**Mood Disorders**

Depression Discussion Points

* For mild to moderate depression psychotherapy is the first choice treatment, level 2 evidence.
* For moderate to severe depression psychotherapy plus medication, SSRI or SNRI, is recommended.
  + There is level 2 evidence that both together are more effective than either alone.
* For severe refractory depression, ECT is the treatment of choice, level 2 evidence.
* Cognitive behavioral therapy (CBT) and interpersonal psychotherapy both have level 2 evidence for efficacy.
* Selection of medication is based on side effects/contraindications, desired effects/compelling indications, cost, response to prior medications and response of first degree relatives to medications.
  + One meta-analysis showed amitriptyline to have the best efficacy.
* If there is a good response to medication for an initial episode, continue the medication for 4-9 months – American Psychiatric Association and National Institute for Health and Care Excellence (NICE).
* For recurrent depression consider long term maintenance therapy.
* An active plan for suicide or a recent attempt is a reason to hospitalize or place the patient in a supervised setting.

Generalized Anxiety Disorder and Panic Disorder Discussion Points

* Cognitive behavioral therapy (CBT) and psychodynamic therapy reduce symptoms in anxiety, level 2 evidence, Grade A SORT.
* CBT may reduce symptoms in panic disorder, level 2 evidence.
* Physical activity is a cost effective treatment for anxiety and panic, Level B SORT.
* For generalized anxiety disorder
  + There is level 2 evidence for remission and reduction of symptoms for escitalopram, paroxetine and sertraline.
  + There is level 2 evidence for reduction of symptoms for duloxetine, venlafaxine, imipramine, trazadone, opipramol, citalopram and agomelatine. (Opipramol and agomelatine are not commercially available in the US.)
  + Buspirone appears to reduce symptoms, but has higher noncompliance, level 2 evidence.
  + There is level 1 evidence that lavender oil gel capsules reduce symptoms.
  + Kava appears equal to buspirone and opipramol, level 2 evidence.
* For panic disorder
  + SSRIs, SNRIs and TCAs have similar response rates, level 2 evidence: citalopram, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine.
  + CBT plus an antidepressant may reduce symptoms more than either alone, level 2 evidence.

References (Student pre-readings are highlighted.)

American Psychiatric Association, Diagnostic and statistical manual of mental disorders, 5th ed. 2013. Arlington VA.

<https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596> . Registration and login required.

Note: Posted document with depression, anxiety, panic, bipolar 1 and 2

DynaMed Plus [Internet]. Ipswich (MA): EBSCO Information Services. 1995 - . Record No. T114697, Generalized anxiety disorder; [updated 2018 Nov 30, cited 11 February 2019]. Available from <https://www.dynamed.com/topics/dmp~AN~T114697> . Registration and login required.

DynaMed Plus [Internet]. Ipswich (MA): EBSCO Information Services. 1995 - . Record No. T116638, Major depressive disorder (MDD); [updated 2018 Nov 30, cited **10 February 2019]**. Available from <https://www.dynamed.com/topics/dmp~AN~T116638> . Registration and login required.

DynaMed Plus [Internet]. Ipswich (MA): EBSCO Information Services. 1995 - . Record No. T115030, Panic disorder; [updated 2018 Nov 30, cited **11 February 2019**]**.** Available from <https://www.dynamed.com/topics/dmp~AN~T115030> . Registration and login required.

Kovich H. Dejong A. Common questions about the pharmacologic management of depression in adults. Am Fam Phys. 2015;92(2):94-100.

Locke AB. Kirst N. Shultz CG. Diagnosis and management of anxiety disorder and panic disorder in adults. Am Fam Phys. 2015;91(9):617-624.

Maurer DM. Raymond TJ. Davis BN. Depression: screening and diagnosis. Am Fam Phys. 2018;98(8):510-515.

Norris D. Clark MS. Evaluation and treatment of the suicidal patient. Am Fam Phys. 2012;85(6):602-605.

Ogbonna CI. Lembke A. Tapering patients off benzodiazepines. Am Fam Phys. 2017;96(9):606-608.