Depression

milestone HCQU Northwest

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½ hour

For people with Intellectual Disabilities, "I'm sad" may be expressed as "I'm sick."

Smoking increases one's risk of Depression by 41%.

—Sanchez-Villegas, 2008

Depression

Depression is defined as a severe or prolonged sad mood state involving negative or hopeless thoughts with debilitating physical symptoms (like fatigue) that disrupt the person's ability to function properly in his or her daily life. Sometimes referred to as "the Common Cold of Mental Illness," Depression is the number one cause of disability worldwide.

Everybody gets "the blues" now and then. Depression is different. It is a clinical disorder with more intense symptoms that typically last for a period of time. And, as mentioned, Depression interferes with the person's everyday functioning. Depression may also include suicidal thoughts or attempts, which exceeds normal sadness or grief.

Depression is not a constant state for most people — it is episodic. Over half of people who have an episode of Depression will never have another. 15-20% will become chronically depressed. The rest will fall somewhere between one episode and a lifetime of episodes.

When a person is in the midst of a clinical Depression, they are diagnosed as having a Major Depressive Episode. More than one episode results in a diagnosis of Major Depressive Disorder, as long as the person does not have another disorder, such as Bipolar, that accounts for the Depressive Episode.

A Major Depressive Episode can onset within a matter or days, or can develop slowly, over a period of months. On average, untreated, a Major Depressive Episode will last 3-9 months. Eighty-five percent will resolve within one year. The fact that an episode will often resolve without treatment does not mean the person should not seek treatment. Treatment typically leads to shorter episodes with less debilitating symptoms, and less long-term consequences from symptoms, such as damaged relationships and poor work performance.

People with Intellectual Disabilities are not immune to Depression, and in fact, appear to experience Depression with greater frequency than the general population. The challenge to caregivers is in learning to recognize the signs and symptoms, which may be expressed somewhat differently, particularly in people who may have difficulty accurately describing internal experiences. For example, "I'm sad" may instead be expressed as "I'm sick."

Risk Factors and Causes

Risk factors for Depression include genetic predisposition — Depression tends to run in families, and is also associated with several genetic syndromes (many of which are also associated with ID). For example, people with Down Syndrome experience Depression more than any other psychiatric illness.

A multitude of research has shown us that Depression is the result of differences in the way the brain functions, particularly with regard to the chemical communicators called neurotransmitters. Abnormalities have been found in the amount of neurotransmitters available and/or how they are processed by the brain. Serotonin is typically involved in Depression, but Norepinephrine and Dopamine may also be factors.

Additionally, there are many medical conditions associated with increased rates of Depression, including Hypothyroidism, hypertension, and obesity. Depression may also be a side effect of some medications such as oral contraceptives and high blood pressure medications. In the ID population, we see increased rates of many of the medical conditions associated with Depression as well as extensive use of medications that may also contribute.

People with ID are also more likely to experience abuse and other traumatic events, which can often result in Depression. In fact, early childhood abuse is the only known predictor of

The brain and the body are not separate — what affects one affects the other.

Diagnostic criteria includes:

- Five or more symptoms (only four, if the person has an ID)
- Symptoms present for a minimum of two weeks
- Symptoms result in impairment of daily functioning
- Symptoms are not related to a substance or medical condition

Depression in People with ID

There are three basic types of symptoms that clinicians consider when assessing for a psychiatric illness: Cognitive, Vegetative, and Mood Symptoms. Cognitive Symptoms relate to how the person processes information as well as his / her perceptions of self and the world. Vegetative Symptoms are the symptoms relating to physical functions (such as sleeping, eating, and energy level). Mood Symptoms, of course, refer to emotional states.

People with Mild-Moderate ID will typically display the full range of symptoms. Those with Severe-Profound ID can be somewhat more challenging to diagnose. They are less likely to be able to describe Cognitive Symptoms, forcing supporters, including clinicians, to rely more heavily on interpreting behavioral manifestations of symptoms.

In the following section, each diagnostic criteria identified by the American Psychiatric Association in their Diagnostic and Statistical Manual of Mental Disorders (DSM - IV - R) is listed, followed by examples of how that symptom may manifest behaviorally in a person with ID. Generally speaking, a person must meet criteria for a minimum of two weeks, and the symptoms must represent a change for the person and result in functional impairment. A minimum of five symptoms are required for diagnosis — only four if the person has an ID.

Symptoms of Major Depressive Disorder

Depressed or Irritable mood most of the day, nearly every day.

- *Depressed mood — Lack of smiling / laughing, sad or "flat" facial expressions, crying*
- *Irritable mood — angry expressions; assaultive, self-injurious, and/or destructive behaviors; increases in existing stereotypical behaviors*
- *NOTE: the risk of aggression is four times greater for people with ID who are depressed (Reiss & Rojahn, 1993)*

Markedly diminished interest in previously-enjoyed activities and may experience anhedonia (the inability to experience pleasure)

- *Refuses preferred activities; withdrawal or aggression when presented with a social activity*
- *It may be difficulty for supporters to find effective reinforcers for the person*

Increase or decrease in appetite

- *Obsessing about or stealing food*
- *Throwing food or refusing meals*

Change in sleep patters (hypersomnia or insomnia)

- *Frequent napping*
- *Increase in problematic behaviors, particularly at bedtime or upon waking*

Psychomotor agitation or retardation (a speeding up or slowing down of activity levels)

- *The person rarely sits down; pacing or fidgeting*
- *Slowed movements, decreased talking, less physically active*
- *Many show a combination of both (ex. underactive at times, but becomes restless / agitated in response to demands)*

Fatigue or loss of energy

- *Refuses physical activities, sits or lies down excessively, may appear tired*

Feelings of worthlessness or excessive guilt

- *Person may make negative self-statements ("I'm stupid")*
- *Person may have unrealistic fears of punishment*
- *Person may display an excessive need for reassurance*

Decreased ability to think, concentrate, or make decisions

- *Decreases in self-care skills or productivity at work*
- *"Spotty" memory*

Recurrent thoughts of death or suicide

- *Frequently talks about death / people who have died*
- *Frequent psycho-somatic complaints*
- *NOTE: suicidal acts in people with ID may seem like impulsive behaviors (ex. running into traffic, "falling" down a flight of stairs)*

Atypical & Bipolar Depression

In some cases, Depression can present with Atypical Features. For example, Depression is typically a lasting mood state, but people with atypical features tend to show more mood reactivity. Their mood may elevate, especially when life is going well, but when things go poorly, their mood quickly becomes depressed. A person is considered as having Atypical Features if they have two or more of the following:

1. **Significant weight gain &/or increase in appetite.** The person will often crave sweets and carbohydrates.
2. **Presence of hypersomnia**. While most people with Depression experience insomnia (trouble falling asleep or staying asleep throughout the night), those with Atypical Features may sleep excessively (NOTE: this is not the same thing as napping during the day or having difficulty waking because of insomnia).
3. **Leaden Paralysis** — a sense of heaviness in the limbs making it harder for the person to motivate themselves to action. This can be difficult to ascertain in people with ID.
4. The person may have a **history of extreme sensitivity to interpersonal rejection**, evidenced by significant social and occupational impairments. The person may need a lot of reassurance and may make frequent statements about others not liking them.

People with Bipolar Disorder who are in the Depressed Phase often present with Atypical Features.

Treatment & Support

There are several different classes of medications that may be used to treat Depression. Most common today are the Selective Serotonin Reuptake Inhibitors (SSRIs). Prozac, Paxil, Zoloft, and Celexa are some of the most commonly recognized SSRIs. This class of medications is preferred because they have minimal side effects which typically diminish quickly and are less debilitating than the side effects of older antidepressant medications. Prescribing clinicians will typically "start low and go slow," increasing the person's dosage over time, thus allowing the body to adjust. These medications need to be taken at full dose for 4-6 weeks to gain a true assessment of efficacy.

Older classes of antidepressant medications include Tryicyclics and MAOIs (Monoamine Oxidase Inhibitors). Tricyclics (such as amytriptaline or doxepin) often have intrusive side effects. MAOIs (such as Nardil and Parnate) have potentially dangerous interactions with many everyday foods and over-the-counter medications.

In addition to medication, people who experience Depression need help, support, and understanding from the people in their lives. It is important for supporters to recognize that the person's capacities will change with the presence and severity of their illness — what they are able to accomplish when they are well may be different from what they can do when they are ill. These changes often center around everyday activities such as self-care so that even the most basic tasks can be challenging for the person (due to decreased energy as well as concentration & memory deficits). Sometimes it can help to break tasks down into smaller, more manageable steps. It is also helpful to remember that what seem like small achievements to us (like getting up and getting dressed) may take a huge amount of effort for a person fighting through depression.

Symptoms often present behaviorally, especially if the person cannot accurately report internal experiences. Irritability, for example, often manifests as challenging behaviors. A person who is irritable has "a short fuse" and typically "over-reacts" to things, possibly leading to verbal or even physical aggression. Try to connect the situation to the symptom. For example, you encourage the person to come to dinner and they refuse and begin yelling and hitting the wall. The symptom may be decreased appetite. Or, you encourage the person to come and watch a movie with the group, he calls you a name and goes to his room, slamming the door. He may be experiencing the symptom of decreased interest in pleasurable activities.

The person's clinician can be a useful resource to help you determine which behaviors may be related to the Depression.

One of the best things you can do is just listen and try to validate what the person is feeling, even if you don't understand why. Give people concrete suggestions for dealing with their symptoms. When the person refuses, ask again later or encourage the person to remain engaged in their world in other ways. Don't push too hard, though! (there's a fine line between encouragement and nagging).

Lastly, never ignore suicidal ideations. Even if you believe the person does not really wish to die, always follow your agencies policies!

Serotonin Syndrome:
A potentially fatal condition that may occur when an SSRI or MAOI are combined with another medication affecting Serotonin (such as each other). Symptoms include: fever, confusion, muscle rigidity, and cardiac / liver / kidney problems.

Depression Test

Name: _____ Date: _____

Role/Title: _____ Agency: _____

Please provide contact information (email address, fax number, or mailing address) where you would like your certificate to be sent:

_____

_____

You must submit your completed test, with at least a score of 80%, to receive **1/2 hour** of training credit for this course.

To submit via fax, please fax the test and evaluation to 814-728-8887.

To submit via email, please send an email to HCQUNW@MilestonePA.org. Please put "Depression Test" in the subject line, and the numbers 1—5, along with your answers, job title, and agency in the body of the email, OR scan your test and evaluation pages and email them as an attachment.

To submit via mail, please send this completed test and evaluation to:

MILESTONE HCQU NORTHWEST, 247 HOSPITAL DRIVE, WARREN, PA 16365

1. A typical episode of Depression lasts 3-9 months. True False
2. The most common class of medications used to treat Depression are the MAOIs. True False
3. People with Depression always sleep for excessive periods of time. True False
4. People with Intellectual Disabilities experience Depression with equal or greater frequency than the general population. True False
5. The three basic types of symptoms clinicians assess for when considering a psychiatric diagnosis are Cognitive, Vegetative, and Mood Symptoms. True False

EVALUATION OF TRAINING

Training Title: Depression Date: _____

- □ Direct Support Professional
- □ Provider Administrator/Supervisor
- □ Program Specialist
- □ Provider Clinical Staff
- □ Consumer/Self-Advocate
- □ Family Member
- □ Support Coordinator
- □ Support Coordinator Supervisor
- □ PCH Staff/Administrator
- □ County MH/MR/IDD
- □ FLP/LSP
- □ Other (please list): _____

Please circle your PRIMARY reason for completing this home-study training:

□ It's mandatory □ interested in subject matter □ need training hours □ convenience

Please circle the best response to each question.

5 = Strongly Agree 4 = Agree 3 = Undecided 2 = Disagree **1 = Strongly Disagree**

1.	As a result of this training, I have increased my knowledge.	5	4	3	2	1
2.	I learned something I can use in my own situation.	5	4	3	2	1
3.	This training provided needed information.	5	4	3	2	1
4.	The training material was helpful and effective.	5	4	3	2	1
5.	Overall, I am satisfied with this training.	5	4	3	2	1
6.	I am glad I completed this training.	5	4	3	2	1

Suggestions for improvement: _____

Additional information I feel should have been included in this training: _____

I would like to see these topics/conditions developed into home-study trainings: _____