

# THE PRIMARY CARE COMPANION TO THE JOURNAL OF CLINICAL PSYCHIATRY

VOLUME 5

2003

SUPPLEMENT 1

S U P P L E M E N T

New Approaches to Managing  
Difficult-to-Treat Depressions

*Editor's Choice for Independent Study:  
A Supplement From The Journal of Clinical Psychiatry*

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). To obtain credit, read the material and complete the Posttest and Registration Form on pages 32–34.

#### CME OBJECTIVES

After completing this educational activity, participants should be able to:

- Describe the clinical features of bipolar depression and psychotic depression
- Review literature on the treatment of resistant depression
- Outline a strategy for managing patients with treatment-resistant depression
- Discuss the diagnosis of patients whose symptoms of depression fail to remit

#### STATEMENT OF NEED AND PURPOSE

Treatment-resistant depression accounts for about half of the annual economic costs associated with the treatment of depression, and patients with resistant depression are considered the most severely disabled of depressed patients. This educational activity was designed to meet the needs of participants in our CME activities who have expressed interest in learning more about treatment-resistant depression. There are no prerequisites for participating in this activity.

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#### DATE OF ORIGINAL RELEASE/REVIEW

This Supplement was published in February 2003 and is eligible for CME credit through February 28, 2004. The latest review of this material was January 2003.

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#### FACULTY DISCLOSURE

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- Dr. Keck has received grant/research support from Abbott, AstraZeneca, Bristol-Myers Squibb, GlaxoSmithKline, Elan, Eli Lilly, Merck, Organon, Pfizer, and UCB Pharma; and is a consultant to or is a member of the scientific advisory board for Abbott, AstraZeneca, Bristol-Myers Squibb, GlaxoSmithKline, Janssen, Eli Lilly, Novartis, Ortho-McNeil, Pharmacia, Pfizer, UCB Pharma, Shire, and Wyeth.
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### Editor's Choice

Depending on the definition used, 25% to 40% of all depression is resistant to treatment with a first or second antidepressant agent. Many primary care clinicians and their patients could and would consider advanced levels of psychopharmacologic intervention to overcome this resistance, but up-to-date information on the efficacy, safety, and tolerability of such strategies may be difficult to find. Commonly utilized strategies may be poorly studied or actually lack evidence of efficacy in controlled trials. Older, better evidenced strategies may be less familiar to primary care clinicians whose training did not specifically address the problem of treatment resistance or who have limited access to current psychiatric literature.

Michael E. Thase, M.D., and colleagues offer a supplement focused on definitions, types, and strategies for difficult depressions. J. Craig Nelson, M.D., discusses difficult-to-treat "unipolar" depressions; Paul E. Keck, Jr., M.D., and Susan L. McElroy, M.D., review bipolar depression (often incorrectly diagnosed as "unipolar" in psychiatry and primary care alike); Alan F. Schatzberg,

M.D., discusses the problem of psychotic depression and treatment approaches to this under-appreciated entity. Lastly, I attempt to sum up the issues for primary care and recommend that we begin to emphasize bipolar depression recognition, the use of dual reuptake inhibitor antidepressants as first-line agents, and the potential utility of lithium and atypical antipsychotics as augmentations to antidepressants in our setting. Both have mounting evidence of efficacy in the area of treatment resistance and address both "poles" of the mood disorder spectrum. Such therapeutic efficacy is not beyond interested primary care clinicians.

I am certain that this supplement will give our readers much to consider and much to offer their depressed patients.

J. Sloan Manning  
Editor in Chief

*The Primary Care Companion to  
The Journal of Clinical Psychiatry*