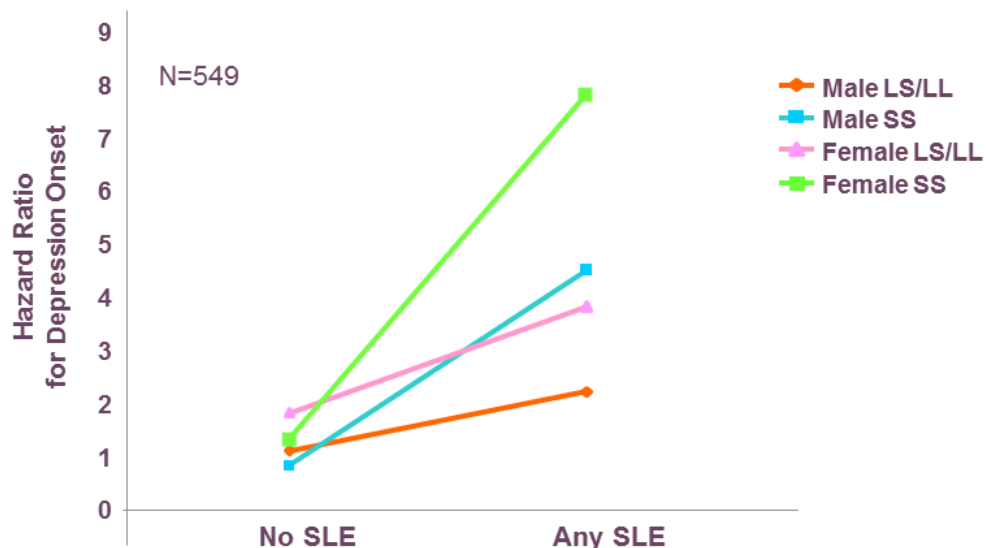


# Genetic predisposition

Having short alleles on the serotonin transporter gene has been shown to increase the likelihood of developing a MDE 2 months after exposure to a significant life event. So the reason some people may get ill with MDE after the same event or trauma while others remain well may be in part their genetic predisposition rather than any feature of effort, weakness or moral character.

## Stress and 5-HTT Polymorphism Interaction May Precipitate Depression

The Risk of Developing an MDE Within 2 Months After Exposure to an SLE



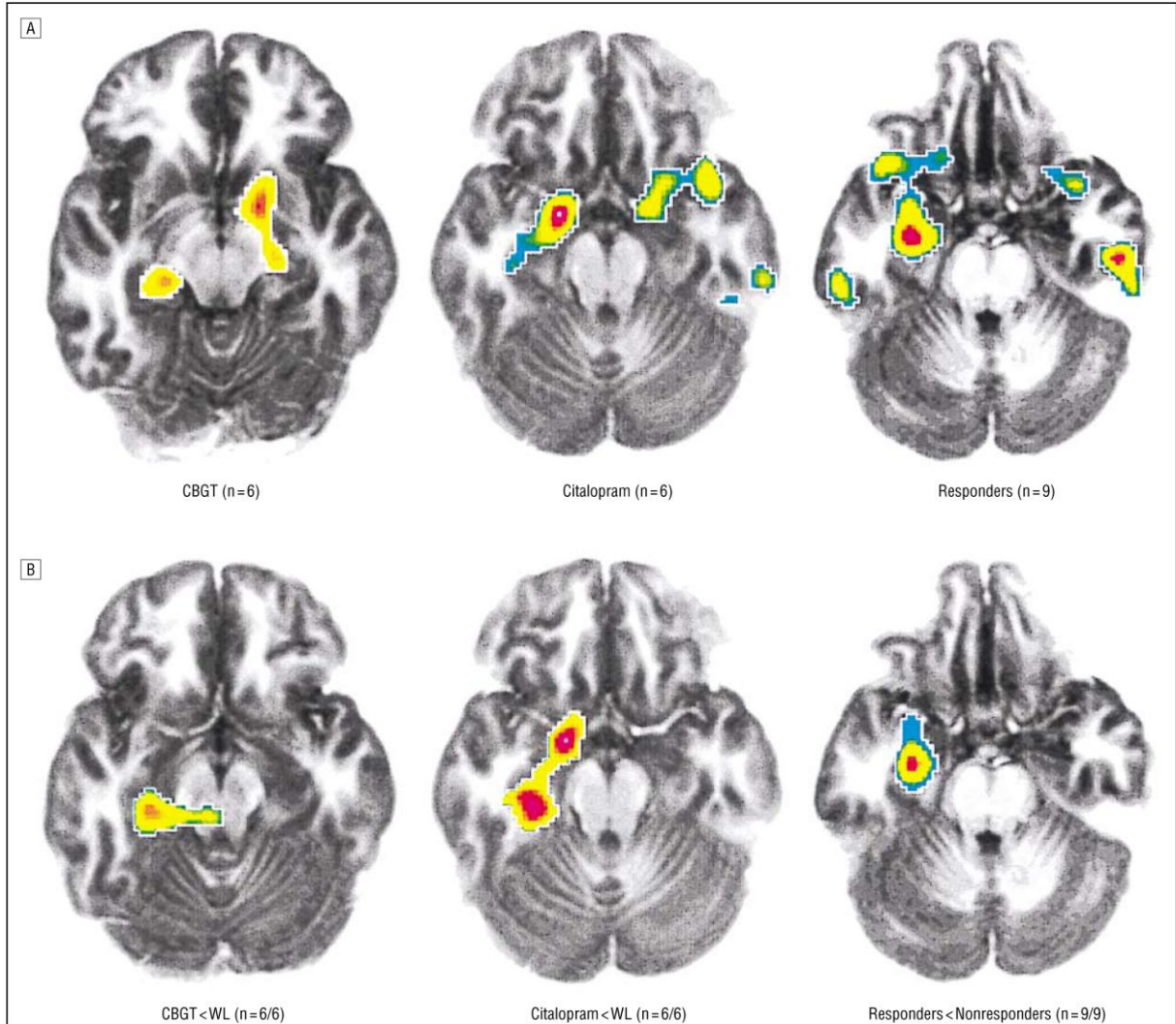
5-HTT=Serotonin transporter gene; L=Long allele; MDE=Major depressive episode; S=Short allele; SLE=Stressful life event.  
Kendler KS, et al. *Arch Gen Psychiatry*. 2005;62:529–535.

## Psychotherapy

- Many studies support cognitive behavioral therapy (CBT) and interpersonal therapy (IPT) as first-line treatment for depression
- CBT helps the patients change their mood by changing their distorted thinking patterns
- Group CBT or IPT may be helpful
- A combination of pharmacotherapy and psychotherapy may result in higher remission rates

1. CBT identifies distorted or illogical thinking processes and maladaptive patterns of behaviours and then attempts to replace them with more reality-based thinking and adaptive behaviours
2. CBT may also be a viable option for depressed individuals who are not responsive to an adequate antidepressant trial or those who respond to an antidepressant and no longer meet criteria for a major depressive episode but continue to experience residual depressive symptoms.
3. IPT is based on the premise that depression is a medical illness that can be triggered or exacerbated by interpersonal difficulties. Treatment, therefore, is devoted to identifying and modifying interpersonal problems resulting from grief, role disputes, role transitions, or interpersonal deficits. Several studies have demonstrated the efficacy of IPT as an acute treatment for depression
4. These therapies may be used alone or in conjunction with medication. For patients with chronic depression, a combination of pharmacotherapy and psychotherapy may prove more helpful than either therapy alone, both in terms of reducing depressive symptoms and improving psychosocial functioning.

Newer brain imaging has begun to demonstrate the physiologic changes in brain organ function and symptom improvement from the psychotherapeutic talk therapies such as CBT cognitive Behaviour Therapy. This demonstrate the effects of CBT as real organ function change that correlates to symptom reduction.



### Recommended Resources

Dobson KS. A meta-analysis of the efficacy of cognitive therapy for depression. *J Consulting Clin Psychol.* 1989;57:414-419.

Jacobson NS, Dobson KS, Truax PA, et al. A component analysis of cognitive-behavioral treatment for depression. *J Consulting Clin Psychol.* 1996;62:295-304.

Fava GA, Savron G, Grandi S, Rafanelli C. Cognitive-behavioral management of drug-resistant major depressive disorder. *J Clin Psychiatry.* 1997;58:278-282.

Klerman GL, Weissman MM, Rounsaville BJ, eds. *Interpersonal Psychotherapy of Depression.* New York: Basic, 1984.

Keller MB, McCullough JP, Klein DN, et al. A comparison of nefazodone, the cognitive behavioral analysis system of psychotherapy, and their combination for the treatment of chronic depression. *N Engl J Med.* 2000;342:1462-1470.