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# #51 PAPER 67 - MILD DEPRESSION: THE PHARMACOLOGICAL AND PSYCHOTHERAPEUTIC TREATMENT

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***Abstract***
*From a psychopathological point of view depression is the most frequent pathological state. It seems that a person out of ten within the modern society presents twice or even three times along their existence, mental or thymic disorders of depressive nature sever enough to request supportive therapy. The purpose of this study was to asses within the conduct of the complex pharmacological and psychotherapeutic act, the dynamics of the evolution and amelioration of the depression among the investigated patients (N=40). Another objective is represented by the rapport between the intensity of depression experienced among the patients investigated within two stages: the beginning and the ending of the combined therapeutic act.*
***Keywords****: depression; psychoterapeutic treatment; pharmacological treatment*

## 1. INTRODUCTION

Depression represents a negative polarization with an integral shift in personality towards experiencing moral pain (Lewinsohn, Allen, Seeley, & Gotlib, 1999). It's prevalence continues to grow (The World Health Organization estimated that 7% of the global population was affected in the year 2007) and seems to be justified by a more precise and precocious diagnosis, increased life span, making individuals more susceptible to develop an affective disorder during their life, along with the accelerated rhythm of the modern life, generator of a continuous stress; these factors make conflicts and lack of disappointments to be experienced as depression by sensible, emotive people. The cognitive approach to psychopathology has led to the development of several theories (Weckowicz & Weckowicz, 1990). Among these, some mostly emphasize distortions or disorders of the cognitive structure and are mostly interested in the informational input. It is the case of what we may consider to be the present cognitive theories: the Kelly's "personal constructs" theory (1955) and the theoretical framework which represents the foundation of Ellis' Rational-Emotive Therapy (1962). At the same time we may find the cognitive theory regarding depression as formulates by Aaron T. Beck (1967, 1976, 1994), author whose contributions to developing the cognitive psychopathology are fundamental.

A second section reunites the theories mostly preoccupied by the ineffective behavioral strategies, namely the behavioral outputs. According to Beck's theory, the distal contributive causes are the cognitive diathesis and the stress produced by negative life events. According to Beck (1967), there is a disposition which makes some people have the tendency to present negative cognitive distortions more often than others regarding one's self, the world and the future.

Beck also supports the idea that the cognitive diathesis is built by what he describes as a scheme, defined as an organized representation of previous knowledge which orientates the approach to the present information (Beck, Guth, Steer, & Ball, 1997). The scheme is built starting with the information collected through previous experiences.

It selects filters and makes an interpretation of the information, leading to a depressive sense of the events experienced by the subject. As activated by the stress provoked by life's negative events, the depressive scheme leads to cognitive distortions of the information received by the subject. The cognitive distortions (proximal contributive causes) are considered as relative automatic products of the way the information is treated and include types of logical errors (Beck, 1979) such as the arbitrary inference, the selective abstraction, overgeneralization, minimizing and maximizing, personalizing, etc.

The pharmacological treatment of depression has known, on the other hand, a spectacular evolution and, because of that, the study of antidepressants represents a priority domain of psychopharmacology. The selection

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of the anti-depressants is based on the following criteria: efficacy proven in clinical studies, safety of administration, tolerance and clinical efficiency (Preskorn, 1994, Simon, 2001).

The response time of an antidepressant is very important both for the immediate prognosis and also for the further one, as a potentially efficient anti-depressive lowers the scores of depression after the first week (Li, Luikart, Birnbaum, Chen, Kwon, Kernie, & Parada, 2008). Nierenberg and his collaborators (1999), in a study regarding the antidepressant response to fluoxetine have tried to determine what variables are associated to the quicker or slower response to treatment. Authors consider that the non-respondents of weeks 4-6 have a lower probability to respond during the 8th week (75-80% chances of not responding in 8 weeks). Lyness and the collaborators (2006) have associated the quick response (even from the first week) to the therapeutic remission.

In a study regarding the differential responses to psychotherapy versus pharmacotherapy in patients with depression, Nemerofff and the collaborators (2003) concluded that the effects of the antidepressant alone and psychotherapy alone were equal and significantly less effective than combination treatment.

The present estimations show that by the year 2020 depression will be the second cause of morbidity, following the ischemic heart disease. At the moment its prevalence reached approximately 15-17% while its chronicisation rate reaches 15-20% (Gentili, Panicucci, & Guazzelli, 2005). With each new episode, the recurrence probability raises by 16% while 50-80% of the patients will reach at least of recurrence after the first episode. The social costs implied by depression are immense. These are sufficient motives to justify the important efforts which are made in order to find the best strategies of improving the quality of the therapeutic response and the percentage of the ones who responded to the treatment and also lowering the chronicisation rate.

## 2. METHOD AND PARTICIPANTS

The complex medical and psychotherapeutic approach to medium depression regardless of its parameters (disorder intensity, type of evolution, age and socio-cultural level of the subject) – need a close research of its psychogenesis. In depression's psychogenesis and psychodynamics, self and peer evaluation on a cognitive level include a labor of trespassing all elements met along the depressive symptoms of a patient. Based on these considerations we proposed that in the case of a sample of patients psychiatrically diagnosed with medium depression to follow the way in which the system of evaluation and peer evaluation composed from the scales destined to appreciate the intensity of the affective disorder is built as an image. We also proposed to follow, within the conduct of the complex psychotherapeutic and pharmacological act, the dynamics of the evolution and amelioration of the depression among the investigated patients. Also another objective is represented by the rapport between the intensity of depression experienced among the patients investigated within two stages: the beginning and the ending of the combined therapeutic act.

### *2.1. Participants*

In order to illustrate the mentioned challenges a group of mild depression patients has been analyzed, namely patients of a specialized hospital in Bucharest, November 2014 – May 2015. The patients group (N=40) has been divided into two subgroups, thus the first being treated according to the clinical type of the depression according to the therapeutic schemes of the clinician. The second subgroup followed the pharmacological treatment together with cognitive-behavioral intervention after a period of at least two weeks from initiating the pharmacological treatment. All subjects have participated voluntarily to completing the settled tasks, at the beginning and the ending of the established period of treatment. Each patient was presented to purpose of applying the specialty tasks and was guaranteed full confidentiality.

### *2.2. Instruments*

Beck Depression Inventory (BDI, 1961) includes 21 items graded according to the presence and severity of the symptoms thus reflecting the degree of intensity based on three points namely 0.1 and 2. The zero point defines the absence of the depressive symptoms. For each category, the subject must choose one of the four items which best suits them. A comparison between the scores obtained by the patients at the admission and the ones obtained at the end of the treatment allows showing the fact that the Beck Depression Inventory is also usable as a self-assessment of the therapeutic efficiency.

Hamilton Depression Rating Scale (HDRS, 1960) represents the most utilized instrument in scientific research and also in clinical psychiatric assessment regarding the investigation and evaluation of the depressive

disorder and also of the anti-depressive efficiency. The scale, known as a standard scale for evaluation depression by an observer contains 21 items of three or five listing degrees, from 0 to 2 or from 0 to 4.

Zung Self-Rating Depression Scale (1965) evaluates the severity of depression through the frequency of symptoms. Containing a number of 20 items, each graded from 1 to 4, the mentioned scale sights the differentiation of the depression severity through the frequency of symptoms and the depressive patients from the non-depressive ones and also reflecting the therapeutic efficiency. It can be noted that this scale cannot be completed by patients suffering from major depression.

## 3. RESULTS AND DISCUSSION

The self-evaluation assessment along with the peer assessment provided by specialists confirm the presents of the depressive disorder of several degrees along the investigated patients (mostly medium depression, followed by a part of the patients who show the other two types: low depression and severe) obtained through a clinical and psychological assessment. For example, by applying the Beck's Depression Inventory we have concluded that the distribution of the obtained scores showed that 22.6% of the subjects of the clinical sample present a type of low depression; 75% of the clinical sample subjects present a type of depression of medium intensity and 1.6% of the subjects present a type of severe depression. The obtained results regarding the application of the Hamilton and Zung scales are shown in the following table.

Table 1. Distribution of the scores Hamilton and Zung

| Hamilton Depression Rating Scale | Zung Self-Rating Depression Scale |
|---|---|
| 29 % Low Level Depression | 27,4 % Mildly Depressed |
| 64,5 % Moderate Depression | 71 % Moderately Depressed |
| 6,5 % Severe Depression | 1,6 % Severely Depressed |

By the end of the treatment, as a result of elaborating the therapeutic protocol, a new application of the auto and peer assessment instruments on the two subgroups, respectively subgroup clinic1 (antidepressant based clinical treatment, N=20) and clinical subgroup 2 (antidepressant treatment and group cognitive-behavioral psychotherapy, N=20). In order to evaluate depression with the help of Beck Depression Inventory we have obtained t (df =52,286) of 2,760 which corresponds to p = 0,008. The evaluation of depression with the help of the Zung Self-Rating Depression Scale allowed the result of t (df =57,606) of 0,996, which corresponds to p = 0,005. In order to evaluate depression with the help of the Hamilton Depression Rating Scale we have obtained t (df =56,650) of 1,074 which corresponds to p = 0,005.

We may assert that the clinical population presents depressive symptoms different in intensity, thus the subgroup 2 of patients receiving treatment consisting in both antidepressant administration and participation to a Cognitive-Behavioral psychotherapy group has shown a higher diminishing of the depressive symptoms toward clinical subgroup 1 which benefited only from medical treatment.

## 4. CONCLUSION

Knowledge on and diagnosing depression triggers an adequate clinical and ambulatory management of the disorder, process which includes specialized personnel, as the psychiatrist's conduct and communication and alliance with the psychologist are constitutes as a guarantee of replacing the suffering person to a real and more lively world (Blumenthal, Babyak, Doraiswamy, Watkins, Hoffman, Barbour, & Sherwood, 2007).

Psychotherapy through its definition and meaning has the purpose of individualizing the rediscovery of reality and return in the world of the individuals who are not longer consistent to themselves, namely the ones they were before developing the disorder.

The combination of psychotherapy with pharmacological treatment can be more efficient that any of all the known methods and the guides available in the psychiatric literature based on the clinical experience recommend the simultaneous use of medication and psychotherapy (Thase, Greenhouse, Frank, Reynolds, Pilkonis, Hurley, & Kupfer, 1997; Khan, Leventhal, Khan & Brown, 2002). In the case of patients with symptoms persistent after 6 to 8 weeks from antidepressant administration, the simultaneous psychotherapy ameliorates the compliance, satisfaction and results compared to regular care (Nemeroff, Heim, Thase, Klein, Rush, Schatzberg & Keller, 2003).

The specialty studies have proven that individual or group psychotherapy lead to lower risk of relapse after the symptom remission (Fava, Rafanelli, Cazzaro, Conti, & Grandi, 1998). Associating pharmacology to group cognitive-behavioral psychotherapy or by altering the two, as presented in our study, represents the optimal

therapeutic approach with the condition that the therapeutic strategy used in the case of depressions of medium intensity to be instituted punctually and permanently followed through means of specialized means.

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