DEPRESSION GOALS AND OBJECTIVES

Learning Objectives-2nd year lecture
1. Diagnose depressive disorders including major depression, (with melancholic features, atypical features, catatonic features), dysthymia, double depression, adjustment disorder (demoralization?), bereavement, and persistent sub-threshold depression.
2. Compare and contrast depression and dysthymia with normal mood variation, bereavement, adjustment disorder (demoralization?)
3. Summarize the differential diagnosis (including general medical and substance-induced disorders), course of illness, co-morbidity, prognosis, and complications of depressive disorders
4. Describe the treatment, and prognosis of depressive disorders including major depression (with melancholic features, psychotic features, atypical features, catatonic features, seasonal pattern, and postpartum onset;
5. Compare and contrast the clinical presentations of mood disorders in children/teens, adults, and the elderly and in medical illness
6. Explain the term “masked depression” and develop an approach to evaluating and treating mood disorders in a general medical practice

Learning Objectives-3rd year clerkship
Will recognize, evaluate, and state the treatments for patients with depressive mood disorders
7. Summarize the etiologies of depressive mood disorders. This includes neurobiological (Monoamine Hypothesis; Receptor Hypothesis), genetic, psychological, and environmental.
8. Recall the epidemiologic features, prevalence rates, and lifetime risks of depressive mood disorders in clinical and non-clinical populations
9. Explain the increased prevalence of and treatment of major depression in patients with general medical-surgical illness (e.g myocardial infarction, diabetes, cardiovascular or cerebrovascular accidents, hip fractures) and the impact of depression on morbidity and mortality from their illness
10. Outline the recommended acute and maintenance treatments for major depression and dysthymia
11. Recall the characteristics and techniques of, and situations for use of the non-pharmacological treatments for depression, including psychotherapy, cognitive therapy, couples therapy, and phototherapy
12. Summarize the evidence base for use of specific psychotherapies in depressive episodes
13. Explain the controversies involving treating or not treating depression during pregnancy including effects on the mother and developing fetus
14. Describe what steps can be taken to identify depression within a primary care setting and enhance compliance

Pharmacology
15. Summarize the mechanism of action of: tricyclics (TCA’s), monoamine oxidase inhibitors (MAOI’s), selective serotonin reuptake inhibitors (SSRI’s), serotonin norepinephrine reuptake inhibitors (SNRI’s) Norepinephrine and Dopamine Reuptake blockers (NDRI’s), and Noradrenergic and specific serotonergic antidepressants (NaSSA)
16. Recall the neuroreceptor system interactions of and resulting common side effects of: tricyclics (TCA’s), monoamine oxidase inhibitors (MAOI’s), Norepinephrine and Dopamine Reuptake blockers (NDRI’s), and Noradrenergic and specific serotonergic antidepressants (NaSSA)
17. Recall the serotonergic and norepinephrine projections and summarize the common side effects of antidepressants that effects these neurotransmitter systems.
18. Summarize the serious side effects and signs of toxicity of the antidepressants, especially TCA risk of cardiotoxicity, MAOI risk of hypertensive crisis and serotonin syndrome, and SSRI risk of serotonin syndrome.
19. Recall the dietary and pharmacologic restrictions in prescribing a monoamine oxidase inhibitor
20. Summarize the strategies of antidepressant use including the concept of an adequate medication trial, and situations that call for continuation of treatment and maintenance treatment.