



Depressive symptoms are very common among the medically ill. Frequently, however, depression in these people goes unrecognized and untreated. Mild-to-moderate depression (dysthymia) is more prevalent in people with sleep disorders, chronic fatigue, hypothyroidism and somatoform disorders.

Mild-to-moderate depression is found in 45% of people with chronic insomnia, up to 60% of women with premenstrual syndrome and up to 50% of people experiencing chronic pain. Prevalence rates associated with major illnesses are listed in the table at right.

Overall, 28% of people with mild-to-moderate depression have incapacitating medical conditions. People with dysthymia also use medical treatment facilities at higher rates than individuals without psychiatric disorders.

When depression and a medical condition co-exist, there are several possible explanations:

- *The medical disorder causes the depression* (i.e., hypothyroidism, mononucleosis, head injury, multiple sclerosis, Parkinson's disease, HIV/AIDS, etc.)
- *The medical condition is found with a higher than expected rate of concurrent depression* (i.e., coronary heart disease, cancer, diabetes, post-partum depression etc.)
- *The medical disorder triggers a major depressive episode* in those already genetically vulnerable to depression.
- *The perceived severity of the illness causes depression* (i.e., the reaction to dealing with a chronic illness or cancer.
- *Depression is caused by side effects of treatment for the primary illness.*
- *The medical disorder and the depression are not linked.*

Prevalence of Depression

Setting or Disease	Prevalence Rate
Outpatient	2-15%
Inpatient	12%
Cancer	6-39%
Cardiovascular Disease	15-25%
Rheumatoid Arthritis	13%
Parkinson's Disease	10-37%
Stroke	22-50%
Diabetes	24-33%

Some Drugs Associated with Depression

Definite causal relationship:	Possible causal relationship:
■ High-dose reserpine	■ Oral contraceptives
■ High-dose glucocorticoids	■ Interferon
■ Anabolic steroids	■ Sedative hypnotics
■ Cocaine (withdrawal)	■ Carbamazepine
■ Amphetamines (withdrawal)	■ Digoxin
	■ Antihyperlipidemic agents

Psychosocial Risk Factors for Depression

■ Poor pre-morbid coping skills	■ Personal history of substance abuse
■ Conforming personality style	■ First degree relative with history of cancer or depression
■ Tendency to pessimism	■ Recent losses
■ External locus of control	■ Socioeconomic pressures
■ Social isolation	
■ Personal history of depression	



A Business of Caring.



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Depression and Heart Disease

- Depression is an independent risk factor for the development of heart disease, not just an emotional reaction to heart disease itself.
- Depression significantly increases the risk of developing coronary artery disease in both middle-aged and elderly populations.
- Depressed feelings can be a common reaction to heart disease, but clinical depression is not an expected reaction. It is critical to treat both the depression and cardiac disorder to maximize a positive outcome and minimize morbidity and mortality.
- 40 to 65% of patients with coronary heart disease and a history of heart attack experience depression.
- 19 to 24% of patients with coronary heart disease without a previous history of heart attack experience depression.
- Patients who are depressed after a heart attack experience a 6-month and 18-month mortality rate 3.5 times and 5 times higher than those who are not depressed, respectively.
- Using an inclusive approach is generally recommended when making a diagnosis, so depression is not missed. In this approach, somatic symptoms are included in the assessment of depression, whether or not they can also be attributed to the coronary heart disease.
- Patients with both coronary heart disease and depression have twice the reduction in social functioning associated with either condition alone.
- Depression in patients with coronary heart disease is associated with treatment noncompliance, including medications and cardiac rehabilitation.

Depression and Diabetes

- Approximately one in five (19 to 27%) patients with type 1 or 2 diabetes suffers from major depression.
- The odds of co-morbid depression are significantly higher for women than for men.
- The prevalence of depression among people with diabetes during their lifetime is 3 times higher than for the general U.S. population. However, depression is identified and treated in fewer than one-third of cases.
- The relapse rate for depression in patients with diabetes is 8 times higher than for depressed patients who are physically healthy.
- Evidence suggests that major depression is limited to patients with a pre-existing vulnerability, not necessarily related to the diabetes itself.
- Depression in patients with diabetes is associated with:
 - Treatment noncompliance
 - Missed appointments
 - Poor glycemic control — the principle cause of diabetes complications
 - A positive correlation between the severity of the depression and poor glucose control.
 This poses an increased risk for micro- and macrovascular disease complications such as:
 - Neuropathy
 - Retinopathy (up to a 33% greater risk)
 - Cardiovascular disease
- Depression doubles the risk of incident type 2 diabetes independent of its association with other risk factors.

Depression and Stroke

- 10 to 27% of stroke victims have a concurrent major depressive disorder lasting approximately 12 months.
- 15 to 40% experience depressive symptoms.
- Major depressive disorder significantly impacts rehabilitation motivation.
- Factors affecting the likelihood and severity of depression include:
 - Location of the brain lesion
 - Family history of depression
 - Prior depressive episodes
 - Prestroke social functioning

Depression and Cancer

- 25% of people with cancer have depression, but only 2% of cancer patients in one study were receiving antidepressant medication.
- People with cancer (and their doctors) frequently misinterpret signs of depression, attributing them to the cancer itself.
- Several factors increase the likelihood that depression will co-occur with cancer:
 - Advanced phases of the disease
 - Uncontrolled pain
 - Disability or disfigurement
 - Medications (chemotherapy agents)
 - Social isolation
 - Socioeconomic pressures

Prevalence of Depression in Cancer Patients

Cancer Site/Type	Prevalence Rate
Pancreas	50%
Oropharynx	22-40%
Breast	10-26%
Colon	13-25%
Gynecologic	23%
Lymphoma	17%
Gastric	11%
Acute Leukemia	1.5%

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