

The Intersection of PTSD and Major Depression



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The Numbers

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- As of 2nd QTR of FY 2009 Possible mental health problems reported among 45.6% (193,879) of the 425,538 eligible OEF/OIF veterans who have presented to VA
- Provisional MH diagnoses include:
 - ✦ PTSD 101,882
 - (24% of all who presented to VA)
 - ✦ **Depressive Disorder:** 69,474
 - ✦ **Affective Psychoses** 39,825
 - ✦ Neurotic Disorders: 55,842
 - ✦ Nondependent Abuse of Drugs: 30,406
 - (Plus 53,153 Tobacco Use Disorder)
 - ✦ Alcohol Dependence: 18,054

Defining Affective Psychoses

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296 Affective psychoses

Mental disorders, usually recurrent, in which there is a **severe disturbance of mood** [mostly compounded of **depression and anxiety** but **also** manifested as **elation and excitement**] which is **accompanied by one or more of the following:**

Delusions, perplexity, disturbed attitude to self, disorder of perception and behavior; these are all **in keeping with the patient's prevailing mood** [as are hallucinations when they occur].

There is a **strong tendency to suicide.**

For practical reasons, **mild disorders of mood may also be included here** if the symptoms match closely the descriptions given; this applies particularly to mild hypomania

High Rate of Comorbidity

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- **40-70% of veterans with PTSD will ALSO meet criteria for Major Depression**

The Combination of PTSD and Major Depression

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- Higher rate of suicide: especially if substance abuse is also in the picture
 - 40-70% comorbidity of a substance use disorder among patients with PTSD
- Patients with PTSD and depression have greater utilization of specialty mental health treatments and antidepressant medications and higher mental health care costs than depressed patients without PTSD
 - Reported by D. Chan et al., *Psychiatr Serv* 60:1612-1617, December 2009

Strong Overlap of Symptoms and Signs

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- **PTSD and Major Depression share the following:**
 - Chronic, painful review of thoughts, images and ideas
 - Markedly diminished interest or participation
 - Feeling of detachment or estrangement from others
 - Restricted range of affect/feelings
 - Negative expectations about the future/profound pessimism
 - Sleep problems
 - Anxiety
 - Irritability
 - Trouble concentrating
 - Guilt (Survival Guilt)
 - Risk of Suicide

But PTSD and Major Depression are Biologically Distinct Disorders

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- Patients with melancholic depression tend to be non-suppressors of cortisol on the Dexamethasone Suppression Test (DST) while patients with PTSD are not
 - Kudler, H., Davidson J., Meador, K., Lipper, S., Ely T. The DST in post-traumatic stress disorder. American Journal of Psychiatry, 144:1068-1071, 1987
- A series of subsequent studies by Rachel Yehuda revealed that patients with PTSD were, in fact, “super-suppressors of cortisol”
 - This demonstrates that PTSD is neither the same as depression *nor* stress

The Rural Connection

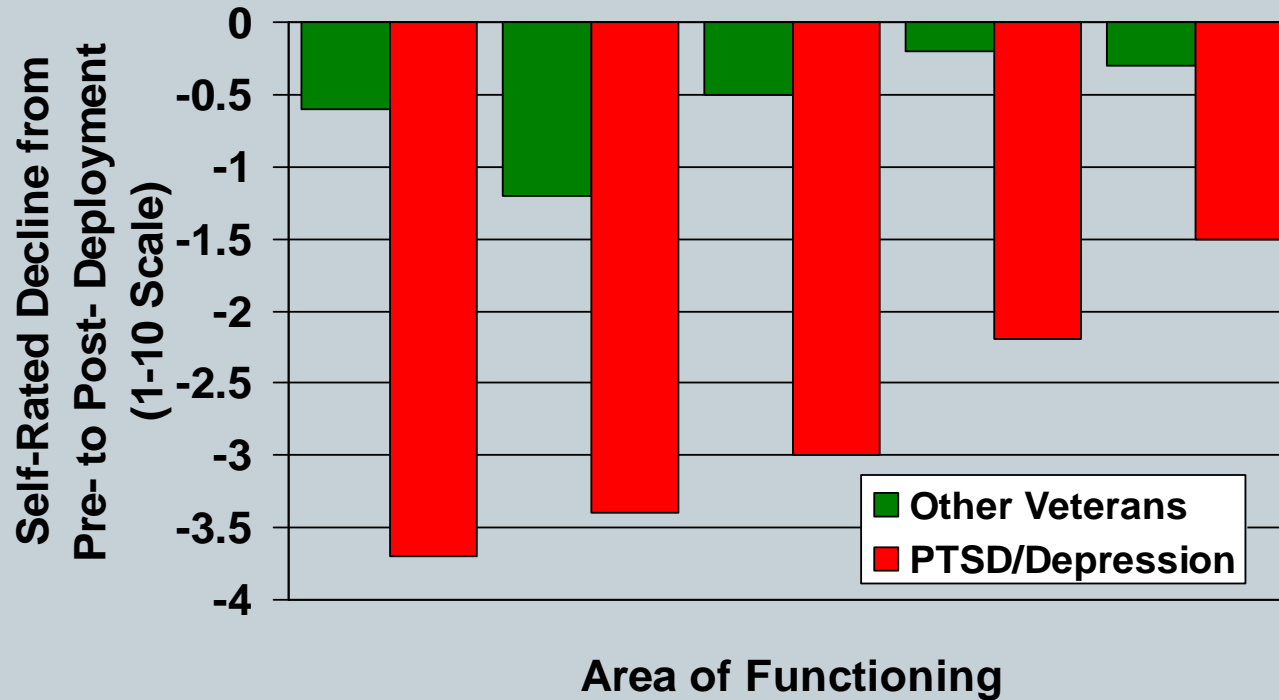
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- In a study of the West Virginia National Guard, Scotti and Heady found that 56% of Rural Veterans had scores suggesting PTSD and/or Depression
 - Significantly higher than rate for Urban Veterans (32%)
- Combat Exposure Scale
 - Higher scores (more combat exposure) for Rural than for Urban Veterans

Decline in Function

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Decline in Five Areas of Functioning
(Pre- to Post-Deployment) by Group*



Decline in Functioning

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- Rural Veterans with PTSD/Depression reported lower levels of function on each of the 5 indices than:
 - Rural Veterans without PTSD/Depression *or:*
 - Urban Veterans *with or without* PTSD/Depression
- 50% of Veterans in NC are rural

Treatment

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- **Clinical Practice Guidelines**
 - Separate VA/DoD Guidelines for PTSD and Depressive Disorders which refer to one another when both conditions are present
 - Significant overlap among the Evidence-Based Therapies available for each disorder
 - ✦ Cognitive Behavioral Therapy
 - ✦ Psychodynamic Therapy
 - Good evidence for efficacy in Major Depression
 - One Randomized Control Trial in PTSD
 - ✦ Antidepressant Medications

What is the Relation of PTSD to Major Depression?

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- Two distinct disorders which may begin with the same stressful event
- May reflect similar biological and psychological predispositions which combine with the stressor to create a complex “rippling effect” of biological and psychological systems
- Both are medical reductions of problems in living which may sometimes be better understood from the social, spiritual and/or moral perspective
 - Survivor guilt may say more about these aspects of living than it says about your serotonin transport genes

Recommendations/Gaps

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- Screen for both PTSD and Major Depression in general populations and, in particular, among veterans
 - Good tools are available for both
- Be ready for a positive screen in Primary Care and Mental Health Settings
 - Ensure access to Evidence-Based Practices
 - This will require engagement with Primary Care Clinics in DoD, VA, State programs and the Community across NC
 - Development of seamlessly integrated mid-level providers specially trained to implement evidence-based treatment while also supporting (and training) traditional Primary Care Staff

QUESTIONS?