

Depression

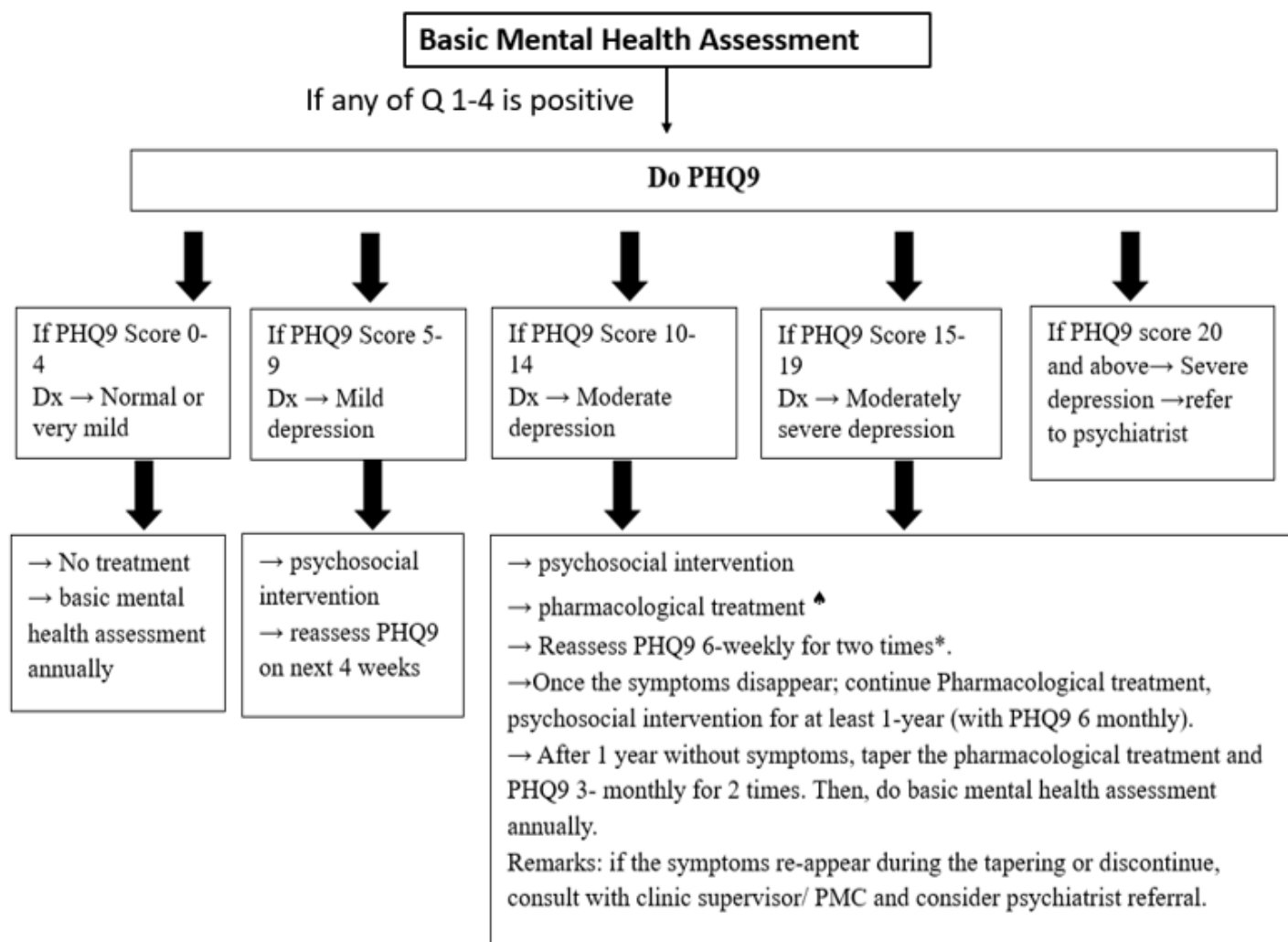
Depression is characterized by persistent depressed mood, loss of interest or pleasure for at least 2 weeks, resulting in significant functional impairment in personal, social, and professional life.

စိတ်ကျရောဂါသည် အနည်းဆုံး(၂)ပတ်ဆက်တိုက် စိတ်ဓာတ်ကျနေခြင်း၊ အရာရာကိုစိတ်ပါဝင်စားမှု မရှိခြင်း စသည့် လက္ခဏာရပ်များဖြင့် ဖော်ပြလေ့ရှိပြီး၊ ၎င်း၏ အကျိုးဆက်အနေဖြင့်ကိုယ်ရေးကိုယ်တာ၊ လူမှုရေးနှင့် အလုပ်အကိုင် (သက်မွေးဝမ်းကျောင်း) ဘဝများတွင် နေ့စဉ်လုပ်ဆောင်နိုင်စွမ်းကို သိသာထင်ရှားစွာထိခိုက် ချို့ယွင်း စေပါသည်။

Remark:

စိတ်ကျရောဂါနှင့် အရက်သို့မဟုတ် ဆေးစွဲရောဂါများသည် ဆက်သွယ်မှု ရှိပါသည်။ စိတ်ကျရောဂါသည် မိမိကိုယ်ကိုယ်သေကြောင်းကြံစည်နိုင်ခြင်းနှင့် ဆက်စပ်နေနိုင်ပါသည်။

Depression Management Flow



* Discuss with the clinic supervisors/ PMC and prepare to refer to psychiatrist if the symptoms do not disappear within 12 weeks of pharmacological management. Psychosocial intervention should be continued.

♠ Check and exclude the followings:

5. Any medical or organic cause. If yes, treat accordingly. (such as Cryptococcal meningitis, cerebral malaria, infection etcs)
6. Any drug side-effect (such as Efavirenz, steroid)
7. If suspected mania with bipolar or history of bipolar, refer to psychiatrist for bipolar management.
8. Check any illicit drug uses. Check s/s of acute intoxication or withdrawals or dependence. If yes, manage accordingly (see substance use disorder). Anti-depressant can be provided to relieve the temporary symptoms.

Pharmacological treatment for depression

Fluoxetine (SSRI-selective serotonin reuptake inhibitor):

- Start 10 mg daily for one week then 20 mg daily.
 - If no response in 6 weeks, increase to 40 mg
 - If no response in next 6 weeks, refer to the psychiatrist
 - Maximum is 80 mg
 - Weekly follow up for the first 4 weeks, to monitor thoughts or plans of suicide.
 - Don't use in pregnancy and lactating women, consult a specialist.
- Elderly/medically ill: preferred choice. Start 10 mg daily, then increase to 20 mg (maximum 40 mg).
- Adolescents: Start 10 mg daily. Increase to 20 mg daily if no response in 6 weeks (maximum 40 mg).

Side effects of Fluoxetine

Common: Sedation, insomnia, headache, dizziness, gastrointestinal disturbances, changes in appetite, and sexual dysfunction.

Serious: bleeding abnormalities in those who use Aspirin or other non-steroidal anti-inflammatory drugs, low sodium levels.

Cautions:

- If the person develops a manic episode, stop the antidepressant immediately; it may trigger a manic episode in untreated bipolar disorder.

- Do not combine with other antidepressants, as this may cause serotonin syndrome (ranging from mild symptoms (shivering and diarrhea) to severe (muscle rigidity, fever and seizure), severe serotonin syndrome can cause death if not treated).
- Antidepressants may increase suicidal ideation, especially in adolescents and young adults.

Drug-Drug interactions with fluoxetine

- Avoid combination with warfarin (may increase bleeding risk)
- May increase levels of Tricyclic Anti-depressant (TCAs), antipsychotics, and beta-blockers
- Caution in combination with tamoxifen, codeine, and tramadol (can reduce the effect of these drugs).

Follow up after management with anti-depressant

- Schedule the second appointment within 1 week

Is the person improving?

No

Yes

If on antidepressants, assess:

- **Does the person take the medication as prescribed?**
If not, explore reasons why and encourage adherence.
- **Are there side effects?**
If yes, evaluate and weigh benefits of treatment.
If no to side effects to antidepressants, increase dose if no response in 6 weeks, then follow-up in 1-2 weeks.
- **CAUTION WITH DOSE INCREASE.**

CLOSE FOLLOW-UP NEEDED DUE TO POSSIBLE INCREASE IN SIDE EFFECTS.

Remark: If the symptoms persist after 12 weeks on antidepressant management, refer to psychiatrist.

- Encourage the person to continue with their current management plan until they are *symptom free for 9-12 months*.
- **Arrange a further follow up appointment in 1-2 weeks.**
- Decrease contact as the person's symptoms improve, e.g. once every 3 months after the initial 3 months.
Note: follow up should continue until the person no longer has any symptoms of depression.

If there are the symptoms of mania, discontinue antidepressant and consult a specialist to treat mania.

If the person has been symptom free for 9-12 months

- Discuss with the person the risks and benefits of stopping the medication.
- **Taper the dose of medication gradually, over a minimum of 4 weeks.**
- After 1 year without symptoms, do GAD7 3- monthly for 2 times. Then, do basic mental health assessment annually.
- Remarks: if the symptoms re-appear during the tapering or discontinue, consult with the clinic supervisor/ PMC and consider psychiatrist referral.