

# Preventing Depression: New Directions

*Nicholas Allen PhD*

## Depression: The scope of the problem

- The WHO estimates that 121 million people suffer from clinical depression
- Treatment resources to address this need are insufficient and will be into the future
- Depression is estimated to become the second greatest burden of disease by 2020
- Prevention is an important part of how we can reduce the impact of depression on individuals and their communities

## Disease burden measured in Disability-Adjusted Life Years (DALYS)

Estimate 1990

Projection 2020

Rank	Cause	% total	Rank	Cause	% total
1	Lower respiratory infections	8.2	1	Ischaemic heart disease	5.9
2	Diarrhoeal diseases	7.2	2	<u>Unipolar major depression</u>	5.7
3	Perinatal conditions	6.7	3	Road traffic accidents	5.1
4	<u>Unipolar major depression</u>	3.7	4	Cerebrovascular disease	4.4
5	Ischaemic heart disease	3.4	5	Chronic obs pulmonary disease	4.2
6	Cerebrovascular disease	2.8	6	Lower respiratory infections	3.1
7	Tuberculosis	2.8	7	Tuberculosis	3.0
8	Measles	2.7	8	War	3.0
9	Road traffic accidents	2.5	9	Diarrhoeal diseases	2.7
10	Congenital abnormalities	2.4	10	HIV	2.6

In females and developing countries unipolar major depression is projected as becoming the leading cause of disease burden

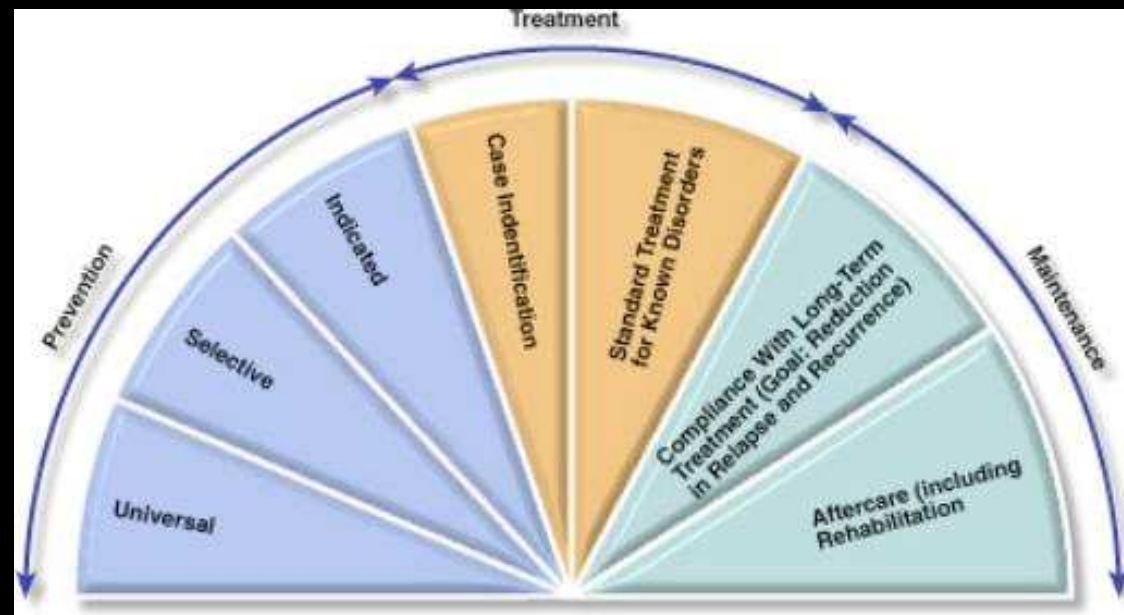
## Prevention, Treatment and Maintenance

- Prevention: Prior to the onset of the disorder
- Treatment: During the acute phase of the disorder
- Maintenance: After the acute phase to prevent relapse or recurrence

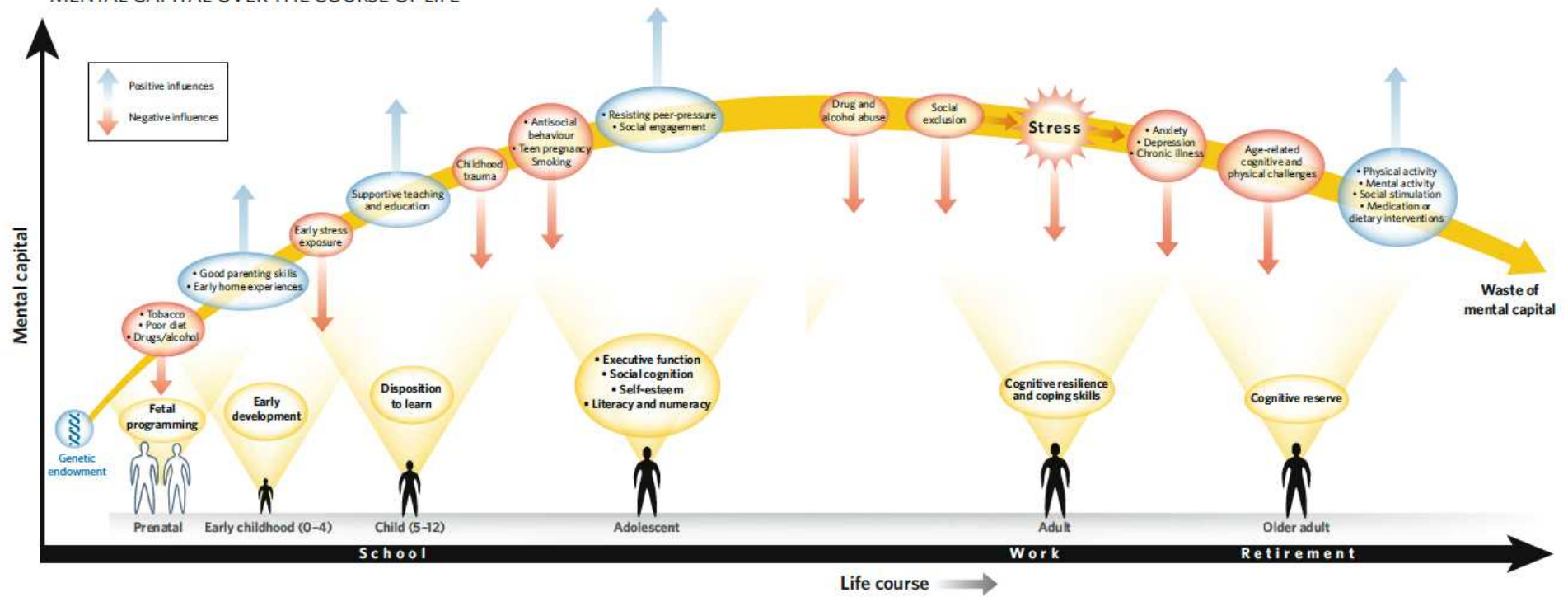
## Types of Prevention

- Universal Prevention: The whole population
- Selective Prevention: Targets those who are at risk (e.g., family history, gender, age)
- Indicated prevention: Targets those with early signs and symptoms

# Prevention, Treatment, Maintenance



# MENTAL CAPITAL OVER THE COURSE OF LIFE



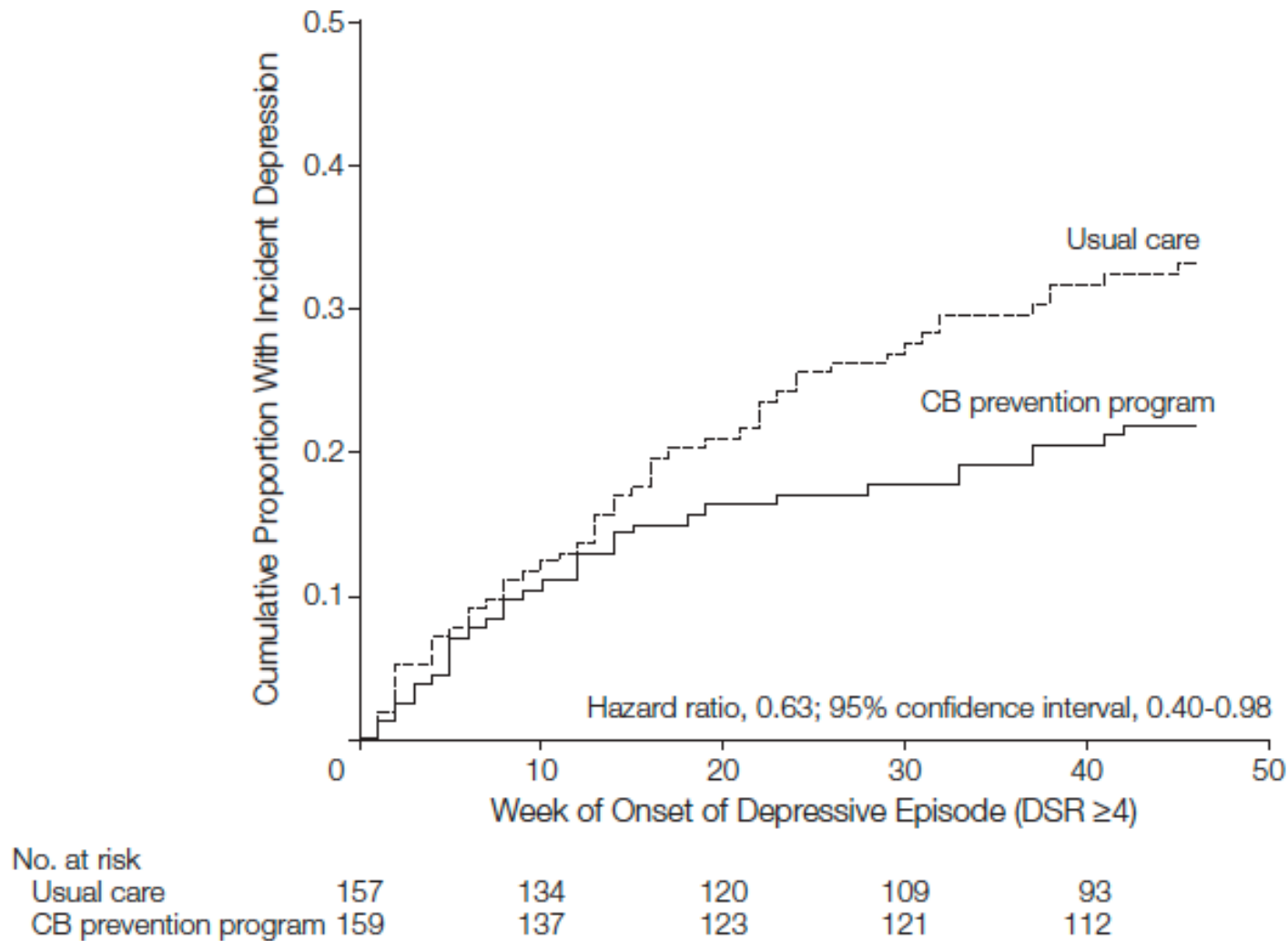
# Prevention of the First Episode of Depression

- Universal Prevention
- So far little evidence of effectiveness despite a number of good efforts
- Why?
  - Intervention is too diluted
  - Interventions have no effect on low risk people
  - Wrong approach tried

# Prevention of the First Episode of Depression

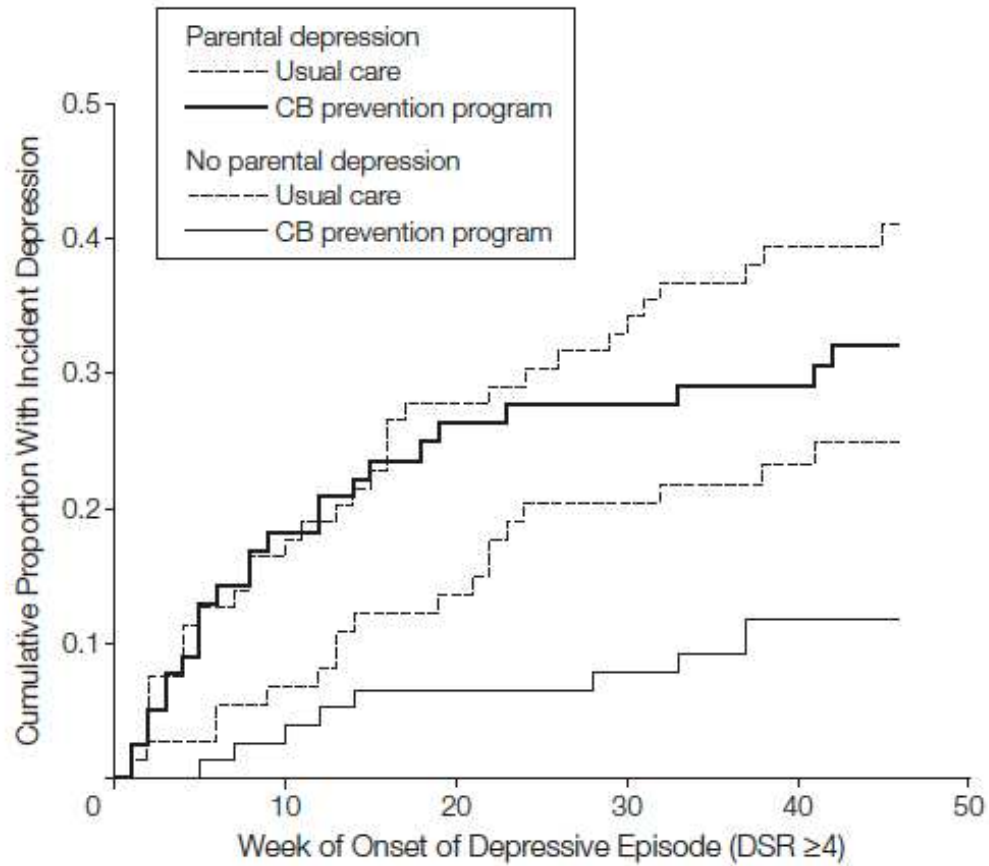
- Selective and Indicated Prevention
- Some very good results
- Garber et al. Prevention of depression in at-risk adolescents: a randomized controlled trial. JAMA (2009) vol. 301 (21) pp. 2215-24

**Figure 2.** Risk of Incident Depression by Intervention Condition



CB indicates cognitive behavioral.

**Figure 3.** Risk of Incident Depression by Intervention Condition and Baseline Parental Depression



No. at risk					
Parental depression					
Usual care	76	68	63	57	51
CB prevention program	81	62	53	52	48
No parental depression					
Usual care	81	66	57	52	42
CB prevention program	78	75	70	69	64

# Depression During Pregnancy and Postpartum

- Depression during this period has negative effects on both mother and infant
  - Elliot and colleagues showed that a psychoeducation group reduced rates of postpartum depression from 39% to 19% in an at risk group.
  - Zlotnick showed that interpersonal therapy reduced depression from 33% to 0 in a group of women with low SES and at least one depression risk factor
- More long term outcomes need to be studied

## Maintenance

- Recurrence: A new episode
- Relapse: Continuation of the previous episode following temporary symptom reduction without recovery.
- Two important evidence based approaches
  - Well being therapy
  - Mindfulness based cognitive therapy

## Depression is a recurrent condition

- 70% of people who have an episode of clinical depression will have a subsequent episode
- The mean number of episodes is 5 or 6
- Episodes often increase in frequency (i.e., shorter well time) and severity

# Mindfulness Based Cognitive Therapy (MBCT)

- Based on Jon Kabat-Zinn's mindfulness based meditation program
- Emphasises the skills associated with mindfulness:- being in the present moment, non-judgmental awareness of thoughts and sensations

# MBCT

- Rationale:
- People often relapse into a depressive episode because they are *unaware* that their mood is becoming increasingly depressed and down and that their thinking is shifting to the negative.
- Once they come to the realisation that they are entering into a depressive episode, they often feel unable to control their mood and thinking.

## Attentional Control Training

- Mindfulness based cognitive therapy allows people to disengage from depressive rumination before it becomes entrenched.
- This is achieved through encouraging a “decentered” view of ones thoughts, such as “thoughts are not facts” and “I am not my thoughts”.

## Attentional Control Training

- Exercises encourage the development of personal meditation practices (e.g., breathing meditation, body scan techniques) to increase awareness of thoughts and feelings
- Unlike regular CBT there is little emphasis on changing explicit thought content

## Attentional Control Training

- Teasdale, et al. (*J. of Consult. Clin. Psych. August 2000*) found that ACT reduced rates of relapse/recurrence of depression over a 60 week period for patients with a history of 3 or more previous episodes
- Relapse-recurrence rate of 37% for the ACT group, 66% for the treatment as usual group)

## Well Being Therapy

- Developed by Giovanni Fava based on Ryff's model of psychological well being
- Works on identifying cognitive behavioural processes that lead to premature interruption of well being

## Well Being Therapy

- Rationale:
- Analyses of longitudinal data has suggested that global life satisfaction and positive affect functions more as a *cause* than a consequence of people's satisfaction with specific life domains such as employment, leisure activities, and standard of living

# Ryff's Multidimensional Model of Well Being

- Well-being is comprised of a number of fundamental dimensions:
- Self Acceptance
- Positive Relations with others
- Autonomy
- Environmental Mastery
- Purpose in life
- Personal growth

# Wellbeing Therapy Session Plan

- **Initial Sessions**
- *Aims* – Identify and set into a situational context episodes of well-being, no matter how short lived they are.
- Psycho-education regarding Well-Being Therapy (e.g., description of 6 domains of psychological well-being)

# Wellbeing Therapy Session Plan

- **Initial Sessions (cont.)**
- Assess clients using Ryff's Scales of Psychological Well-Being to determine areas of specific impairments that will be the focus of treatment sessions.
- *Homework* – Ask clients to report only episodes of well-being, rated on a 0-100 scale, in a diary (do examples during session)

# Wellbeing Therapy Session Plan

## ○ Later Sessions

- *Aims* – Identify automatic thoughts and beliefs leading to premature interruption of well-being.
- *Homework* – Ask clients to continue reporting only episodes of well-being, rated on a 0-100 scale, in a diary.
- Use skills to identify and counteract automatic thoughts and beliefs leading to premature interruption of well-being

## Well Being Therapy

- Well being therapy has been used successfully in residual phase depression, prevention of recurrent depression, and to assist in those with panic disorder or agoraphobia who are resistant to exposure treatments (see Fava et al., *Psychological Medicine*, 1998)

## Efficiency

- MBCT is delivered on a group basis and takes up approximately 5 hours of total therapist time per patient
- Well-being therapy is delivered in an individual context, although in the Fava et al.(1998) study only required eight 40 minute sessions once every fortnight

# New Directions

- Families in early adolescence
- Sleep improvement during adolescence
- Internet interventions
- Outdoor/wilderness experiences
- Neighbourhood/community environments

# The Future of Depression Prevention

- Despite the challenges, there are many promising signs and approaches
- Preventing depression is likely to also prevent a range of other social problems
  - Suicide
  - Early childbearing
  - Unemployment
  - Poor relationships
- Prevention of depression is a challenging but achievable goal for this century