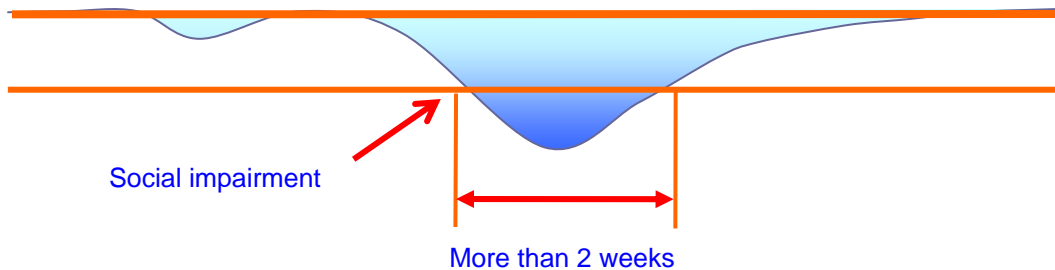


About Non-Melancholic Depression

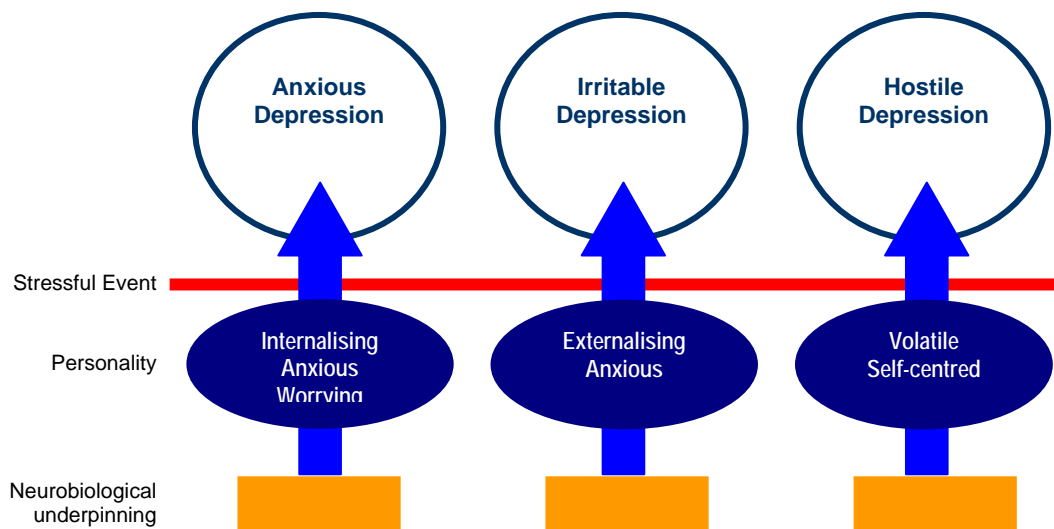


Non-melancholic depression is the most 'common' expression of depression seen by general practitioners in Australia. It is also referred to as 'major depression', 'clinical depression', and 'mixed anxiety and depression' and is characterised by depressed mood for more than two weeks. Individuals with non-melancholic depression tend to exhibit key features such as a decline in self-esteem, self-criticism, a depressed mood, as well as non-specific features, such as a change in appetite, fatigue or sleep disturbance.



People with non-melancholic depression do not have the distinctive psychomotor disturbance seen in melancholic depression and are less likely to report major problems with anergy, anhedonia, memory or concentration. However, the challenge faced by general practitioners in treating this group, is the *high* rate of 'spontaneous remission'; hence, accurate assessment of treatment can be difficult (Parker, 2002).

Serotonergic dysfunction most likely underpins depressed mood features, and commonly drives anxiety. The diagram below illustrates that some sub-typing is possible, based on temperament and personality influences, although there is great overlap across expressions. It assumes that underlying personality features are amplified when the person is depressed. It shows the link between personality and phenotypic expression of depression, as well as hinting at personality causes that may need to be modified by a relevant treatment approach.



Stressors may be

Acute e.g. relationship breakdown, loss of job, etc



or

Chronic e.g. dysfunctional marriage, disabled child, etc

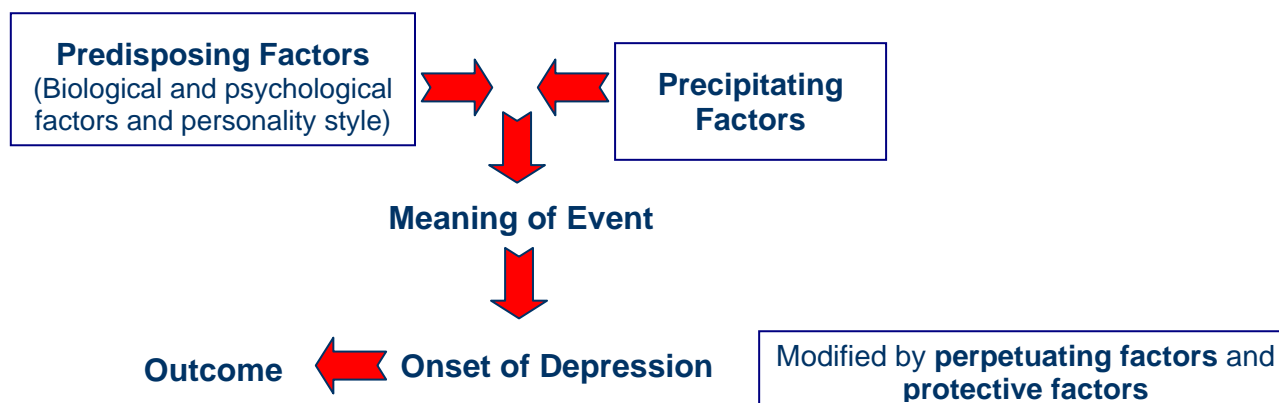




Common At-risk Personality Styles

Style	Description	Style	Description
Anxious worrying:	Reflecting high levels of internalised, on-going anxiety	Self-criticism:	Reflecting ongoing low self-esteem and self-worth
Irritability:	Reflecting high levels of externalised, ongoing anxiety	Perfectionism:	Reflecting self-imposed high standards
Social avoidance:	Individuals avoid socialising for fear of embarrassment	Sensitivity to rejection:	One's own sense of self-worth is highly dependent on how they see other people reacting to them
Personal reserve:	Individuals are uncomfortable about sharing their feeling or opening up to others	Self-focused:	Individuals focus more on their own needs than on other's needs

Non-melancholic Depressive Disorders – Understanding an Episode



For a fuller discussion of this model and how to use it to help both the GP and the patient to understand a particular episode of depression see separate sheet 'An Integrative Depression Model' in section 2 of the PTK.

Non-melancholic Depression Treatment principles

- Serotonergic dysfunction probably underpins depressed mood features, and (commonly) drives anxiety – an SSRI is the treatment of choice if medication indicated.
- Psychological treatments play key role to address
 - personality vulnerabilities
 - current stressors
 - patient priorities

The Psychological Toolkit



A psychological toolkit of useful resources has been compiled by the Black Dog Institute to assist the general practitioner in assessing, diagnosing, and managing patients with mood disorders who present to their clinic. These can be used in a wide variety of psychological conditions but it is especially useful to use the materials to assist in assessing and managing patients who have been diagnosed with non-melancholic depression.



Please note: From time to time the sheets from this toolkit are updated. Updates of sheets from the toolkit are available on the institute's website blackdoginstitute.org.au in the section for health professionals.