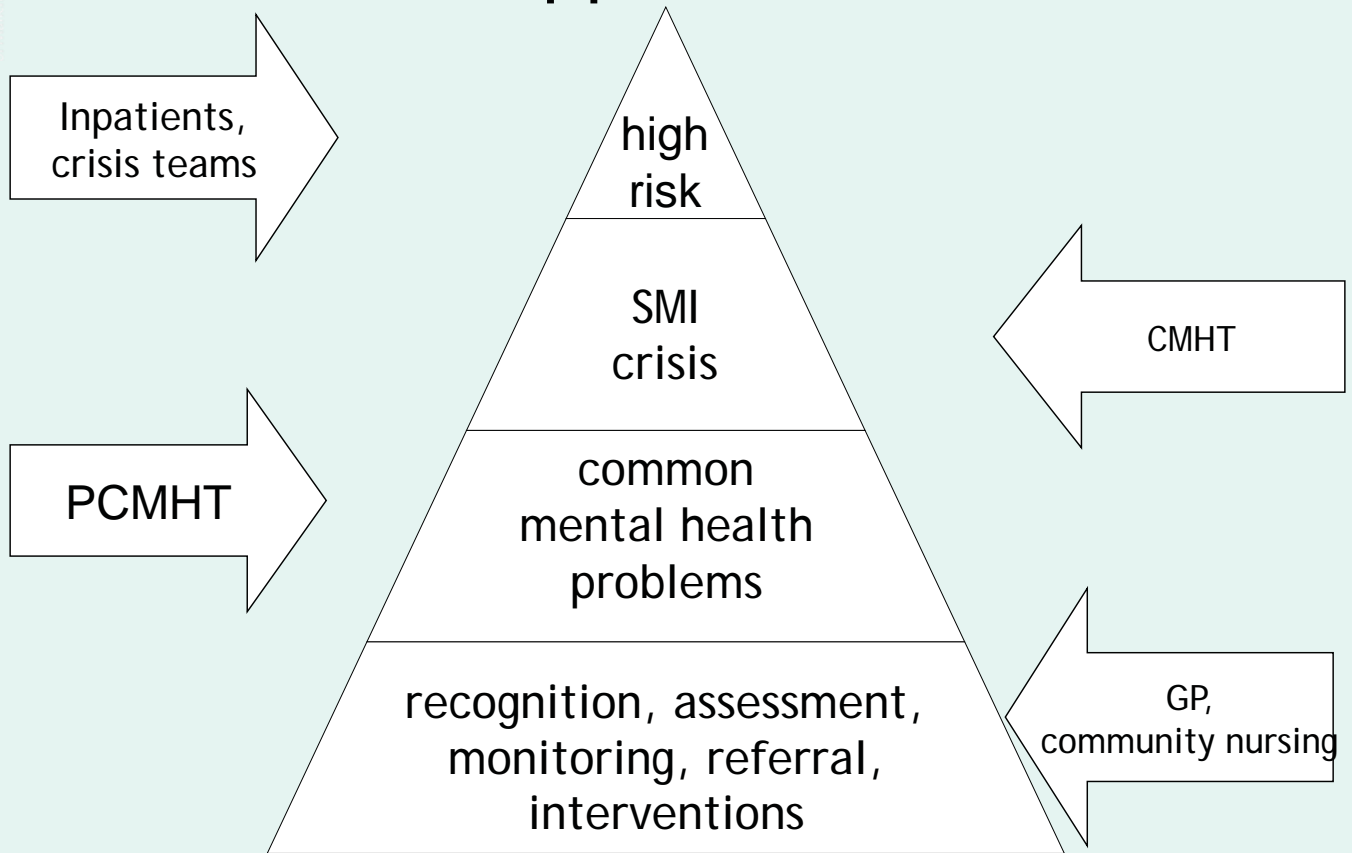
Psychological and emotional support in palliative care

- Burnout: avoiding emotional engagement
 - von Gunten 2008: 'Type II oncologist'
 - Griffiths et al. 2007: Leaving it to the specialists
- Protecting staff from burnout
 - Jones 1997: clinical supervision can enhance wellbeing of patients, family and staff

Simple interventions

- Brief psychological intervention for cancer patients (Pitceathly et al. 2008)
- Practical communication tool for palliative care (Connolly et al. 2010)
- PHQ-2: Two item screening tool for depression: (NICE CG91 2009)
 - **During the last month, have you often been bothered by:**
 - **feeling down, depressed or hopeless?**
 - **having little interest or pleasure in doing things?**

Stepped Care



NICE Depression Guideline CG 23 (2007).

Care (NICE CG 91)

- Sleep hygiene
- Active monitoring
- Psychosocial interventions
- Drug treatments
- Do not use antidepressants routinely

Second line treatment

- For patients with persistent subthreshold depressive symptoms or mild to moderate depression who have not benefited from a low-intensity psychosocial intervention individual CBT:
- An antidepressant
- **or**
- A high-intensity psychological intervention (group CBT, or behavioural couples therapy)

– (NICE CG 91)

Differentiating sadness from depression

- Sadness not an illness- may require support but not treatment
- Clinical depression a social construct but has recognisable set of features
- Validated clinical instruments can help to guide decisions