



Common Mental Health Disorders - depression/anxiety

- Even though depression and anxiety are two separate diagnoses, often there is an overlap of symptoms, risk factors and treatments therefore we can consider them together
- These problems are very common but often missed because patients usually present with physical symptoms
- If someone presents with multiple, chronic complaints, think of depression
- Risk factors for depression/anxiety = chronic disease, female, money problems, difficult social history, alcohol/drugs

Clinical Features of depression/anxiety - Patients often complain of physical symptoms but on questioning,

they will describe psychological symptoms

Presenting complaints Tiredness, fatigue, weakness Vague aches and pains all over the body Crawling or burning sensations Disturbed sleep (early morning waking/insomnia, sometimes too much sleep) Reduced appetite (sometimes increased) Palpitations, Chest pain, Dizziness, Shortness of breath / feeling of suffocation Headaches, Trembling, Shaking all over Pins and needles, Nausea Non-specific abdominal complaints Panic attacks, Poor sleep	anxiety depression	Complaints on inquiry Feeling sad and miserable (majority of the day, most days) Feeling a loss of interest and pleasure in life / activities Feeling irritable, guilty, and/or hopeless about the future Difficulty making decisions 'Thinking too much' Difficulty concentrating and carrying out everyday activities Low self esteem Thoughts that it would be better if one was not alive Suicidal ideas and plans Feeling as if something terrible is going to happen Feeling scared Worrying too much about one's problems or one's health Thoughts that one is going to die, lose control or go mad
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Diagnosis and management of depression/anxiety

Depression and anxiety are normal human experiences in stressful/sad situations, but are *classified as an illness if symptoms last longer than 2 weeks AND symptoms are present most of the day, on most days*

1. Screening and further assessment:

Do you feel down, depressed or hopeless?	If yes to either/both questions, then		
Do you have little interest or pleasure in doing things?	complete PHQ-9 questionnaire		
Do you feel nervous, anxious or on edge?	If yes to either/both questions, then		
Are you not able to stop or control your worry?	complete GAD-7 questionnaire		

- 2. Perform PHQ-9/GAD-7 questionnaires as indicated to confirm diagnosis, to assess severity and to give baseline (see following pages or MDCalc)
- 3. If thoughts of death, then establish risk of suicide (see page 3)
- 4. Rule out bipolar disorder (periods of increased energy? periods of decreased *need* for sleep?) and normal bereavement (usually resolves within 4 months).
- 5. Consider medical disorders or medication that could resemble or exacerbate depression:
 - Consider malnutrition; look at management of any chronic diseases
 - Investigations: **TSH and Hb as minimum**, other tests if indicated
 - Check drug history (steroids, oestrogens, beta-blockers especially)
 - Check for substance use (ask if patient drinks alcohol at all. If YES, see p3)
- Holistic advice for all patients with depression/anxiety, give patient information leaflet: "Tough times: There is Hope". Talk through relevant points as time allows. If the patient agrees, include supportive members of the family in discussions. (Printable version: <u>https://kijabehospital.org/guidelines/pl.php</u>)
- 7. Offer referral to psychology team, especially if significant symptoms (1000/- for up to 60 minutes)
- 8. Consider pharmacological treatment, especially if severe symptoms (fluoxetine best first choice) **see guideline** 'Medication in depression/anxiety' https://kijabehospital.org/guidelines/
- 9. Arrange follow-up (even if no medication given) to check response / level of symptoms, side effects, adherence, risk of suicide and to reinforce advice/counselling

References: mhGAP Intervention Guide, WHO, 2018 (version 2); Oxford Handbook of Tropical Medicine, chapter 19, 4th edition, Oxford University Press, 2014; Kenya Mental Health Policy 2015-2030, MOH 2015; Practical guide to mental health problems, Sian Hawkins, IAM, 2007; d/w Dr Andrew White, visiting psychiatrist 5/23

Discuss with consultant if:

- suicidal ideation
- unsure about diagnosis
- possible bipolar disorder
- substance abuse
- not improving with treatment
- pregnant or breast-feeding
- age under 18 years
- considering stopping medication

Kijabe OPD Guidelines

PHQ-9 Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

PHQ-9 score	Depression severity	Comments
0-4	Minimal or none	Monitor, may not require active treatment
5-9	Mild	Use clinical judgement (symptom duration, functional
10-14	Moderate	impairment) to determine necessity of treatment
15-19	Moderately severe	Warrants active treatment
20-27	Severe	

GAD-7 Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Bring so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

GAD-7 score	Symptom severity	Comments
5-9	Mild	Monitor
10-14	Moderate	Possibly clinically significant condition
>15	Severe	Active treatment probably warranted

Kijabe OPD Guidelines

Assessing suicide risk

Modified SAD PERSONS scale of Hockbeyer and Rothstein

Parameter	Finding	Points	Patient's score
Sex/Gender of Patient	Male	1	
	Female	0	
Age	< 19	1	
	19 – 45	0	
	> 45	1	
Depression or Hopelessness	Present	2	
	Absent	0	
Previous suicide attempts	Present	1	
or psychiatric care	Absent	0	
Excessive Alcohol or drug	Excessive	1	
use	Not excessive or more	0	
Rational thinking loss	Loss due to organic brain syndrome or psychosis	2	
	Intact	0	
Separated, divorced or	Separated, divorced or widowed	1	
widowed	Married or always single	0	
Organised or serious	Organised, well thought out or serious	2	
attempt	Neither	0	
No social support	None (no close family, friends, job or active religious affiliation	1	
	Present	0	
Stated future intent	Determined to repeat attempt or ambivalent about the prospect	2	
	No intent	0	

Score	Management
	May be safe to discharge,
0 – 5	depending on circumstances, rarely
	requires hospitalization
6 – 8	Emergency psychiatric/psychologist
	consultation
	Probably requires hospitalization,
9 – 14	liaise with senior doctor and
	psychologist

This suicide scale is a guide only CLINICAL JUDGEMENT MUST BE EXERCISED!

Screening for alcohol dependence

