

Evaluation and Management of Patients Presenting with Depressed Mood: Review Questions

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QUESTIONS

Choose the single best answer for each question.

Questions 1 through 3 refer to the following case study.

A 32-year-old married woman with no history of psychiatric problems and in good health is laid off from her job of 6 years. She is upset, then becomes morose and withdrawn. She begins to feel excessively guilty about not contributing to her family income, and she loses interest in activities that she used to enjoy. She has difficulty falling asleep and staying asleep, and she gradually develops an unremitting fatigue. Four months after the loss of her job, she feels unable to consider finding another position. She spends most of her time at home lying down and ruminating about her misfortune. Her ability to do housework and help her children with homework also deteriorates. She presents to her family physician wondering if she is ill.

- 1. What is the most likely diagnosis for this patient?**
 - A) Acute stress disorder
 - B) Adjustment disorder with depressed mood
 - C) Dysthymia
 - D) Chronic depression
 - E) Major depressive disorder (MDD)
- 2. Which of the following medications is the best first choice for treatment of her symptoms?**
 - A) Alprazolam
 - B) Buspirone
 - C) Citalopram
 - D) Valproic acid
 - E) Zolpidem
- 3. Approximately 1 month after initiating treatment, the patient reports feeling much better and wonders how long she must continue the medication. What is the best recommendation?**
 - A) Discontinue medication and monitor the patient for recurrence of symptoms.
 - B) Continue medication for 2 to 4 more months.

- C) Continue medication for 6 to 12 more months.
- D) Continue medication for 2 to 5 years.
- E) Continue medication indefinitely.

Questions 4 and 5 refer to the following case study.

The daughter of a 68-year-old widower with no history of psychiatric problems notices that her father's personal hygiene has significantly deteriorated. He also seems quieter and more irritable, and he often appears distracted. He is less interested in hobbies he once enjoyed, and he complains of fatigue and difficulty sleeping. He talks often about his various physical complaints, voicing the concern that he "won't be around much longer." He appears disoriented at times, and during the night he gets up frequently and rummages through his possessions. He expresses a belief that people are "breaking in" and stealing, though no solid evidence supports his assertions.

- 4. Which of the following diagnoses should be considered for this patient?**
 - A) Depression caused by a general medical condition
 - B) Alzheimer's-type dementia
 - C) MDD
 - D) Substance-induced mood disorder
 - E) All of the above
- 5. All of the following diagnostic studies are clinically indicated for this patient EXCEPT:**
 - A) A blood glucose level
 - B) A dexamethasone suppression test (DST)
 - C) A heavy metal screen
 - D) A thyroid stimulating hormone assay
 - E) A urinalysis

(turn page for answers)

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EXPLANATION OF ANSWERS

1. (E) Major depressive disorder (MDD). Although the experience of sadness and distress following the loss of a valued job is normal, this patient experiences several incapacitating symptoms for a significant time and cannot maintain an adequate level of functioning. The diagnosis of MDD is made based on the presence of at least five of the nine symptoms, continuously for at least 2 weeks, as outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*.¹ Furthermore, at least one of the symptoms is depressed mood or loss of interest or pleasure. Because this patient's symptoms began with difficulty adjusting to the stress of losing her job, one might consider the diagnosis of adjustment disorder with depressed mood. However, an adjustment disorder diagnosis can only be applied when the patient's symptoms are not sufficiently severe to meet the criteria for MDD.

2. (C) Citalopram. Citalopram is a selective serotonin reuptake inhibitor, and it is the only medication among the choices that is recommended as a first-line treatment for MDD. Alprazolam is a benzodiazepine indicated for treatment of anxiety disorders or symptoms of anxiety. Buspirone is a 5HT_{1A} agonist indicated for the treatment of generalized anxiety disorder. Valproic acid is an anticonvulsant used to treat mania and other symptoms of bipolar disorder. Although zolpidem, a sedative hypnotic used for the treatment of insomnia, may help this patient to sleep, it should not be used as a first-line treatment of major depression.²

3. (C) Continue medication for 6 to 12 more months. Patients who have been successfully treated for MDD with antidepressants should continue the medication for at least 6 to 12 months after recovery. Recent research suggests that, at least in individuals with a history of chronic depression, discontinuation of medication prior to 12 months can substantially increase risk of relapse after successful treatment of MDD.³ Although this patient does not have chronic depression, discontinuing antidepressant use before 6 months of remission is still unwise.

4. (E) All of the above (depression caused by a general medical condition, Alzheimer's-type dementia, MDD, substance-induced mood disorder). The patient presents with many symptoms that can be present in various psychiatric disorders and are difficult to differentiate, especially in geriatric patients. The patient's age and lack of psychiatric history immediately raise suspicion of an organic condition. Dementia is always a consideration among geriatric patients, and all of this patient's symptoms are consistent with that diagnosis. However, it is very important to screen first for other more treatable conditions by performing a thorough

history, physical examination, and laboratory analysis to assess for neurologic or endocrinologic dysfunction. The patient's symptoms also warrant evaluation for a malignancy or infectious disease. If a medical condition that is presumed to be the cause of this patient's symptoms is detected, the diagnosis is depression caused by a general medical condition. The patient should also be screened for toxic substances (eg, prescription medications, drugs of abuse), which can lead to the symptoms described. If a substance or medication is determined to be responsible for the patient's symptoms, the diagnosis is substance-induced mood disorder. Although the findings of this patient are not classic for MDD, a sufficient number of symptoms exist to support the possibility of the diagnosis. Older patients with depression often present with symptoms of irritability, apathy, and prominent somatic concerns in contrast to the classic symptoms of low mood and sadness seen in younger patients.⁴

5. (B) A dexamethasone suppression test (DST). The DST consists of the administration of dexamethasone to a patient followed by measurement of serum cortisol levels.⁵ In healthy individuals, dexamethasone administration suppresses cortisol production, reflecting a normally functioning hypothalamic-pituitary-adrenal (HPA) axis. In approximately 45% of patients with MDD and 70% of patients with MDD with psychotic features, "non-suppression" of cortisol, reflecting impairment in HPA functioning, exists. The DST has been used primarily as a research tool. Because the DST has relatively poor sensitivity and specificity, the rate of false-positive and false-negative results is high enough to render the test unsuitable for clinical purposes. All of the other tests listed are indicated to assess for medical conditions that may account for the patient's mental status changes.

REFERENCES

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