**Depression: Clinical Features**

* Perception (negative bias)
* Cognition (concentration, cognitive distortions, suicidal ideation, negative self-view)
* Mood (low, irritable, anxious, increased or decreased emotional reactivity, loss of interest)
* Somatic state (fatigue, appetite, aches, sleep difficulties, circadian rhythms)
* Behaviour (physical slowness, agitation, flat affect, self-harm)
* Relationships ( Withdrawal, conflict, less engagement with work or education)

**Depression**

* Sadness is not depression
* Both DSM V and ICD-10 require symptoms to have been present for at least two weeks
* Up to 25% of the population will experience depression
* Can be mild, moderate, severe, Seasonal Affective Disorder, melancholic or even psychotic depression.
* The concept of ‘reactive’ or ‘endogenous’ depression is contested.
* Research has shown combination of genetic and environmental vulnerabilities preceded by stressful events in all depression (Parker 2009)

 

**Predisposing factors**

* Developmental (increased sensitivity)
* Genetic vulnerability
* Temperament
* Attachment history
* Loss and trauma
* Family factors
* Social and educational disadvantage
* Gender

**Treatment**

* NICE guidelines
* Two thirds can be helped by brief structured interventions (CBT, psychodynamic and systemic interventions)
* Guided self-help (Mood Juice) <http://www.moodjuice.scot.nhs.uk/depression.asp>
* Psycho education groups
* Antidepressant medication such as SSRIs (higher relapse rates if not linked to psychotherapy). Side effects.
* Multimodal interventions are most effective.
* Mindfulness
* Electro-convulsive therapy