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TAILORING TREATMENT FOR MAJOR DEPRESSIVE EPISODE: LESSONS LEARNED FROM THE INPATIENT UNIT

Alba Cervone, Giulia Esposito & Giuseppe Cimmino

Psychiatric Inpatient Unit, Department of Mental Health, Naples, Italy

SUMMARY

Major depressive disorder (MDD) represents one of the main diagnosis of admission to the inpatient psychiatric unit, because of the frequent comorbid suicidal behavior. It is a clinically heterogeneous diagnostic category comprising a various array of symptoms presentation. This clinical heterogeneity can represent a challenge for treatment, and patients are often discharged with substantial residual symptomatology that still impacts functioning1. Characterizing subtypes of major depressive disorder ad admission could possibly help tailoring treatment and improving outcomes.

The aim of the study was to detected clinical signs at admission for tailoring treatment (that includes pharmacotherapy, cognitive behavioral therapy, individual psychoeducation) in order to prevent suicide, improve quality of life and reduce re-hospitalization. Tailored treatment was routinely implemented in a sample of patient with a major depressive episode consecutively admitted to an inpatient psychiatric unit from 1st april 2018 to 31st august 2018. Results showed that, at 5 months follow up, it was associated to symptoms reduction, improved quality of life and reduction of hospitalization. The limited sample size, the absence of a control group and the naturalistic structure of the study, limit the generalizability of those results. However, those preliminary findings could provide a blueprint for a larger study and a longer follow up.

Key words: *major depressive episode - Inpatient unit – suicide - treatment*

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INTRODUCTION

Major depressive disorder (MDD) represents one of the main diagnosis of admission to the inpatient psychiatric unit, because of the frequent comorbid suicidal behavior. Moreover, MDD is a costly disease characterized by loss of productivity, and frequent use of mental health care resources.

MDD is a clinically heterogeneous diagnostic category comprising a various array of symptoms presentation. This clinical heterogeneity can represent a challenge for treatment. Biological markers that could guide a clinical decision in this field are still far from being standardized and implemented in the routinary work. The high difference of the clinical presentation of MDD, and the fact that psychiatrists have to rely purely on the clinical presentation for making decision about treatment, and the restrained duration of admission, a significant proportion of patients are often discharged from the inpatient unit with a substantial residual symptomatology that still impacts functioning (Musil et al. 2018). For example, cognitive impairments represent frequent residual symptoms that worsened prognosis and influenced negatively the quality of life. Characterizing subtypes of major depressive disorder at admission could help tailoring treatment and improving outcomes. Relapse, for patient with residual symptoms of MDD, includes the risk of harming themselves or others, impoverishment in personal relationships, discontinuation of work, all leading to loss self-esteem and overall reduced quality of life (Large 2018).

First, in order to prescribe a correct pharmacological treatment it is important to distinguish unipolar from bipolar depression, then it is possible to identify the specifiers (Wagner 2017). The characterization of subtypes of depression is important in order to further delineate biological causes of depressive syndromes (Musil et al. 2018). For instance, early Improvement of depressive symptoms within two weeks of antidepressant treatment is a highly sensitive but less specific predictor of later treatment outcome. DSM-5 specifiers include: MDD with anxious distress, with mixed features, with melancholic features, with atypical features, with mood-congruent psychotic features, with mood-incongruent psychotic features, with catatonia, with peripartum onset, with seasonal pattern; comorbidity with substance abuse and/or personality disorder; cognitive symptoms; response to antidepressant treatments.

Important long-terms goals of current recovery-oriented treatment plans for depression in Italy and elsewhere include the enhancement of adherence to medication and psychotherapy (rilevazione dati italiani in www.edaitaliaonlus.org). The combination of antidepressant/mood stabilizers medication with other therapeutic interventions is an important for the achievement of these long-terms goals.

The aim of this study was to identify clinical features at treatment initiation which are associated with early improvement at the discharge(mean time of admission:25(+/5 days)) and non-improvement, as well as to identify variables predicting non-remission in patients showing an early improvement (Wagner 2017). The secondary aim of the study is to evaluate the use of a tailored treatment (TT) of inpatients with Major Depressive Episode (MDE) and then to discuss the potential role of TT in improving MDE outcomes.

MATERIALS AND METHODS

A chart review was performed for patients consecutively admitted to the inpatient psychiatric unit with a diagnosis of major depressive episode, unipolar and bipolar, from April 1st 2018 to august 31st 2018. Demographic and clinical variables were collected at admission and at discharge from the hospital. Assessment included evaluation of severity of depressive symptoms (By means of the Montgomery-Asberg Depression Scale (MADRS), the Hamilton Depression Rating Scale (HAM-D), anxiety by means of The Hamilton Anxiety Rating Scale (HAM-A), measures of quality of life by the administration of Qol, and evaluation of global assessment of functioning (GAF).

Improvement of the overall clinical symptomatology was measured by a reduction/increase of 20%, at discharge of the baseline scores of MADRS and HAM, and increase of QoL and GAF total score at discharge. Remission was defined has having reached a score of 8 or less at MADRS.

At admission, based on clinical features, the assigned psychiatrist was able to formulate a treatment that could include a different combination of the following: clinical interviews with psychiatrist and psychologist, psychoeducational activities lead by trained specialist, cognitive behavioral psychotherapy (integrating strategies that target emotion regulation skills improves the efficacy of CBT for MDE).

Patients were followed up by the clinical team of the outpatient services for 5 months after discharge for monitoring of re-hospitalizations.

RESULTS

During the assessment period, eight patients presented to the Inpatient Psychiatric Unit with a diagnosis of MDE. Those patients were all men; mean age was 33.5 years (±11.5). All patients received a tailored treatment (TT) during hospitalization.

They showed an overall improvement in terms of reduced depressive and anxiety symptoms and improved global functioning and quality of life.

During the observation period, none of them needed to be re-admitted to the inpatient unit.

DISCUSSION

Our results show that tailored treatment could represent a mean to achieve symptoms remission ad reducing the risk of hospitalization in people affected by MDE.

In order of prescribing a tailored therapy, the clinical interview is important to distinguish unipolar depression for bipolar depression and to identify the specifiers (with anxious distress, with mixed features, with melancholic features, with atypical features, with mood-congruent psychotic features, with mood-incongruent psychotic features, with catatonia, with peripartum onset, with seasonal pattern, the comorbidity with substance abuse and/or personality disorder) (DSM-5 2016). In our opinion, it is important to investigate personality traits (novelty seeking, impulsivity, harm avoidance) in order to improve this therapeutic model and to prevent the suicide. Wagner et al. (2017), demonstrate that patients with more severe depression and suicidality were more likely to become non-improver, and also non-remitter after 8 weeks of treatment in case of early improvement. Moreover, early improver with melancholic, anxious or atypical depression as well as with comorbid social phobia or avoidant personality disorder had an increased risk for non-remission at study end. The combined marker of early non-improvement and the occurrence of melancholic features increased the specificity of treatment prediction from 30% to 90% (Wagner 2017). Our data confirm that DSM-5 specifiers, personality traits and suicide risk factors are useful for clinical treatment

CONCLUSIONS

Tailored treatment was routinary used in a small sample of patient with MDE attending a psychiatric hospital and it was associated to symptoms reduction, overall better quality of life and reduction of hospitalization. Considering that early detection and intervention should be accessible to all people with a first major depressive episode, irrespective of the person's age or the duration of untreated disease, using a tailored treatment (antidepressant and/or mood stabilizer, social intervention, psychoeducation for patients and caregivers, psychotherapy) could potentially improve the prognosis of MDE and maximizing clinical remission. For this reason, tailored treatments could play an important role to improve recovery with a radical shift in treatment paradigms: from suicide prevention to care.

Further investigations examining the long-term efficacy, clinical features, risk factors are also needed.

The limited sample size, the absence of a control group and the naturalistic structure of the study, limit the generalizability of those results. However, those preliminary findings could provide a blueprint for a larger study and a longer follow up.

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Contribution of individual authors:

Alba Cervone conceived and designed the study, wrote the Manuscript;

Alba Cervone, Giulia Esposito & Giuseppe Cimmino visited patients and carried out clinical work.

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Correspondence:
Alba Cervone, MD
Psychiatric Inpatient Unit, Department of Mental Health
Via Tino di Camaino, 2/a, Napoli, Italy
E-mail: alba.cervone@gmail.com