

*The Nature and Management  
of Depression in  
Chronic Illness*

3<sup>rd</sup> Annual Hidrandenitis Suppurativa  
Conference

June 17, 2006

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# Presentation Outline

## ■ The Nature of Depression

- Clinical features
- Relationship with medical illness and skin diseases

## ■ Understanding Depression

- Predisposing, precipitating, and perpetuating factors
- HS-specific risk factors for depression

## ■ Management of Depression

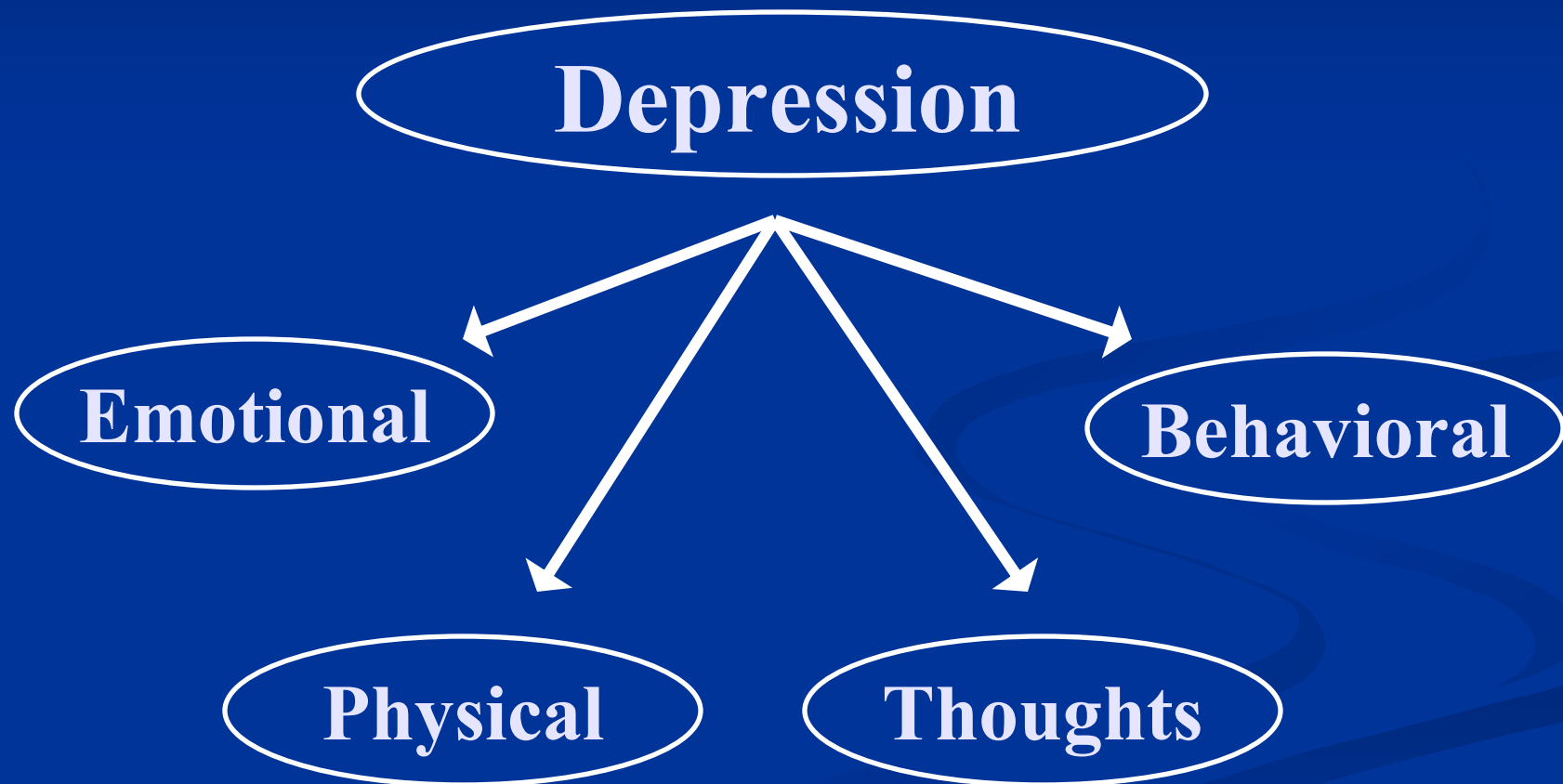
- Barriers to care
- Practical self-care strategies
- Psychotherapy
- Medication management

## ■ Question and Answer Period

# *The Nature of Depression*

*“Depression is  
not a lump”*

# Components of the Depression Response



# Common Depression Symptoms

## ■ Emotional

- Depressed, sad, down
- Irritable
- Empty

## ■ Physical

- Low energy, sleep disruption
- Appetite and weight changes
- Slowness, agitation
- Pain

# Common Depression Symptoms

## ■ Thoughts

- Pessimism, rumination, negative self-evaluation, hopelessness, helplessness, thoughts of death/suicide
- Disruptions in attention, concentration, memory, and decision-making abilities

## ■ Behaviors

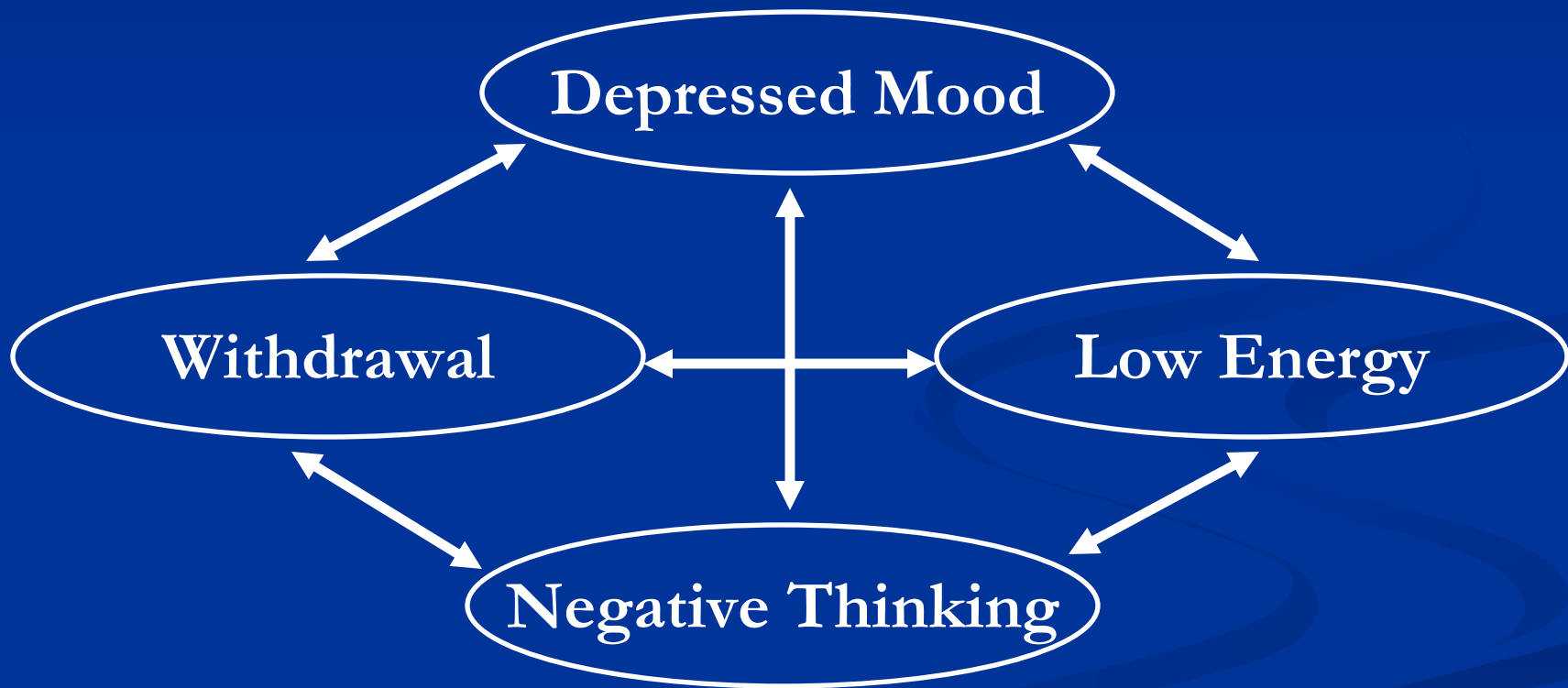
- Loss of interest and motivation
- Social withdrawal and avoidance

# At What Point Does Depression Become Problematic?

- Changes in mood and well-being are normal experiences, especially in the context of coping with medical conditions
- Intensity, frequency, and duration of symptoms
- Degree of impact/impairment on personal, social, and occupational domains



# The Insidious Cycle of Depression



# A Special Case for Depression

- Depression is a common mental health condition, especially in medical settings
- Depression is oftentimes not recognized by medical providers
- Untreated depression tends to result in worse medical outcomes
- Associated with considerable personal, social, and occupational costs
- ***HOWEVER***, depression is a very treatable condition

# Depression: Clinical Features

## ■ Rates

- 6.7% meet criteria for current Major Depressive Disorder
- 16.6% meet criteria for lifetime Major Depressive Disorder
- Rates tend to rise in primary and specialty care treatment settings

## ■ Demographics

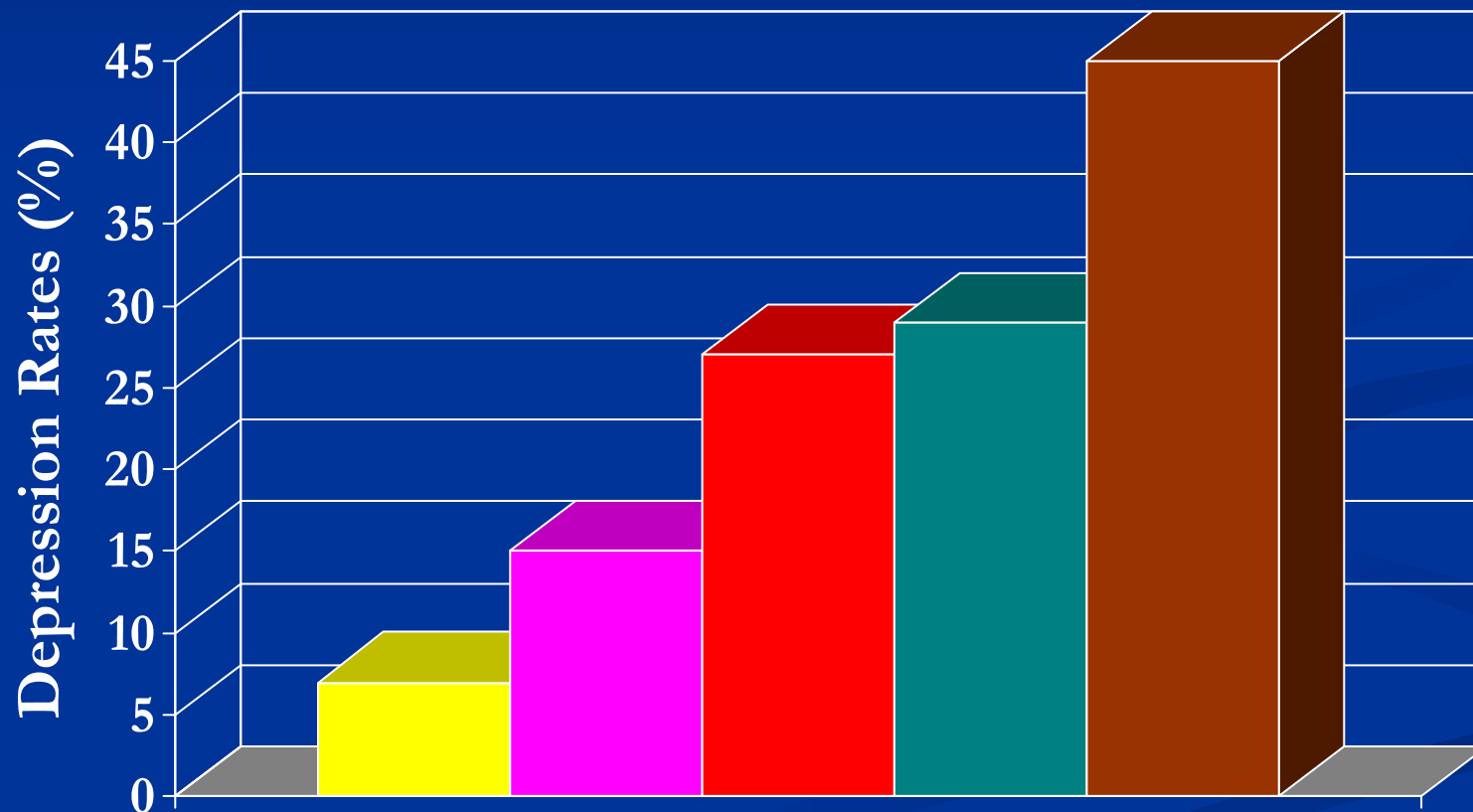
- Twice as common in adult women
- Average age of onset is 25 – 45 years

## ■ Co-occurring Conditions

- Anxiety-related disorders are also common (40-60%)
- Increased risk for substance use problems

# Depression and Chronic Illness

■ General ■ Diabetes ■ Cardiac Disease ■ Cancer ■ Pain



# Depression in Skin Diseases

- Depressive symptoms and low quality of life are commonly reported by dermatology patients
- Major Depression is common among general dermatology patients\*
- Depression rates increase considerably among patients with chronic skin diseases, with estimates between 20-40%
- No studies available with HS-specific patients

# Depression and Chronic Illness

Depression → Illness

Illness → Depression

\_\_\_\_\_ Depression  
\_\_\_\_\_ Illness →

# *Understanding Depression*

# The P-P-P Model

- **Predisposing Factors (Vulnerability)**
  - Biological processes and vulnerabilities
  - Remote stressors and environmental influences
- **Precipitating Factors (Onset)**
  - Psychosocial stressors
  - Medical conditions
- **Perpetuating Factors (Maintenance)**
  - Individual-level
  - Systems-level



# Predisposing Factors

- **Genetic vulnerability and temperament**
  - First degree relatives
  - Twin studies
- **Biochemical features**
  - Lower concentrations of serotonin and its metabolites
  - Norepinephrine and dopamine
- **Exposure to early chronic stress**
- **Chronic psychosocial stressors**

# Precipitating Factors

- **Acute psychosocial stressors**
  - Loss of significant interpersonal relationships
  - Significant change in role functions
  - Perceptions of predictability and controllability
- **Medical conditions**
  - Acute illness (e.g., thyroid dysfunction)
  - Medications

# Perpetuating Factors

## ■ Individual-level

- Passive/avoidant coping strategies
- Loss of pleasurable and meaningful activities
- Poor compliance with recommended treatments

## ■ Systems-level

- Changes to support system (e.g., loss, antagonistic relationships)
- Emergence of secondary stressors (e.g., loss of employment, financial strain)

# HS-Related Risk Factors for Depression

- Chronic medical condition with history of recurrences
- Significant burden of medical management and self-care, even in spite of compliance
- Pain, immobility, and secondary medical problems
- Changes in physical appearance and self-concept
- Social withdrawal and isolation
- Increased financial stressors

*Management of  
Depression in  
Chronic Illness*

# Barriers to Care

- Majority of individuals with depression do not access treatment
- Significant delays in seeking treatment
- Despite the availability of effective treatments, multiple barriers exist to accessing care
  - Individual-level
  - Provider-level
  - Systems-level

# Approaching Treatment

Managing  
Symptoms

Improving  
Function



# Treatment Approaches

- Practical self-care strategies
- Psychotherapy
- Medication management

*Keep in mind that there are  
multiple pathways to wellness*



# Practical Self-Care Strategies

- Get education about the nature of depression and effective treatment options
- Pay attention to yourself; reflect on “functional benchmarks”
- Remember the basics: rest, exercise, healthy diet
- Talk with a family member, friend, and/or provider about your concerns; write down how you might express yourself

# Practical Self-Care Strategies

- Avoid avoidance
  - Avoidance and withdrawal may provide temporary relief, but will often lead to longer-term problems
  - Illness happens in a system; enlist family members and friends as coaches
  - Gradually re-introduce yourself to previously avoided situations
- Build more meaningful experiences back into your life

# Psychotherapy

- Many different forms of psychotherapy; those that emphasize skill-building, problem-solving, and an interpersonal focus are the most indicated
- Emphasis should be placed on the present, and learning how to modify personal and contextual factors that are maintaining the problem(s)
- Developing new skills and habits takes time and practice

# General Components of Therapy

- Assessment and Self-Monitoring
  - Baseline and outcomes; self-monitoring
- Education
  - Corrective information
- Stress management training
- Modifying negative beliefs
- Gradual exposure

# Stress Management Training

- Learning how to build in “pressure release valves” and gaining control over the volume knob of the stress response
- Skills can be used for acute application or general stress reduction
- Various types of relaxation interventions: deep breathing, progressive muscle, guided imagery, meditation, yoga

# Modifying Negative Beliefs

- Depression is associated with changes in both the content and process of our thinking
- Learn to identify the relationships between events, thoughts, emotional/physical responses, behaviors, and outcomes
- Two ways to manage negative thinking:
  - Content-oriented approaches
  - Process-oriented approaches

# Content-Oriented Approaches

- Common themes in depressed thinking include:
  - All or nothing; thinking the worst
  - Over-estimation and under-estimation biases
  - Disqualifying the positive; personalization
  - “Should” statements
- Directly challenge negative thoughts; treat thoughts as hypotheses and directly weight the evidence
- Learn to develop alternate thoughts and interpretations (regain flexibility in thinking)

# Questions to Ask Yourself

- “What advice would you give to a friend in the same situation?”
- “What’s another way of looking at this?”
- “What does your experience suggest will happen in this situation?”
- “Is the way you’re thinking about this helping you?”
- “Is that a reasonable expectation? What makes you think so?”



# Process-Oriented Approaches

- Treat thinking as a behavior
  - Understand the functions and consequences of rumination and isolation
- Develop alternate coping and problem-solving skills
- Learn skills to remain more present in the moment
  - Acceptance, mindfulness
- Learn functional distraction strategies

# Gradual Exposure

- Goal is to improve tolerance and comfort in previously avoided situations (e.g., social)
- Problem-solving approach to directly test and challenge negative beliefs
- Opportunity to practice and refine skills
- Opportunity to rebuild self-confidence, social support, and more personally meaningful activities

# Medication Management

- Antidepressant medications indicated for depression, anxiety, and pain conditions
- Mechanism of action is usually based on increasing the availability of serotonin in the system
  - Prozac, Zoloft, Paxil
- Certain medications also increase the availability of other neurotransmitters
  - Effexor, Wellbutrin

# Medication Management

- Therapeutic levels reached within 2-8 weeks of initiating treatment
  - Main effects
  - Side effects
  - Medication compliance and the “fair trial”
- Body as a lock and medication as a key
  - Type
  - Dose

# Skills or Pills?

- Clinical effectiveness
  - Depression alone vs. co-occurring problems
- Availability
- Cost
- Effort
- Side effects and interactions
- Duration

# *Accessing Care*

# *Take Home Messages*

- Depression is a common condition that complicates medical outcomes
- Depression usually co-occurs with other problems
- Depression happens in a system
- Depression is a treatable condition
- There are multiple pathways to managing depression

*Where do we go  
from here?*