

# Depression in December

assessment & treatment  
in people with I/DD

Alya Reeve, MD, MPH

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DDMI-TUG

# Overview

- \* **Definition of terms**
- \* **Ways to appropriately assess mood**
- \* **Treatment strategies and specifics**
- \* **Cases & Questions**

# What is Depression?

- \* **Feeling down, blue, lonely, sad; +/- agitation**
- \* **Lack of energy; fatigue all day**
- \* **Changes in sleep/appetite (decrease or increase)**
  - \* **difficulty falling asleep;**
  - \* **early morning awakening;**
  - \* **intermittent awakenings; may be accompanied by increased worry dreams**
- \* **Loss of interests**

# What is Depression?

- \* **Situation**
- \* **Emotion**
- \* **Biochemical/neurochemical**
- \* **Thought pattern**
- \* **Personality**

# What to look for

- \* **Change in a person's behavior, interests, engagement, attentional capacity**
- \* **Change in biological rhythms: sleep, appetite, alertness; temperature sensitivities; irritability**
- \* **Change in energies: irritability, apathy, disengagement, withdrawn, sad**
- \* **Family history; treatment response patterns**

# The great mimickers

- \* **Thyroid problems**
- \* **Systemic medical problems**
  - \* **cancer**
  - \* **anemia (sometimes due to excess blood loss)**
- \* **Drug levels (usually too high)**
- \* **Substance abuse (alcohol)**

# Tx for Depression

- \* **Tincture of time**
- \* **Psychotherapy: individual, group, focus group**
  - \* **DBT; CBT; psychodynamic; psychoanalysis**
- \* **Energetics**
- \* **Medications**
- \* **ECT**
- \* **TMS**

# Advantages/disadvantages in using medications

- \* **Faster improvement in sleep & mood**
  - \* **may reduce concomitant anxiety**
- \* **Side effects often tolerable or negligent [SSRI]**
- \* **Some meds cause major side effects: sedation, low BP, constipation, confusion, dry mouth [TCA]**
  - \* **Serum levels should be checked; monitor EKG**



# Tools for Tx of Depression

- \* **ECT: old, established; unsure of mechanism; highly effective; short term memory confusion; maintenance required for severe recurrent depression; bilateral / unilateral**
- \* **TMS: more recent; many magnetic stimuli to a focal area of cortex (not yet covered by most insurances); may require maintenance**

# Case example

- \* **Amelia is a 43 yo Hispanic woman with ID documented since age 3yrs. She is the youngest of four children. She has lived in a group home for the past 15 years, with three moves — the most recent two years ago. She works in a shrink-wrapping job (supported employment), attends weekly social events, participates in SO bowling and golf. For past 3 weeks she complains of headaches, poor sleep, food tasting no good, and has wanted to call in sick to work five times. Her maternal aunt (guardian) reveals a family history of recurrent depression in mat GM, distant cousins, and probably her mother who died of ovarian cancer six years ago at age61.**
- \* **What questions do you have?...**

# Other cases?...

- \* Thank you for your attention and participation!!