

Face the Phases

The first step in managing a patient with Major Depression is making an accurate diagnosis. The second step is to inform the patient of the diagnosis as this implies a treatment plan.

The next step is the initiation of treatment according to the treatment plan according to a particular map or path.

The acute phase

A measure of the severity of the depression with an acceptable scale is easy and gives a baseline. Initiate the psychotherapy or a combination of both psychotherapy and medication. The acute phase continues until the patient is in remission. The aim is to get the patient to remission (no symptoms of depression as measured). Most patients respond well to the first antidepressant and are well in a short time. Some need higher dosages, changes in medication or combinations of medication. If patients do not respond to the first antidepressant at the full dose and any combination, augmentation or change in antidepressant is considered, the patient is considered treatment resistant and enters the management of treatment resistance phase.

The continuation phase

As soon as the patient is in remission, the continuation phase starts. Continue the medication for at least one year. The rule is: "the dose that got you well will keep you well". At the end of the phase, a decision whether to continue treatment is made. If the patient has had three or more episodes it is generally accepted that the depression is chronic and that treatment has to continue. The patient then enters the maintenance phase. If the patient has had one or two episodes, the medication can be stopped and the patient enters the discontinuation phase.

If the patient has an emergence of symptoms during the continuation phase, it is labelled the relapse phase, and the patient again enters the acute phase or the management of resistance phase.

The discontinuation phase

Some patients experience "withdrawal" symptoms when they discontinue the antidepressant abruptly. This is rather called "the discontinuation syndrome" as antidepressants are not habit forming. It is recommended that antidepressants be stopped over several months by decreasing the dose slowly for two reasons. Firstly to prevent discontinuation syndrome and secondly to assess whether the patient can discontinue medication. At any re-appearance of symptoms the patient again enters the acute phase.

The maintenance phase

In those patients considered to have chronic depression, antidepressants should be continued, possibly indefinitely. During this phase a reduction in the dose can be considered, but with caution and slowly to the minimum dose that will maintain the patient in remission.

If the patient has an emergence of symptoms during the maintenance phase it is labelled the recurrence phase.

The relapse phase

Those patients with an emergence of symptoms during the continuation phase, enters the relapse phase. This phase should be managed as if patients are again in the acute phase.

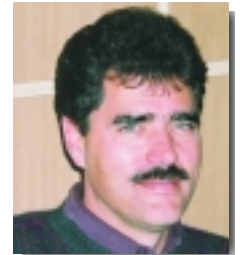
The recurrence phase

Those patients with an emergence of symptoms during the maintenance phase, enters the recurrence phase. This phase is managed as if patients are again in the acute phase.

The management of resistance phase

Those patient who do not repond to the first antidepressant at the full dose, are considered treatment resistant. They then enter the treatment of resistance phase. During this phase a change in the antidepressant or augmentation of the antidepressant in combination with another antidepressant or moodstabiliser can be considered.

In general psychotherapy treatment follows the same path. ♦



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