

Drug-Induced Depression and Prevention of Future Episodes of psychological Interventions

Hao Zhang, Rongju Lv, Mingqi Qiao*

Laboratory of Traditional Chinese Medicine Classical Theory, Ministry of Education, China.

***Corresponding Author:** Mingqi Qiao, Laboratory of Traditional Chinese Medicine Classical Theory, Ministry of Education, China.

Received date: January 20, 2017; **Accepted date:** January 30, 2017; **Published date:** February 17, 2017

Citation for this Article: Mingqi Qiao, Hao Zhang, Rongju Lv, Drug-Induced Depression and Prevention of Future Episodes of psychological Interventions, J Neuroscience and Neurological Surgery. Doi:10.31579/2578-8868/004

Copyright : © 2017 Mingqi Qiao. This is an open-access article distributed under the terms of The Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Drug-induced depressive disorders are classified in the DSM-III-R as organic mood syndrome, depressed type. The ability of certain drugs to cause depression is of clinical relevance because organic mood syndrome is a component of the differential diagnosis of depressive symptoms. There is no specific drug for which there is definitive evidence of a causal association with depressive symptoms or depressive disorders. Nevertheless, for a number of drugs, the evidence is suggestive, although not conclusively, of a causal association. Despite this, rational decisions about the continuation or discontinuation of drugs can often be made. In this paper, the literature is reviewed and guidelines are suggested for the management of patients with depressive symptoms which may be related to drugs.

Keywords

Drug-induced depression, iatrogenic depression, depressogenic drugs, secondary depression.

Introduction

Depression can take several different forms based on the severity, duration, and cause of its symptoms. According to Dialogues in Clinical Neuroscience, depression may be best understood as a spectrum of moods rather than a series of separate, clearly defined categories. For the sake of diagnosing and treating this serious disorder, psychiatric experts have identified several categories. Along with these categories, there are a number of depressive disorders associated with specific life stressors, psychological conditions, or emotionally taxing situations. These situational disorders share many of the symptoms of general depression, but they occur under specific circumstances and may resolve once these situations are changed.

Listed below are the most common subtypes of depression:

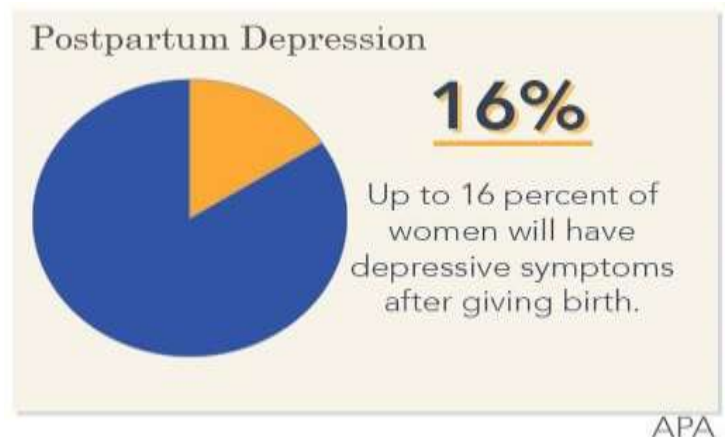
Persistent

Also known as dysthymic disorder, or dysthymia, this condition is marked by low moods and depressive symptoms that continue for two or more years. Individuals with persistent depressive disorder may appear to be chronically gloomy, irritable, or moody, but these traits could actually be signs of a mood disorder. Symptoms may not be as severe as the signs of a major depressive episode, but the effects on quality of life can be just as severe.

Bipolar

Depressive episodes alternating with periods of high energy, elation, or impulsive behavior may be signs of bipolar disorder. Many individuals with bipolar disorder experience episodes of major depression that last for weeks or months, with less frequent cycles of energetic activity and elevated mood. It can be difficult to diagnose an individual with bipolar disorder without tracking these mood changes over an extended period of time.

Postpartum



Having a baby is a life-altering experience, but for many women, the transition to motherhood causes emotional difficulties. The American Psychological Association estimates that up to 16 percent of women will have depressive symptoms after giving birth. New mothers with a history of depression or anxiety, women under financial or personal stress, and women with inadequate social support are especially vulnerable to postpartum depression. Hormonal imbalances after pregnancy, nutritional deficiencies, and exposure to chemical toxins may also play a role in this form of depression.

Seasonal

Also known as seasonal affective disorder, or SAD, this condition is triggered by changes in light and temperature that accompany the seasons of the year. People with SAD may report lower moods, loss of energy, sleep disturbances, and weight changes at specific times of the year.



Although most people with SAD experience depression in the darker winter months, some individuals are negatively affected by the transition from winter to spring.

Psychotic

In psychosis, the individual experiences a break with reality, in which the person may see or hear things that aren't there (hallucinations), or believe things that aren't real (delusional thoughts). People with other forms of depression may be affected by periods of psychosis, in which they feel persecuted or pursued by others, or believe that unseen entities are telling them to harm themselves. Psychotic depression is usually temporary, but it may result in hospitalization and the need for immediate, acute treatment.

All types of depression require prompt attention and intensive, specialized treatment. Recognizing the signs and symptoms of depression, and being willing to provide support to someone experiencing those symptoms, can prevent serious harm to the individual and loved ones.

Depression and Addiction

Research has revealed that many of the factors that contribute to depression also play a part in substance use disorders. Imbalances in brain chemistry, family history, and past trauma, for instance, are frequently involved in both depression and addiction. In addition, the physical and psychological effects of addiction may mask the signs of depression or worsen the symptoms of this psychiatric illness.

References

1. US Food and Drug Administration. FDA Issues Public Health Advisory on Chantix. [November 6, 2008].
2. US Food and Drug Administration. Information for Healthcare Professionals Suicidality and Antiepileptic Drugs. [November 6, 2008].
3. Summary Minutes. FDA Advisory Committee Meeting; 13 June 2007; FDA.
4. US Food and Drug Administration. Antidepressant Use in Children, Adolescents, and Adults. [November 6, 2008].
5. Freis ED. Mental depression in hypertensive patients treated for long periods with large doses of reserpine. *N Engl J Med.* 1954;251:1006–1008.
6. Pies R. Persistent bipolar illness after steroid administration. *Arch Intern Med.* 1981;141:1087.
7. Yourlawyer.com Injured by Cymbalta? [November 6, 2008].
8. Papakostas GI. Tolerability of modern antidepressants. *J Clin Psychiatry.* 2008;69(E1):8–13.
9. Meyer JM. Antipsychotic safety and efficacy concerns. *J Clin Psychiatry.* 2007;68(14):20–26.
10. Marken P, Pies R. Emerging treatments for bipolar disorder: safety and side effect profiles. *Ann Pharmacother.* 2006;40:276–285.
11. Mojtabai R, Olfson M. National patterns in antidepressant treatment by psychiatrists and general medical providers: results from the National Comorbidity survey Replication. *J Clin Psychiatry.* 2008;69:1064–1074.
12. Ried LD, McFarland BH, Johnson RE, et al. Beta-blockers and depression: the more the murkier? *Ann Pharmacother.* 1998;32:699–708.
13. Steffensmeier JJ, Ernst ME, Kelly M, et al. Do randomized controlled trials always trump case reports? A second look at propranolol and depression. *Pharmacotherapy.* 2006;26:162–167.
14. Naranjo's algorithm. *Pharmacovigilance.* [November 6, 2008].
15. Dhondt ADF. *Iatrogenic Origins of Depression in the Elderly.* Proefschrift, Amsterdam: Vrije Universiteit; 2003.
16. Thiessen BQ, Wallace SM, Blackburn JL, et al. Increased prescribing of anti-depressants subsequent to beta-blocker therapy. *Arch Int Med.* 1990;150:2286–2290.
17. Nash MC. Substance-induced mood disorders: depression and mania. [July, 2008];*emedicine.* Article Last Updated: Jul 23, 2008
18. Maricle RA, Kinzie JD, Lewinsohn P. Medication-associated depression: a two and one-half year follow-up of a community sample. *Int J Psychiatry Med.* 1988;18:283–292.
19. Dhondt TD, Beekman AT, Deeg DJ, et al. Iatrogenic depression in the elderly. Results from a community-based study in the Netherlands. *Soc Psychiatry Psychiatr Epidemiol.* 2002;37:393–398.