Depressive disorder

- Marked sadness at least 2 weeks with disturbance in social and/or occupational functioning
- Risk factors – F>M, >40years of age, disruption to life events (e.g. divorce, illness), social stress

- Clinical features
  - Core symptoms
    - Depressed mood, for most of the day, every day or almost every day, with little variation in mood despite changes in time, circumstances or activity
    - Anhedonia – loss of interest or pleasure in daily life especially in things previously enjoyed
    - Fatigue
  - Typical symptoms
    - S – Suicidal plan or ideas of self-harm
    - U – Unexplained guilt or worthlessness
    - I – Inability to function (psychomotor retardation or agitation)
    - C – Concentration impaired
    - I – Insomnia or early waking (3+ hours earlier than usual) (rarely, hypersomnia)
    - D – Desire reduced (poor appetite, marked weight loss without dieting, decreased libido) (rarely, increased appetite and weight gain)
    - E – Energy loss/fatigue
  - Psychotic symptoms – delusion of guilt, auditory hallucination

- Complications
  - Deliberate self-harm, suicide, extended suicide
  - Substance use disorders

- Management
  A. Psychological treatment
     - Cognitive behavioral therapy (CBT) – most effective psychotherapy in depression
     - Health education to patient and family and regular follow-up by same professional
       - Depression is common and effective treatments are available.
       - 80% of patients can have complete remission.
       - Stop alcohol and recreational drugs.
       - Regular exercise is good for mild to moderate depression.
     - Counseling
       - Plan activities for self-enjoyment and building confidence.
       - Resist pessimism and self-criticism. Do not concentrate on negative or guilty thought.
     - Assessment of suicidal risk (if present, close supervision is essential by family and friends)
     - Social support
       - Financial – problem solving, debt counseling
       - Job – get or change job or career (avoid job in which one has to work alone)
  B. Medical treatment
     - Antidepressant – SSRI (citalopram, sertraline, fluoxetine) (alternative: SNRI, TCA)
     - Anti-psychotic – for severe psychotic symptoms
  C. Electroconvulsive therapy (ECT) for life-threatening or severe depression not responding to drugs

Generalized anxiety disorders

- Generalized, excessive and persistent fear for no adequate reason with disturbance in social and occupational functioning
- Risk factors – M=F, 20-40 years of age, disruption to life events

- Clinical features
  - Psychological symptoms – worry, fear, insomnia, sense of panic, poor concentration
  - Somatic symptoms
    - Headache, tension, sweating, goose flesh
    - Palpitation, chest pain, shortness of breath
    - Hyperventilation (tinnitus, tetany, tingling)
    - Dry mouth, globus hystericus, aerophagy, butterflies in the stomach
    - ↑frequency of defecation, ↑frequency of micturition
  - Behavioral symptoms – reassurance seeking, avoidance, dependence

- Differential diagnosis
  - Organic disorders – thyrotoxicosis, pheochromocytoma, temporal lobe epilepsy
  - Substance misuse disorders – alcohol withdrawal, benzodiazepine withdrawal
  - Phobic disorders – if fear and avoidance of specific situation
  - Panic disorders – if sudden attack of unprovoked anxiety
  - Depressive disorders – if low or sad mood is prominent

- Management

A. Psychological treatment
   - Cognitive behavioral therapy (CBT) and relaxation – most effective measures
   - Relaxation (deep breathing exercise, muscle group relaxation exercise, meditation, yoga)
     - Both physical and mental relaxation, 10-15 minutes, 2 times a day

   - Health education to patient and family
   - Counseling
     - Explain the patient that anxiety can be manifested as physical symptoms
     - Planning short-term activities which are relaxing (e.g. visit, pilgrimage)
     - Problem solving

B. Medical treatment
   - Beta-blockers (propranolol) – for physical symptoms
   - Anxiolytic (diazepam) – should not be used for more than 2 weeks due to risk of dependence, and risk of rebound symptoms after stopping the drug

Alcohol use disorders

1. Consequences of harmful use of alcohol
   a) Physical problems
      - Neurology – dementia, cerebral hemorrhage, cerebellar degeneration, peripheral neuropathy
      - CVS – cardiomyopathy, hypertension
      - Respiration – pulmonary TB, pneumonia
      - GI – esophagitis, Mallory-Weiss syndrome, Boerhaave syndrome, Ca esophagus, esophageal varices, gastritis, peptic ulcer, Ca stomach, malabsorption, pancreatitis
      - Hepatic – fatty liver, hepatitis, cirrhosis, liver cancer
      - Reproductive – hypogonadism, infertility, fetal alcohol syndrome
      - Skin – palmar erythema, spider nevi, Dupuytren contracture
      - Bone and muscle – osteoporosis, myopathy
      - Endocrine and metabolic – pseudo-Cushing syndrome, hypoglycemia, gout

   b) Neuropsychiatric problems
      - Alcohol-related brain damage (ARBD)
      - Wernicke encephalopathy – acute confusion, ataxia, opthalmoplegia (nystagmus, conjugate gaze palsy, bilateral lateral rectus palsy)
      - Korsakoff psychosis – short-term memory deficit leading to confabulation
      - Depression, anxiety
      - Alcohol-induced psychotic disorders
        - Alcoholic hallucinosis – auditory hallucination in clear sensorium
        - Pathological jealousy (Othello syndrome)

   c) Social problems
      - Marital problems, sexual problems
      - Family problems, child abuse, homelessness
      - Problems at work, financial problems, unemployment
      - Accidents, crimes

2. Acute intoxication
   - Disinhibition (behavioral and emotional disturbance)
   - Ataxia, slurred speech, nystagmus, impaired judgement
   - Stupor, coma, respiratory depression
   - Complication – hypoglycemia, ketoacidosis, aspiration of vomitus

3. Pathological intoxication (pathological drunkenness)
   - Idiosyncratic reaction to a small amount of alcohol
   - Severe agitation and violent behavior followed by collapse, profoundly deep sleep and amnesia

4. Alcohol withdrawal syndromes
   a) Uncomplicated alcohol withdrawal syndrome
      - Occurs 4-12hrs after the last drink, peak at 48hrs, lasts for 2-5 days
      - Psychological symptoms: restlessness, anxiety, panic attacks
      - Autonomic symptoms: tachycardia, sweating, pupil dilatation, nausea, vomiting

   b) Alcohol withdrawal syndrome with seizures
      - Occurs 6-48hrs after last drink
      - Generalized tonic-clonic seizure (rum fits)

   c) Delirium tremens (medical emergency)
      - Acute confusion state secondary to alcohol withdrawal
      - Onset 1-7 days after the last drink, peak at 48hrs
      - Clouding of consciousness, disorientation, amnesia
      - Marked psychomotor agitation
      - Visual, tactile and auditory hallucination (classically Lilliputian)
      - Fever, heavy sweating, paranoid delusion, sudden cardiovascular collapse

   ❖ Management of alcohol withdrawal
      - Detoxification (benzodiazepine)
        - Outpatient detox for uncomplicated alcohol withdrawal
        - Inpatient detox for complicated alcohol withdrawal (seizure or delirium)
      - Anti-psychotics (haloperidol) – if hallucination and delusion refractory to benzodiazepine
      - Vitamins – high-potency parenteral and oral vitamins if suggestive of Wernicke-Korsakoff syndrome or malnutrition

   ❖ Prevention
      - All patients should be screened for alcohol dependence and considered at risk for recurrent episodes of withdrawal.

5. Alcohol dependence
   ❖ Criteria for alcohol dependence
      - Narrowing of drinking repertoire
      - Priority of drinking over other activities (salience)
      - Subjective compulsion to drink
      - Tolerance of effects of alcohol
      - Repeated withdrawal symptoms
      - Relief of withdrawal symptoms by further drinking
      - Reinstatement of drinking behavior after abstinence

❖ Assessment
- Alcohol screening tool (CAGE questionnaire)
  - Have you ever felt you should **C**ut down on your drinking?
  - Have people **A**nnoyed you by criticizing your drinking?
  - Have you ever felt **G**uilty about your drinking?
  - Have you ever had a drink early in the morning as an **E**ye-opener?

  ➢ Total score ≥2 – clinically significant

- Assessment of lifetime pattern of alcohol consumption and current alcohol consumption
- Assessment of alcohol-related problems (physical, neuropsychiatric, social problems)
- Assessment of withdrawal symptoms and signs of dependence
- Blood tests – carbohydrate deficient transferrin, ↑MCV, ↑γ-GT

❖ Management
- Education to the patient and family about the nature of alcohol use disorder
- Counseling
  - For those not willing to stop alcohol drinking
    - Do not reject or blame.
    - Discuss about alcohol-related problems and try to motivate to take treatment.
    - Advise about safer drinking behavior.
      - ✓ Set alcohol limit (not more than 2 drinks/day with 2 alcohol-free days/week)
      - ✓ Drink less over a longer period
      - ✓ Drink with a meal
      - ✓ Dilute spirit with much water
      - ✓ Do not drink with individuals who drink heavily themselves
      - ✓ Pace drinking, matching the consumption of a light or slow drinker
      - ✓ Don't use alcohol to try to solve emotional problems
      - ✓ Rehearse how to say no to a drink you don't want

  - For those willing to stop alcohol drinking
    - Set a definite day to quit.
    - Discuss place for detoxification of alcohol withdrawal syndromes.
    - Make specific plans to avoid drinking, and discuss about problem-solving.
    - Family and social support

- Treatment
  - Detoxification for alcohol withdrawal syndromes – benzodiazepines
  - High-potency parenteral and oral vitamins
  - Treatment of alcohol-related complications
  - Maintenance interventions to prevent relapse
    - Antabuse (disulfiram) – produce nasty reaction if alcohol is taken (SE: headache, hepatotoxicity)
    - Acamprosate – enhance GABA transmission in the brain to reduce craving for alcohol (SE: GI upset)
    - Naltrexone – antagonize the release of endogenous endorphins and reduce the pleasure that alcohol brings (SE: GI upset)