¶2.1

The Clinical Picture of Depression

Depression = (Low Mood ∪ Anhedonia) + Duration ≥ 2wks + Secondary Symptoms



Core Features (Must last ≥ 2 weeks)	Secondary Symptoms
Persistent low mood Loss of interest or pleasure (anhedonia)	• Changes in sleep and appetite • Profound tiredness • Poor concentration • Feelings of worthlessness or guilt • Slowed movement or agitation • Thoughts of death

Functional Impact: Significantly impairs functioning across work, home, and relationships.

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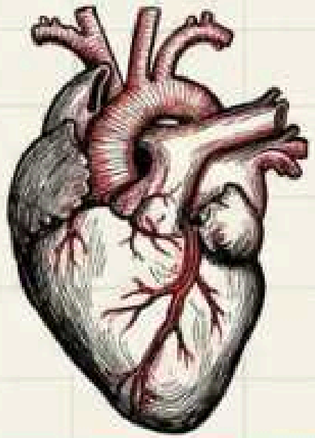
Prevalence and Etiology

¶ 2.2

$$\text{Etiology} = \text{Genetics} \times \sum(\underset{\text{early}}{\text{Adversity}}, \underset{\text{life}}{\text{Stress}}, \underset{\text{physical}}{\text{Illness}}, \underset{\text{social}}{\text{Isolation}})$$

Epidemiology

Affects ~1 in 20 adults globally at any given time; structurally more common in women.



The Comorbidity Multiplier

Depression frequently co-occurs with systemic physical illnesses—specifically heart disease and diabetes.

Clinical Insight

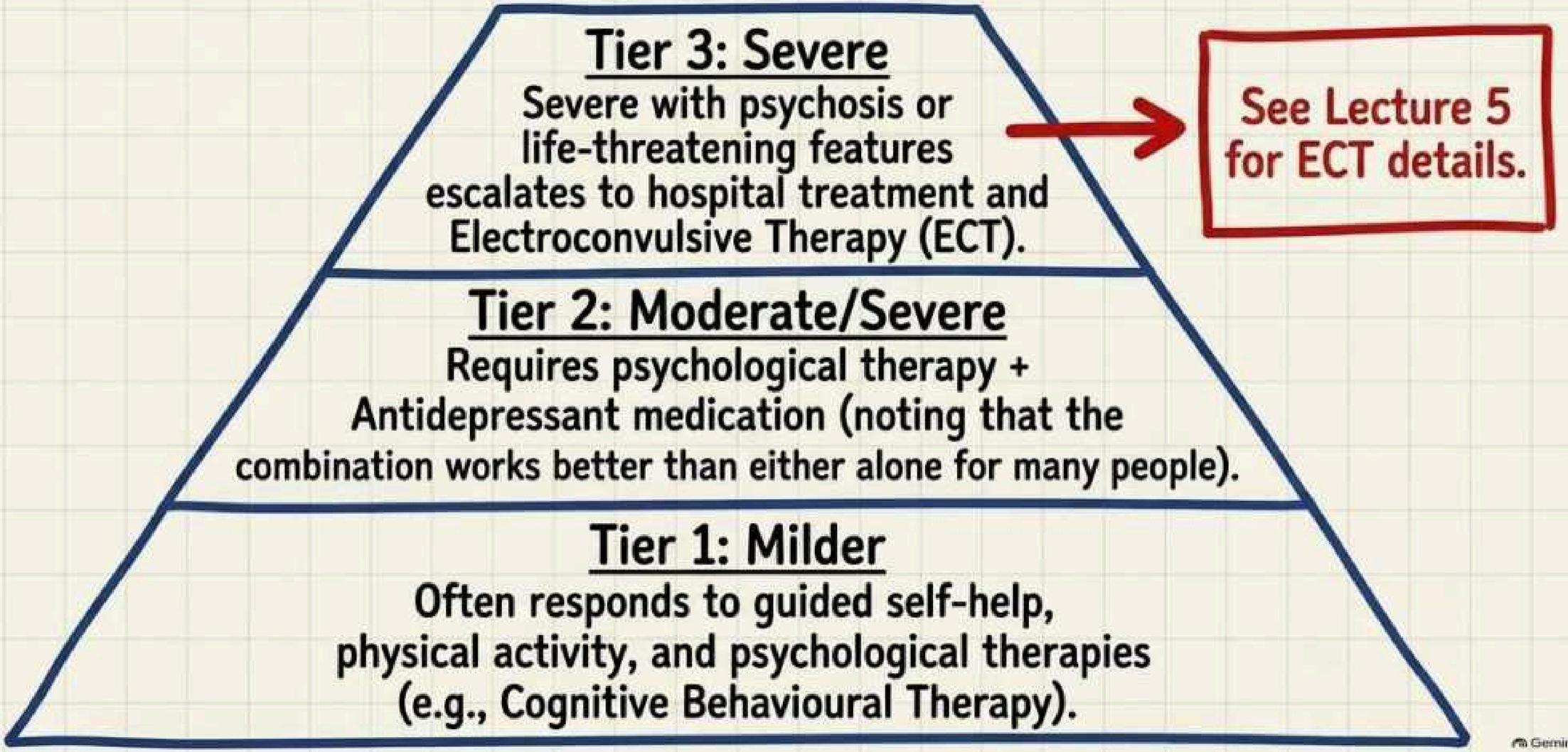
This is a bidirectional relationship; depression actively worsens the outcomes of these concurrent physical conditions.

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Severity-Based Treatment Protocols

¶ 2.3

Severity ∝ Treatment Intensity



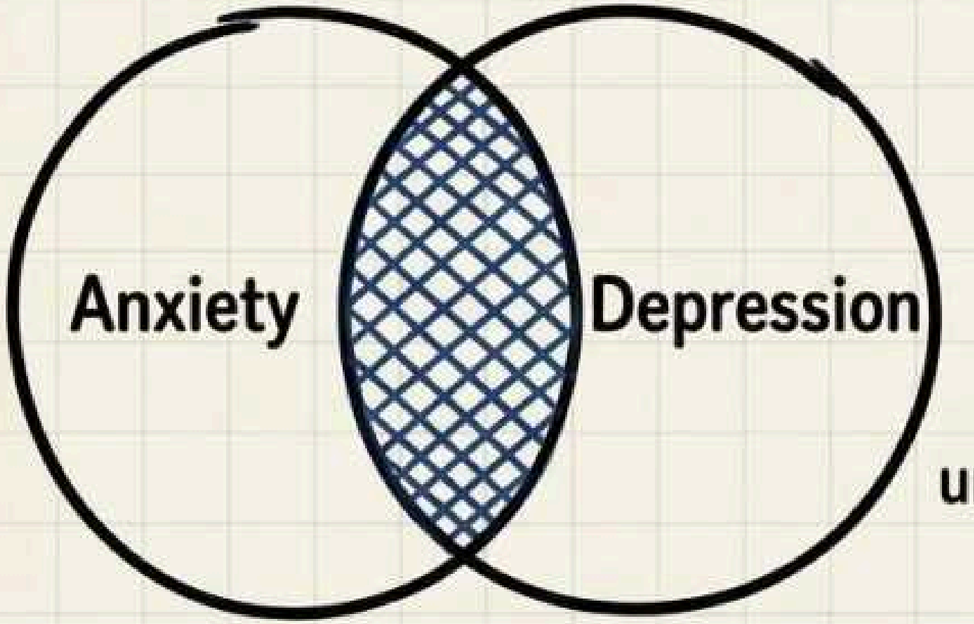
See Lecture 5 for ECT details.

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Generalised Anxiety Disorder (GAD)

¶ 2.4

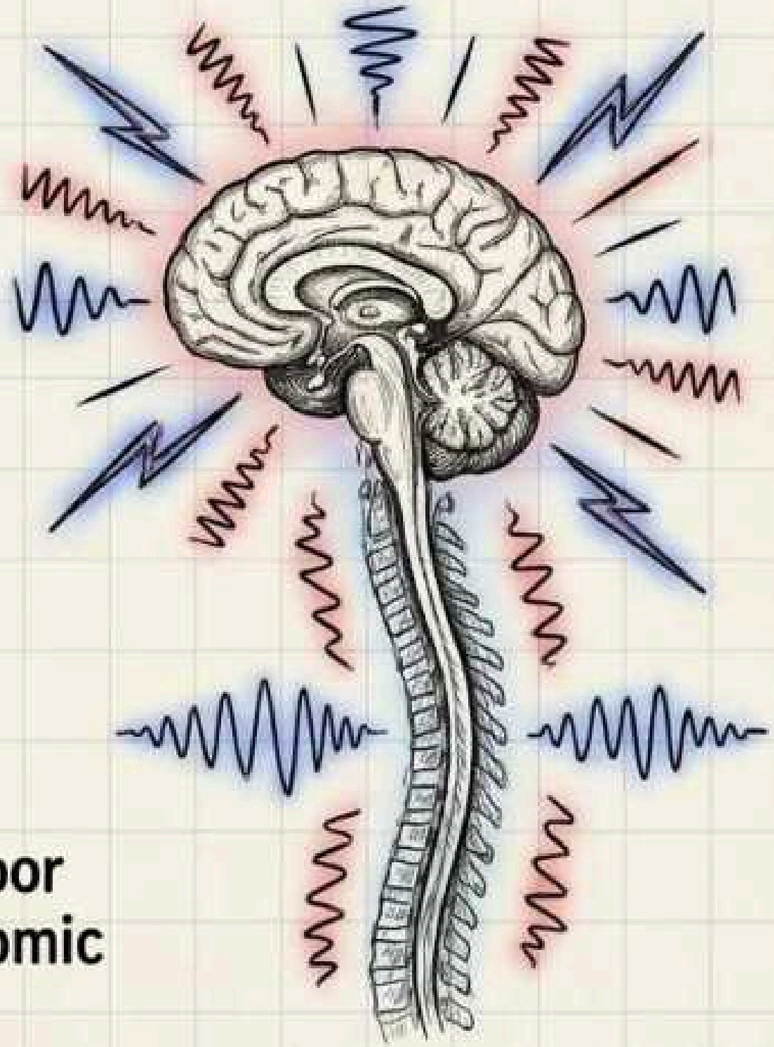
GAD ∩ Depression ≠ Ø



Context:
Anxiety disorders form the most common group of mental disorders.

Mechanism:
Persistent, excessive, and uncontrollable worry spanning multiple domains.

Somatic Symptoms:
Restlessness, systemic tension, poor poor sleep architecture, and autonomic arousal (e.g., a racing heart).



Note: Frequently co-occurs directly with depression.

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Panic Disorder & Phobias

¶ 2.5

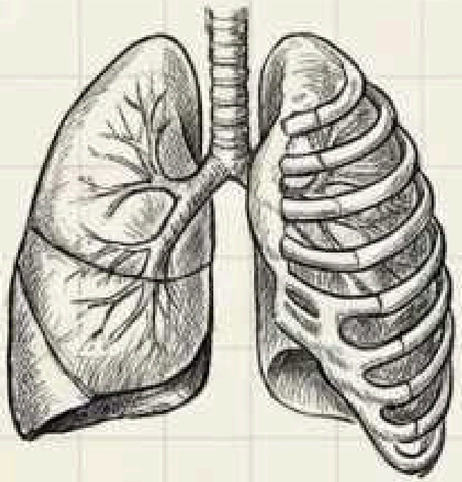
Δ Fear = Unexpected (Panic) ↔ Specific Trigger (Phobia)

Panic Disorder

Recurrent, unexpected surges of intense fear.

Symptoms include palpitations, breathlessness, chest pain, dizziness, and fear of dying/losing control.

Followed by persistent worry about further attacks.



Symptoms mimic heart and lung disease — many patients first present to Emergency Departments.

Phobias

Intense fear of specific objects or situations (e.g., flying, heights).

Social Anxiety Disorder

Fear of being judged in social situations.

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Obsessive-Compulsive Disorder (OCD)

¶ 2.6

Loop: Obsession → ↑ Distress → Compulsion → ↓ Distress

Obsessions

Unwanted, intrusive thoughts, images, or urges that cause acute distress.



Compulsions

Repetitive behaviours or mental acts (e.g., checking, washing) performed specifically to reduce the distress.

Clinical Insight

People usually recognise that these actions are excessive.

Treatment Vector

Breaks the loop via Exposure and Response Prevention (ERP)—a specific form of CBT—CBT—and selected antidepressants.

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Post-Traumatic Stress Disorder (PTSD)

¶ 2.7

PTSD = Trauma Event + (Memory intrusive ∪ Avoidance ∪ Mood Δ ∪ Arousal ↑)

Trigger: Exposure to a traumatic event.

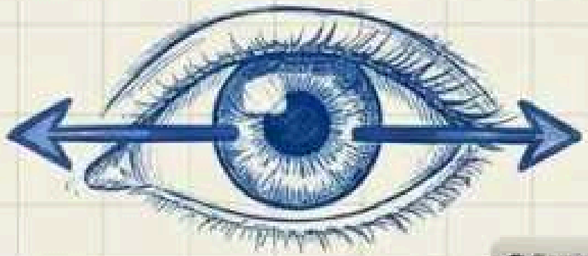
Re-experiencing:
Intrusive memories, nightmares, flashbacks.

Avoidance:
Actively avoiding reminders of the trauma.

Cognition & Mood:
Persistent negative changes in mood and beliefs.

Arousal:
Heightened arousal (e.g., being easily startled).

Efficacious Treatments: Trauma-focused CBT and Eye Movement Desensitisation and Reprocessing (EMDR).

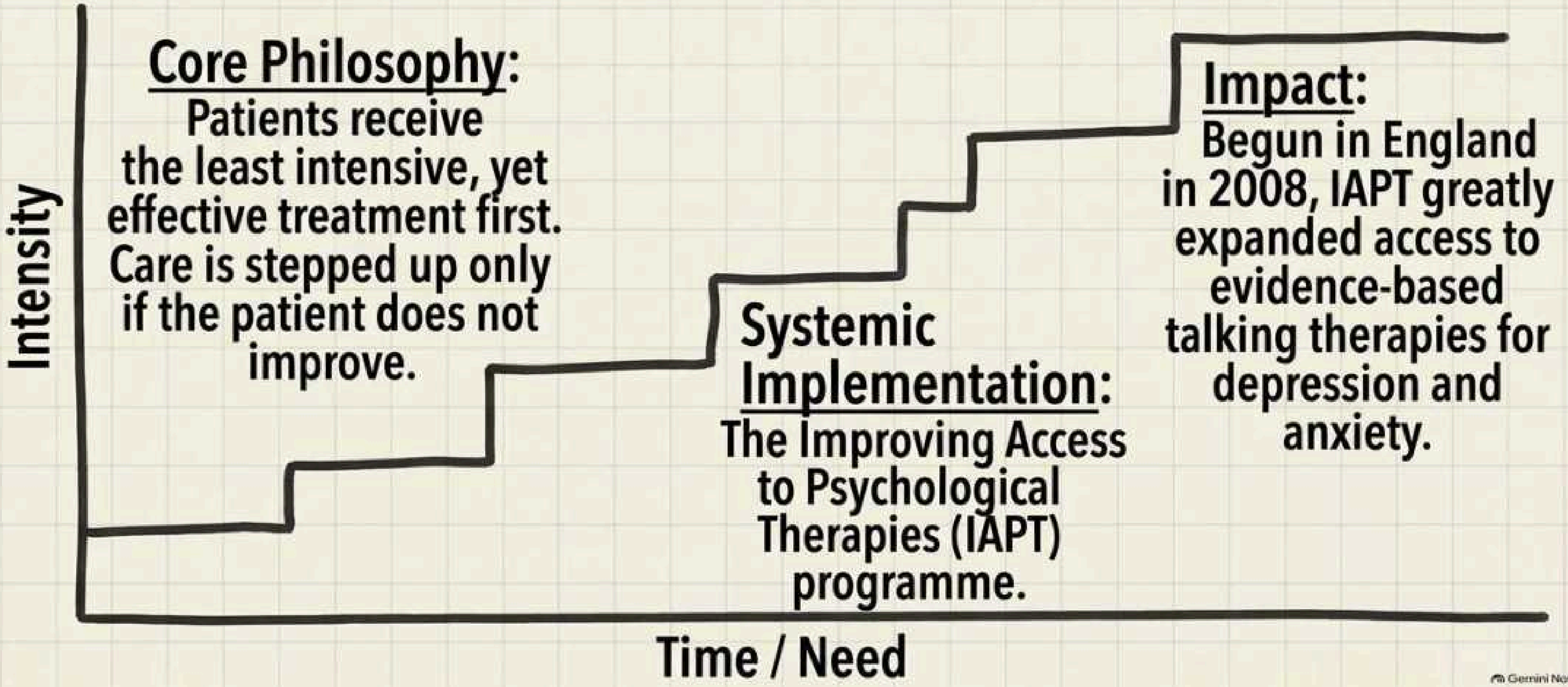


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The Stepped Care Model

¶ 2.8

Step n+1 = (Step n + No Improvement)



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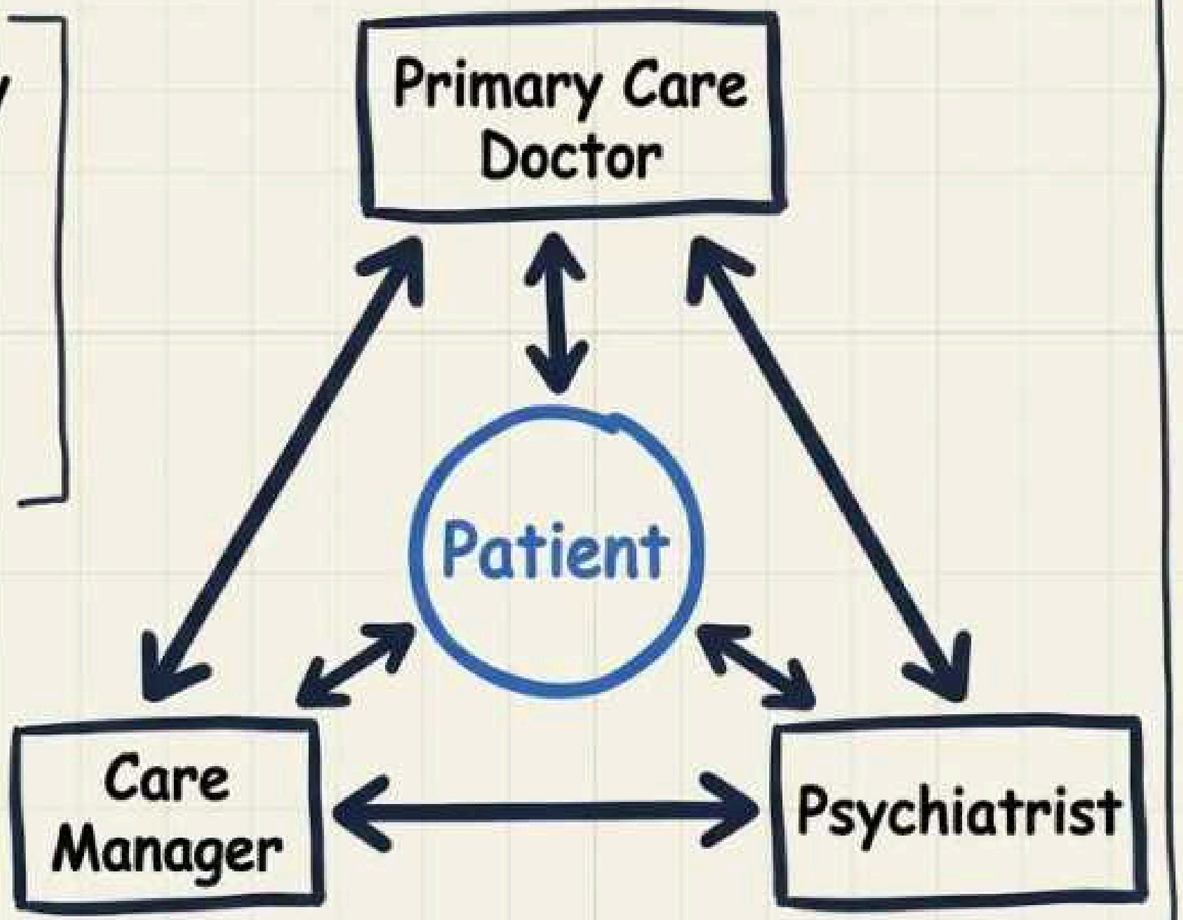
Collaborative Care Architecture

¶ 2.9

Outcomes Primary = f(MD Primary + Care Manager + Psychiatrist)

The Clinical Reality

The vast majority of people with depression are treated in primary care settings, not specialized facilities.



The Model

Seamless integration in which primary care doctors work directly alongside care managers and consulting psychiatrists.

The Evidence

Proven across many clinical trials to significantly improve outcomes for depression in primary care compared to fragmented treatment.

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Lecture 2 Synthesis & Next Steps

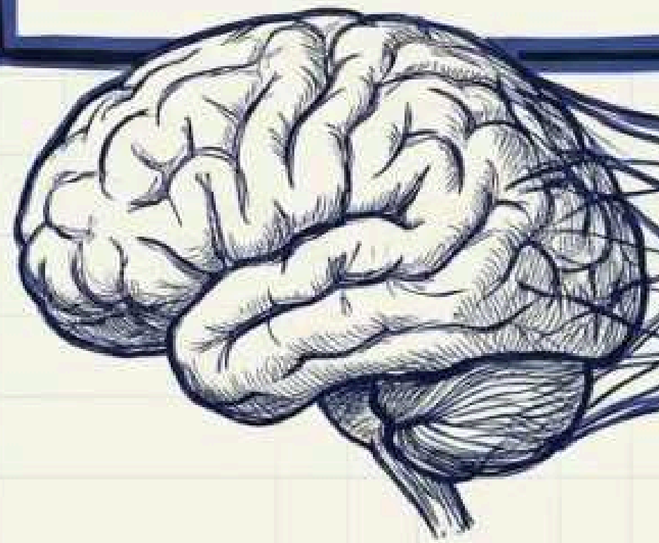
¶ 2.10

∴ Depression ∪ Anxiety = Common ∩ Disabling ∩ Treatable

Synthesis

The Bottom Line: Depression and anxiety disorders are highly common and **disabling**, yet I disabling, yet fundamentally treatable.

Systems of Success: Treatment works best when psychological therapies and medicines are systematically organised through stepped and **collaborative care models**.



Looking Ahead (Lecture 3): The course will pivot from mood and anxiety disorders to examine severe structural mental illnesses: Psychosis and Bipolar Disorder.

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