

Depression and the Intellectually/ Developmentally Disabled

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March 9, 2012

Depression:

Some undisputed facts

- About 1 in 5 adults over age 18 have significant depression
- Depression is one of the 10 leading causes of disability in the United States
- Depression is frequently undiagnosed
- Depression is more likely to be overlooked in those with developmental delays

Causes of Depression

- Biological vulnerability
- Psychological vulnerability
- Medical illnesses--stroke, heart attack, Parkinson's disease, cancer, thyroid disease, etc.
- Environmental factors--loss, poverty, victimization

Don't forget

- Depression is a treatable condition in the general population
- It is also treatable among those with developmental disabilities

Depression According to DSM-IV TR and ICD-10

- Five or more of the following symptoms have been present during the same two week period and represent a change from previous functioning

Symptoms

- Depressed mood (feeling sad or empty) most of the day, nearly every day, by client report or by observation.(Patient is tearful)
- Irritable mood is commonly seen in children, adolescents, and people with developmental disabilities
- Markedly diminished interest or pleasure in most activities

Symptoms

- Significant weight loss when not dieting or weight gain; significant change in appetite nearly every day
- Insomnia or hypersomnia nearly daily
- Changes in motor behavior: agitation or slowing—observable by others
- Fatigue or loss of energy

Symptoms

- Daily feelings of worthlessness or extreme guilt—may be delusional or have hallucinations
- Diminished ability to think or concentrate; indecisiveness
- Recurrent thoughts of death or suicide; recurrent thoughts of suicide plan
- Suicide attempt

Vegetative Symptoms

- Sleep
- Appetite
- Weight
- Energy
- Bowel functioning
- Sexual appetite

Symptom Summary

- Symptoms cause clinically significant distress or impairment in usual areas of functioning
- Symptoms are not due to effects of substance or general medical condition
- Not better accounted for by Bereavement

Bereavement

Can be hard to tell the difference

Normal bereavement lasts weeks to months

Nature of guilt

Nature of hallucinatory experiences

Depressive symptoms (worthlessness, psychomotor retardation, prolonged change in behavior) are usually more intense

Dysthymia

- Depressed mood for most of the day, for more days than not for at least two years
- Depressed mood includes:
 - poor appetite/overeating
 - Insomnia/hypersomnia

Dysthymia

- Poor concentration/decision making
- Feeling of hopelessness
- Low energy/fatigue
- Low self-esteem
- Depressed mood, but not major depressive disorder

How to figure it out

- Is client doing what he/she normally does during the day?
- Is it harder for staff to encourage client to participate?
- Does client complain that he/she doesn't feel like doing things anymore?

How to figure it out

- Have client's eating habits changed?
- Is client now considered “uncooperative” around food?
- Is team monitoring sleep? Is there a change?
- How many hours a night is the client in bed?
- How many hours a night is the client asleep?

How to figure it out

- Is “agitation” or “irritability” being confused with “aggression”?
- Is being slowed down being called uncooperative?
- Is the client responding more frequently with “I don’t know?”

How to figure it out

- Is the client giving away or destroying possessions?
- Is the client apologizing for everything?
- Is it taking forever to finish tasks?
- Is the client letting others take charge?
- Is the client unable to make choices?

How to figure it out

- Is there an increase in self-injurious behavior?
- Is the client talking more about loved ones who have died?
- Is the client re-experiencing losses as if they had just happened?
- Is there an increase in somatic concerns?

Some points to remember

- Develop your ability to communicate with someone who doesn't communicate well verbally
- The relationship you develop with your client and with other staff is crucial
- Collect information from a variety of sources and different life arenas

Additional Pointers

- Nothing beats a good history
- Get family history of mood disorders and treatment.
- Get patient and family history of alcohol and substance abuse
- Don't forget abuse history--formerly institutionalized patients are at very high risk!