

La dépression au cabinet, diagnostic et thérapie

*“But I smile and I smile and I smile!”
Justine*

Antonio Le Thanh
Service de Psychiatrie de Liaison – CHUV



Département de psychiatrie

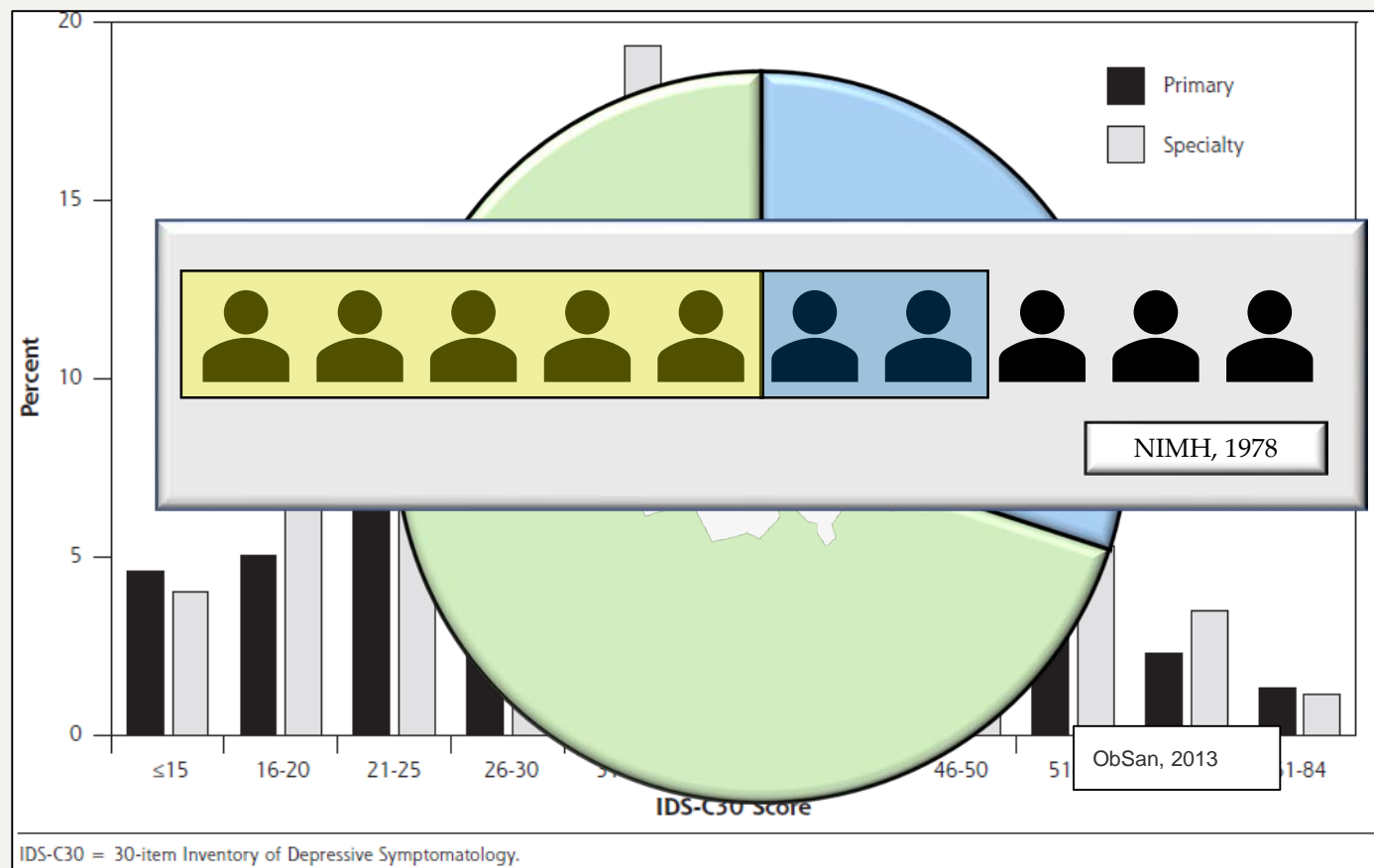
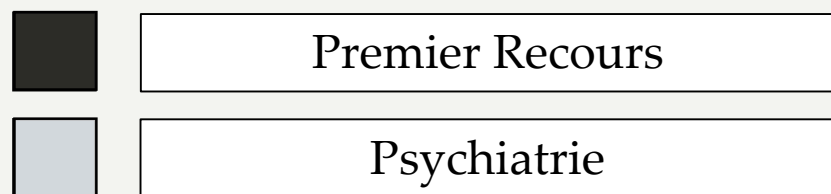


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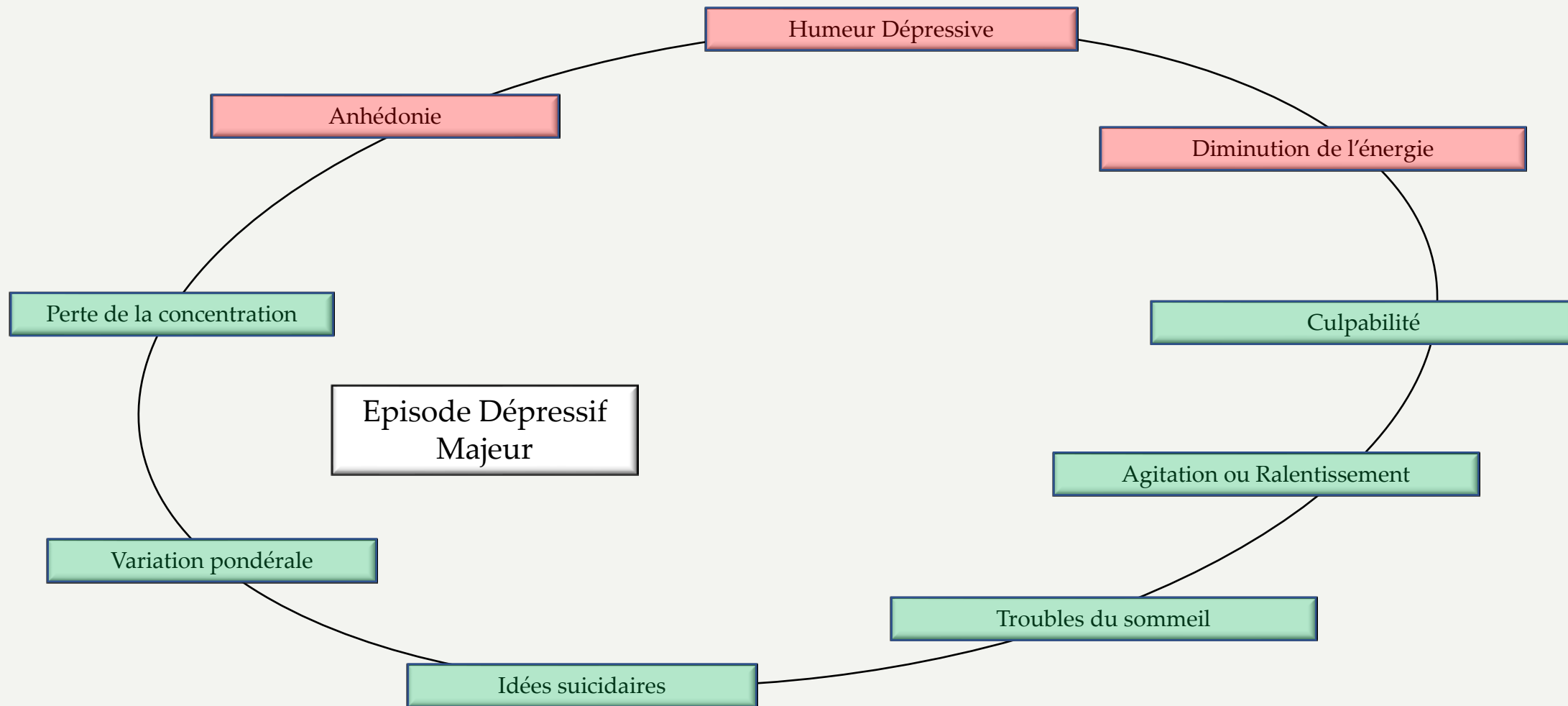
Schweizerische Gesellschaft für Allgemeine Innere Medizin
Société Suisse de Médecine Interne Générale
Società Svizzera di Medicina Interna Generale
Swiss Society of General Internal Medicine

La dépression au cabinet

Severité de la depression



La Définition



American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.)

Remise en Question

Patients au cabinet



Patients avec dépression



Patients sans dépression

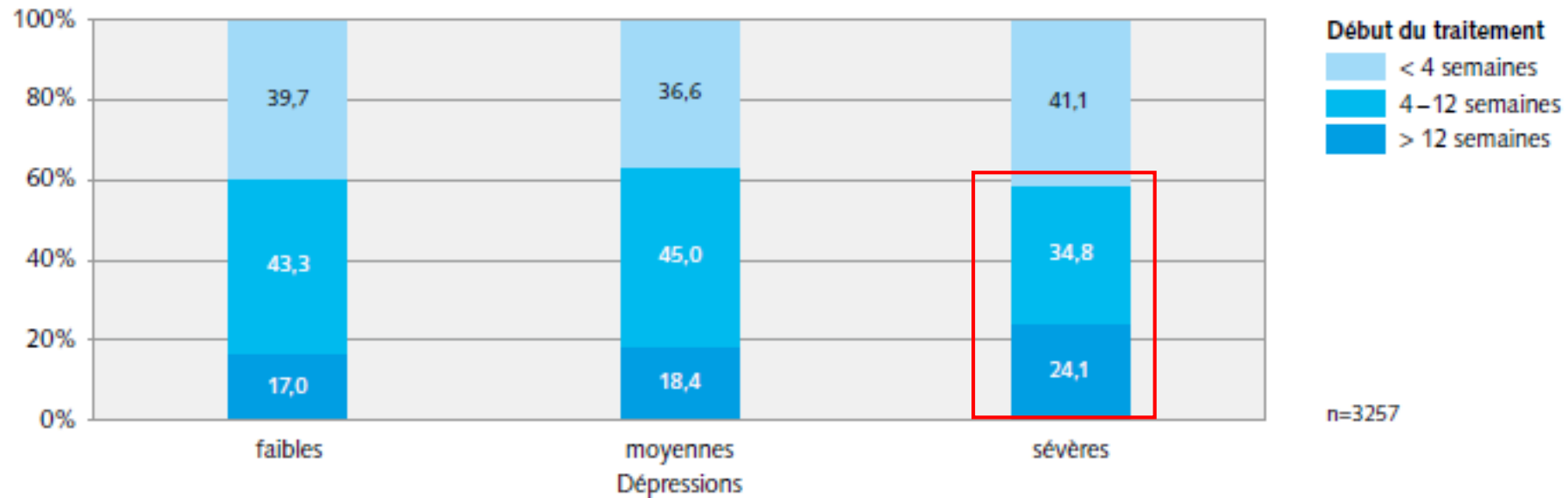
Diagnostic de
dépression



Lancet 2009; 374: 609-19

Remise en Question

Les traitements très tardifs sont plus fréquents dans les dépressions sévères, début du traitement selon le degré de sévérité de la dépression, 2008/2009 **Fig. 6.9**



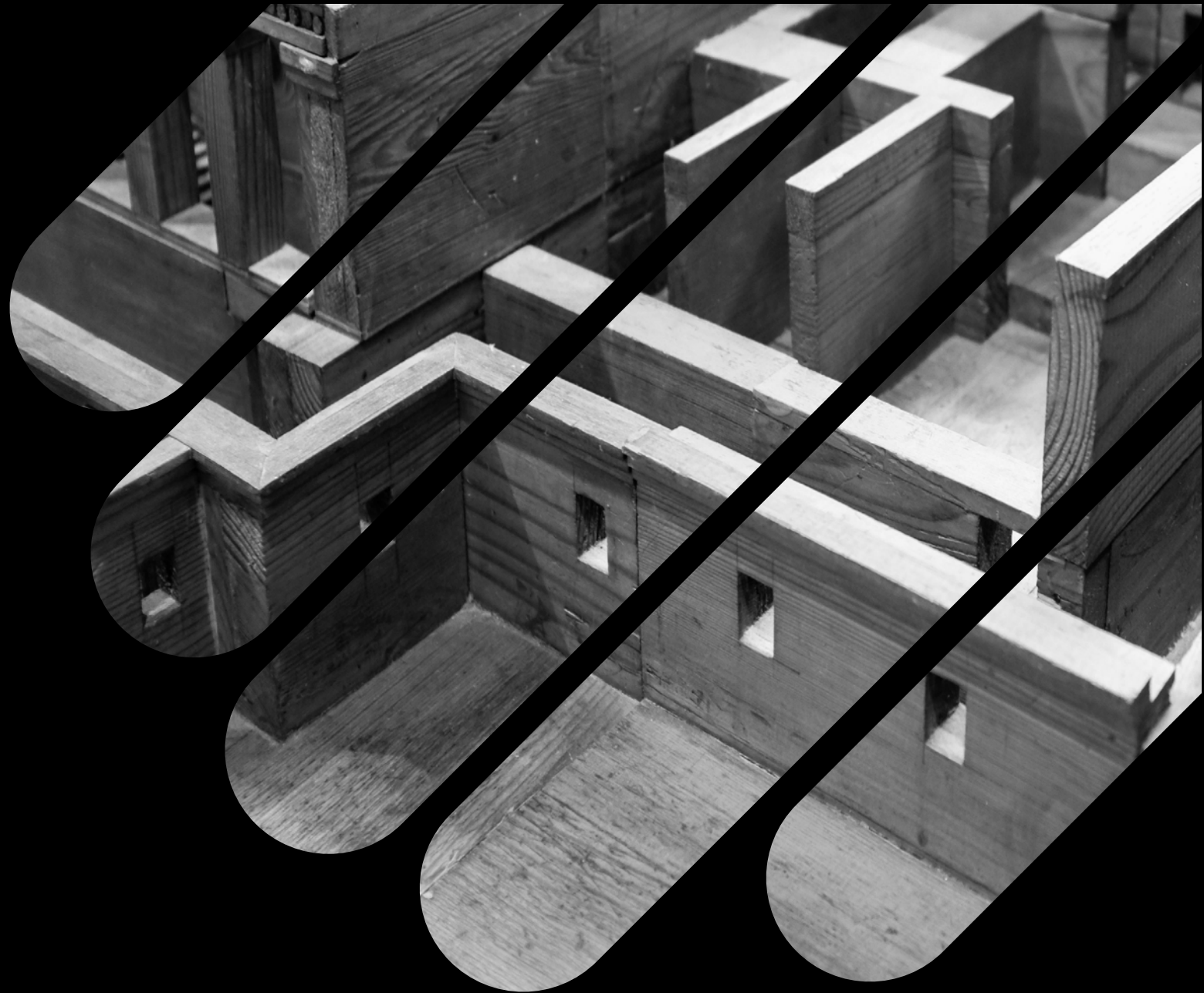
Source: OFSP, Statistique sentinella 2008/2009

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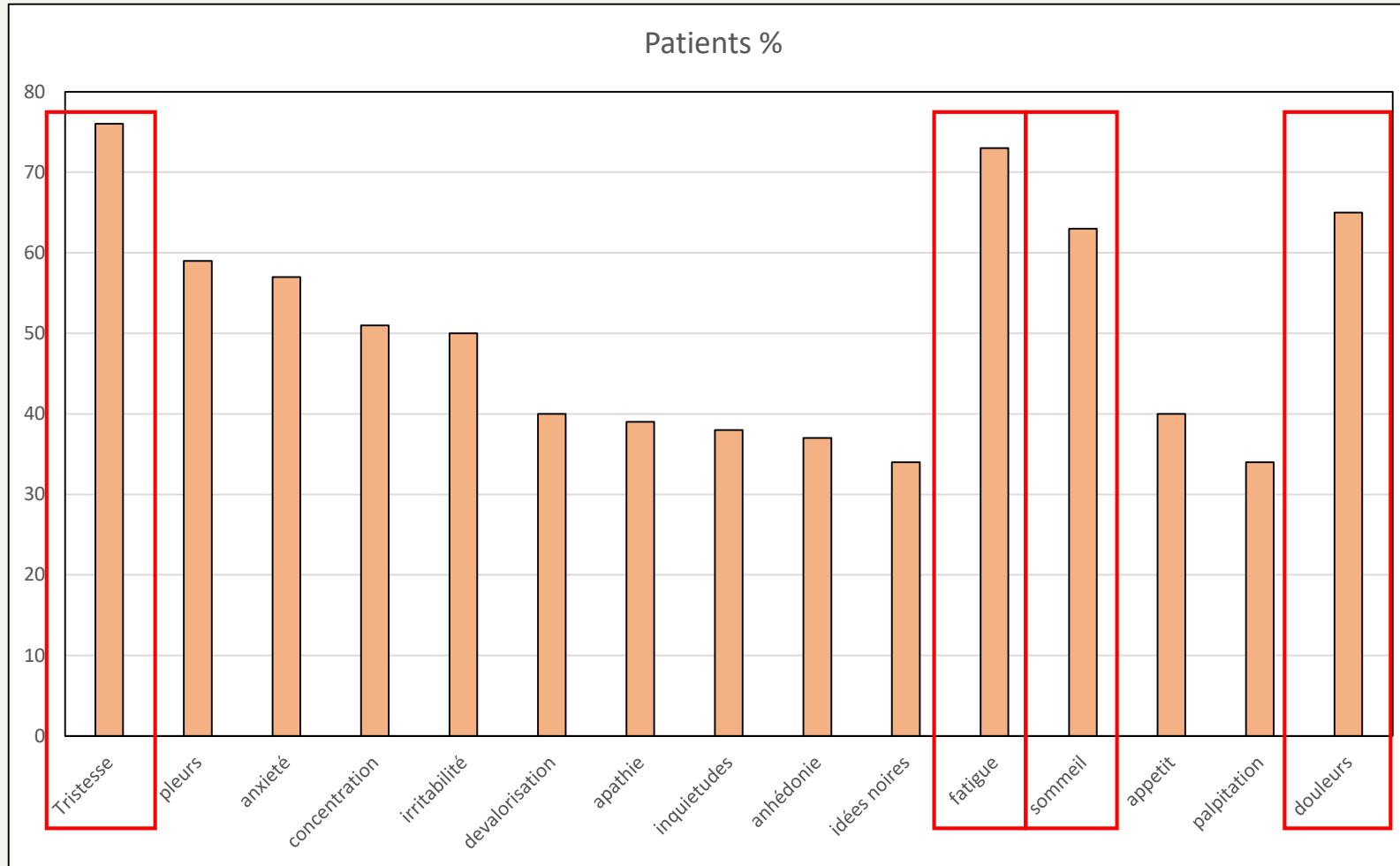
Parte Prima

La rencontre

Quand le patient se présente chez le médecin
et c'est difficile de clarifier la demande.



Les Symptômes «somatiques»







Docteur, je me sens fatiguée le matin
car je ne dors pas. Peut-être vous
pourriez me donner un somnifère?

Elle est triste, anhédonique,
aboulique, ne mange et ne dort
plus...mais qui ne déprime pas après
une mauvaise nouvelle?

Demande



Patient

Relation



Médecin

Problème *Attentes*
Vulnérabilité

Expertise *Cadre*
Représentation



Est-ce que vous vous intéressez à moi?

Est-ce que vous êtes le meilleur?

Puis-je vous faire confiance?

Est-ce que la Médecine va m'aider?

Est-ce que vous me traitez différemment des autres?

L'empathie



Patient

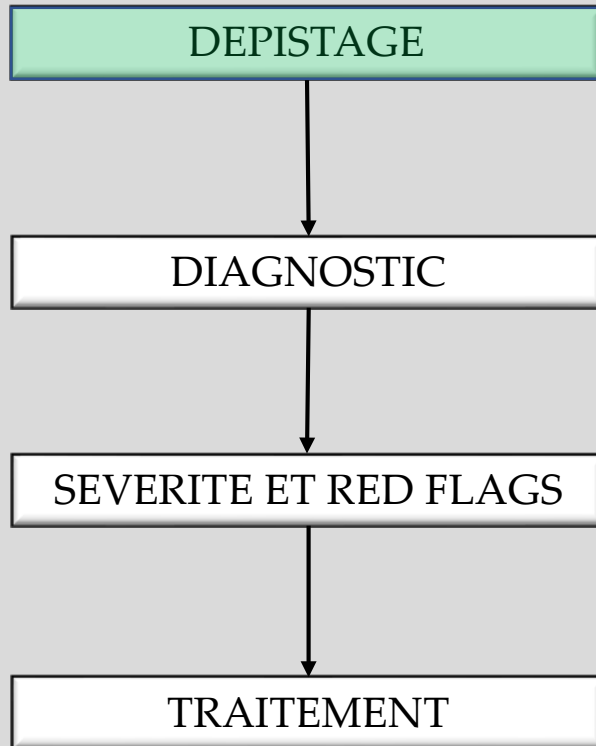
*Je suis tellement
triste...*



Mé Mé Médecin

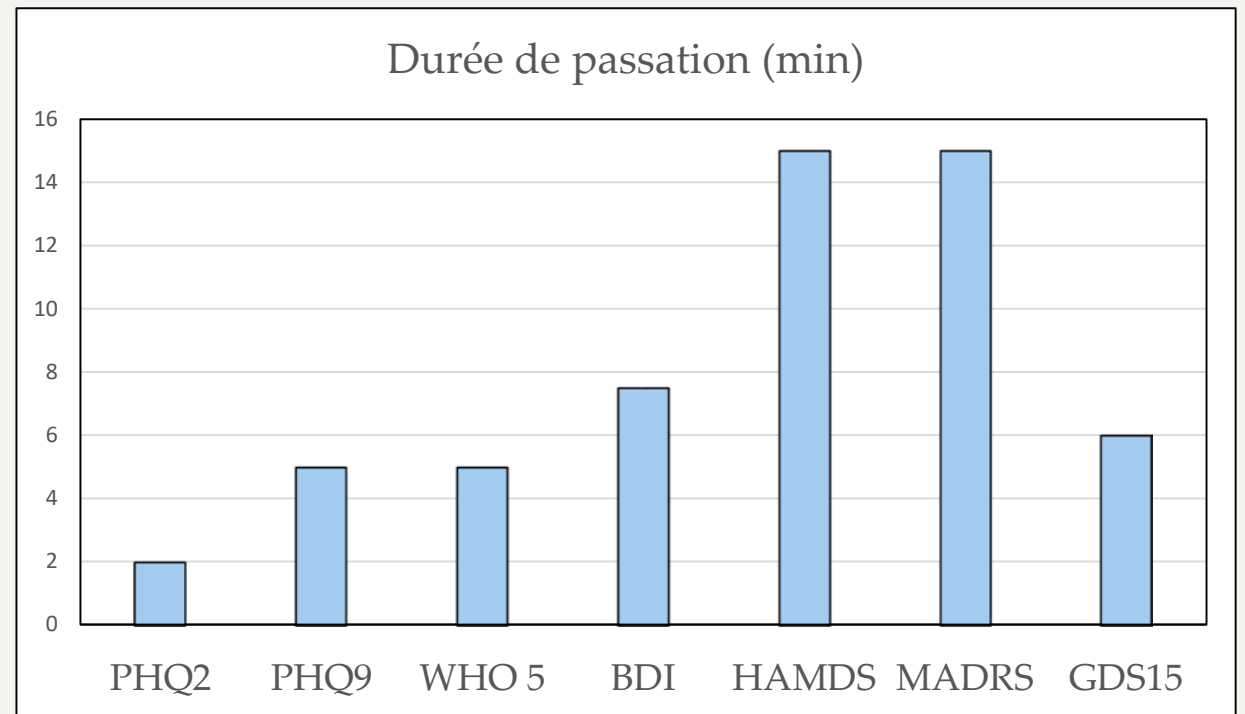
*Je vois que c'est dur pour vous en
ce moment. Ça n'a pas du être
facile de venir consulter. Vous
pourriez m'en dire plus? Je peux
peut être vous aider...*

PRISE EN CHARGE DE LA DEPRESSION AU CABINET



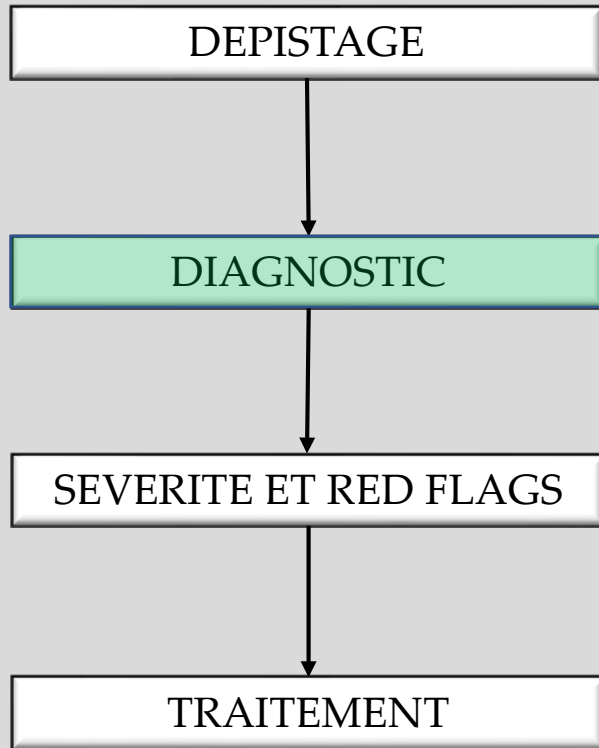
Singapore Med J 2017; 58(8): 459-466
doi: 10.11622/smedj.2017080

PHQ-2	
Peu d'intérêt ou de plaisir à faire les choses	0 1 2 3
Se sentir triste, déprimé ou désespéré	0 1 2 3



Postgrad Med, 2015; 127(1):99-106

PRISE EN CHARGE DE LA DEPRESSION AU CABINET



Singapore Med J 2017; 58(8): 459-466
doi: 10.11622/smedj.2017080

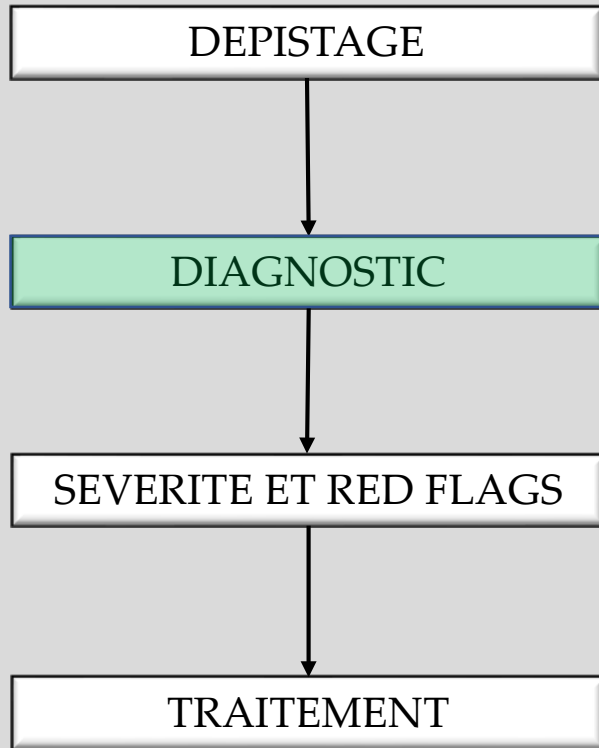
C : Les symptômes ne sont pas dus aux effets d'une substance ou d'une affection médicale générale.

Tableau I. Diagnostic différentiel d'un épisode dépressif
(Selon réf. 24).

Autres troubles psychiatriques	Dysthymie, trouble bipolaire, troubles associés au stress (état de stress post-traumatique, deuil, trouble de l'adaptation), troubles anxieux (trouble obsessionnel compulsif, trouble panique, agoraphobie, anxiété généralisée, phobie sociale, phobies spécifiques), troubles de l'alimentation, trouble schizo-affectif, schizophrénie (symptômes négatifs), troubles de
Examen Clinique	FSS, Na, K, créatinine, fonction hépatique, TSH, calcium, glycémie.
Status Psychiatrique	ECG
Hypovitaminoses	B12, acide folique
Troubles hématologiques	Anémie
Médicaments	Antihypertenseurs (bêtabloquants, réserpine, méthildopa, anticalciques); stéroïdes, antihistaminiques H2 (ranitidine, cimétidine); sédatifs; relaxants musculaires; anticancéreux (vincristine, procarbazine, L-asparaginase, Interféron, amphotéricine B, vinblastine); médicaments interagissant avec les hormones sexuelles (œstrogène, progestérone, testostérone, agonistes du GnRH); antipsychotiques, antipaludéens (méfloquine), isotrétinoïne (traitement de l'acné)
Abus de substances	Alcool, benzodiazépines, opioïdes, cannabis/marijuana, cocaïne, amphétamines, analgésiques, barbituriques

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*. Washington, DC: American Psychiatric Association.
Rev Med Suisse 2012; 8: 2346-63

PRISE EN CHARGE DE LA DEPRESSION
AU CABINET



C : Les symptômes ne sont pas dus aux effets d'une substance ou d'une affection médicale générale.

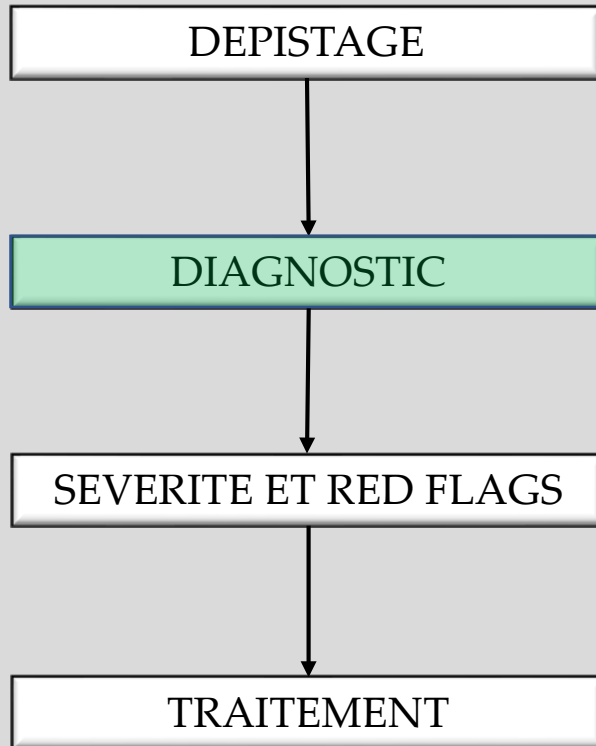
	LLD	Démence
Début	Insidieux ou aigu	Insidieux/progressif
Cognition	Ralentissement psychomoteur	Troubles Mnésiques
Langage et Praxies	Conservées	Altérées
Symptômes somatiques	Troubles du Sommeil, Fatigue, douleurs	Peuvent être présent mais non plainte principale
Affects	Apathie, Tristesse	Labilité affective
Pronostic	Réversible	Irréversible





Il ne veut pas faire de la
physiothérapie et ne mange pas...on
pourrait lui donner un
antidépresseur?

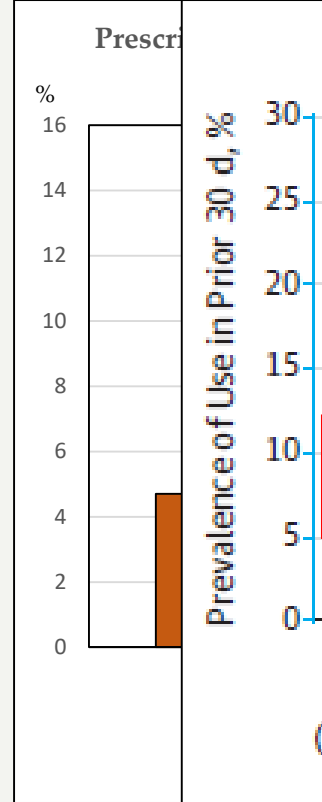
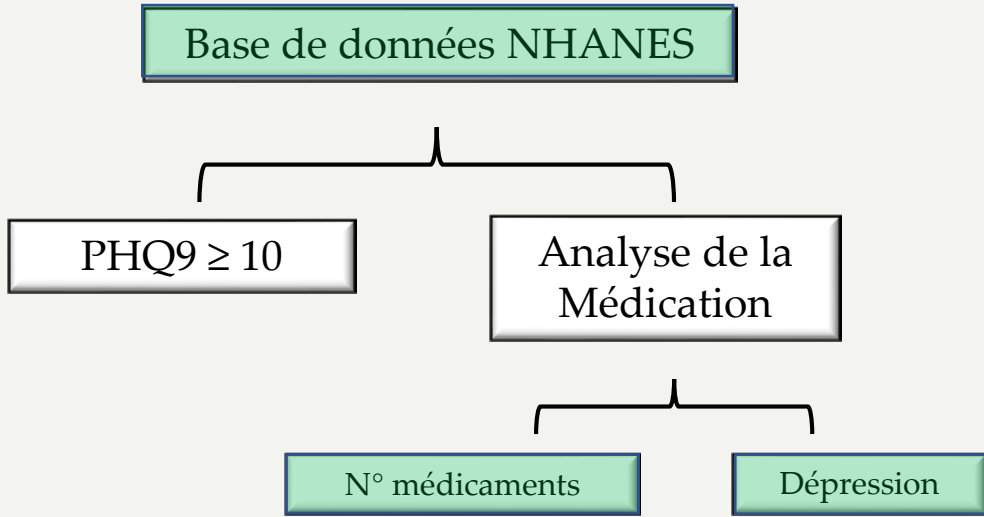
PRISE EN CHARGE DE LA DEPRESSION AU CABINET



C : Les symptômes ne sont pas dus aux effets d'une substance ou d'une affection médicale générale.

Dépression	Sickness Behaviour
Asthénie diminuée par l'activité	Asthénie augmentée par l'activité
Anorexie + Insomnie ou hypersomnie + hyperphagie	Hypersomnie + anorexie
Evitement des proches	Recherche des proches
Triade de Beck, idées noires	Rares cognitions dépressives/ idées noires
Apparition progressive	Apparition brutale/progressive

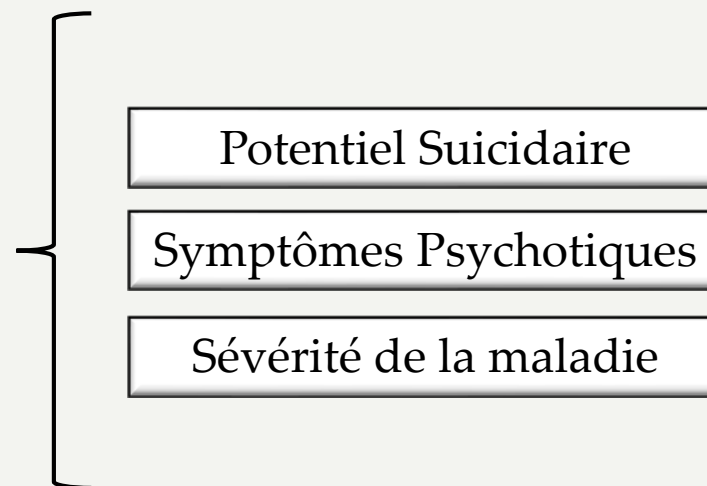
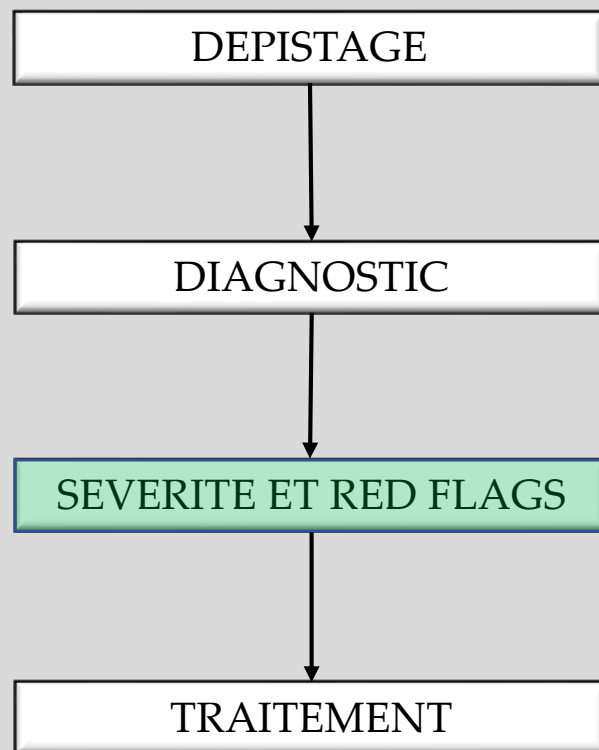
Prevalence of Prescription Medications With Depression as a Potential Adverse Effect Among Adults in the United States



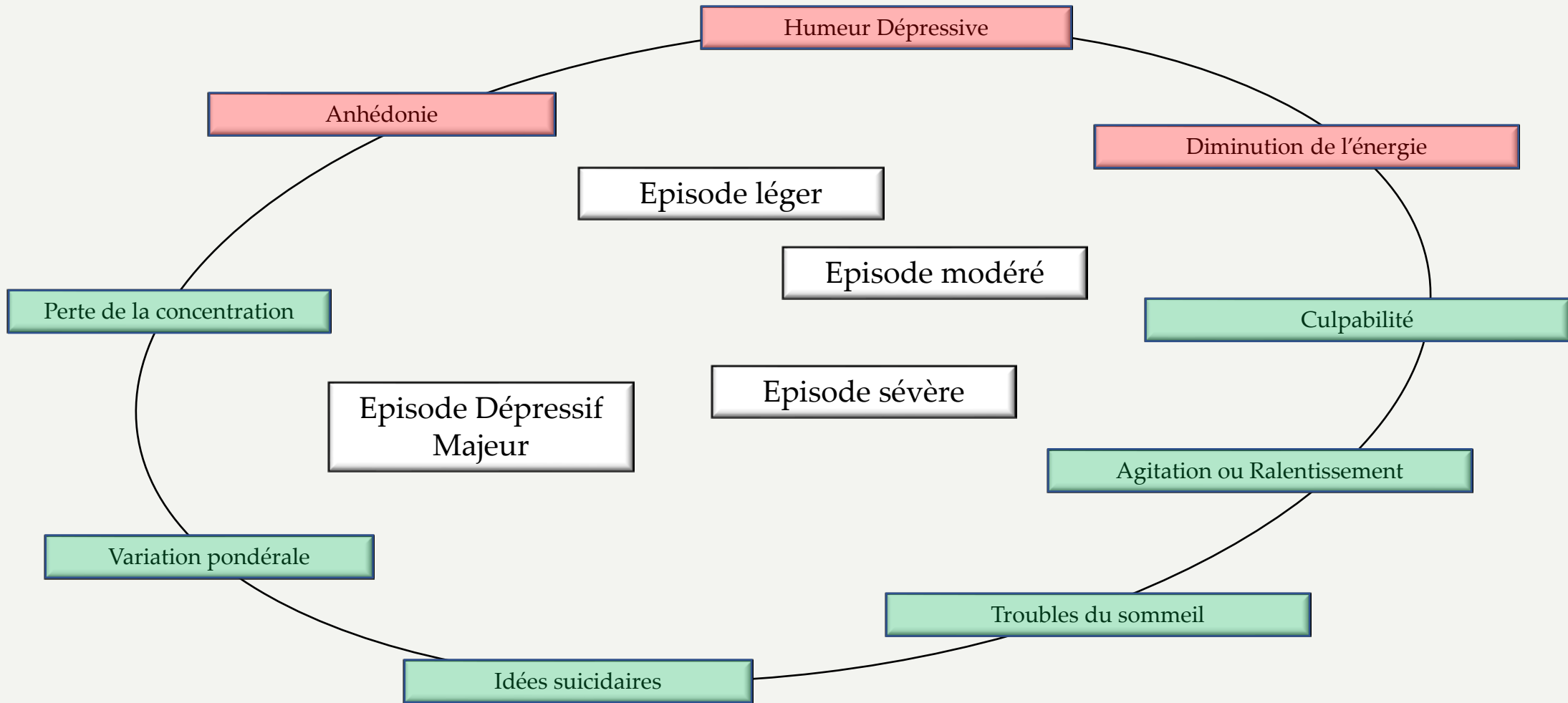
	Estimated Prevalence of Use, No. (%) [95% CI]		Difference in Prevalence, % (95% CI)	P Value ^b
	2005-2006	2013-2014		
Antihypertensives ^c	463 (9.2) [7.5 to 11.4]	472 (7.9) [7.0 to 8.9]	-1.3 (-3.5 to 0.9)	.22
Metoprolol	247 (5.2) [3.8 to 7.0]	288 (4.9) [4.1 to 5.7]	-0.3 (-2.1 to 1.5)	.73
Atenolol	148 (3.1) [2.5 to 3.7]	142 (2.4) [1.9 to 3.0]	-0.7 (-1.4 to 0.1)	.09
Enalapril	38 (0.6) [0.4 to 1.0]	45 (0.6) [0.4 to 1.1]	0.03 (-0.4 to 0.4)	.99
Quinapril	31 (0.5) [0.3 to 0.9]	15 (0.4) [0.2 to 0.8]	-0.2 (-0.6 to 0.2)	.38
Antidepressants ^d	411 (11.2) [10.1 to 12.5]	643 (15.1) [13.5 to 16.9]	3.9 (1.9 to 6.0)	.001
Sertraline	64 (1.7) [1.3 to 2.4]	118 (2.8) [2.1 to 3.8]	1.1 (0.1 to 2.1)	.03
Citalopram	32 (0.9) [0.6 to 1.4]	102 (2.4) [1.9 to 3.0]	1.4 (0.8 to 2.1)	<.001
Bupropion	53 (1.7) [1.3 to 2.4]	93 (2.2) [1.7 to 2.9]	0.5 (-0.3 to 1.3)	.25
Fluoxetine	55 (1.4) [1.0 to 2.0]	74 (1.8) [1.3 to 2.5]	0.4 (-0.4 to 1.1)	.31
Trazodone	39 (0.9) [0.6 to 1.4]	73 (1.7) [1.3 to 2.1]	0.8 (0.2 to 1.3)	.006
Venlafaxine	43 (1.5) [1.2 to 1.8]	50 (1.3) [1.0 to 1.8]	-0.1 (-0.7 to 0.4)	.66
Escitalopram	63 (1.9) [1.5 to 2.3]	49 (1.2) [0.8 to 1.6]	-0.7 (-1.3 to -0.1)	.02
Duloxetine	19 (0.6) [0.3 to 1.0]	47 (1.1) [0.8 to 1.6]	0.5 (0.03 to 1.1)	.04
Paroxetine	41 (1.1) [0.8 to 1.5]	41 (0.9) [0.6 to 1.4]	-0.2 (-0.8 to 0.3)	.43
Amitriptyline	35 (1.0) [0.7 to 1.3]	40 (0.9) [0.7 to 1.2]	-0.1 (-0.5 to 0.3)	.63
Hormones/hormone modifiers	311 (8.4) [7.5 to 9.5]	355 (7.8) [6.7 to 9.0]	-0.6 (-2.2 to 0.9)	.40
Ethinyl estradiol	85 (5.0) [3.5 to 7.0]	97 (4.6) [3.7 to 5.7]	-0.2 (-1.2 to 0.8)	.65
Estradiol	36 (2.2) [1.4 to 3.5]	39 (2.3) [1.7 to 3.1]	0.04 (-0.6 to 0.6)	.90
Finasteride ^d	18 (0.8) [0.5 to 1.3]	41 (1.5) [0.9 to 2.6]	0.7 (-0.1 to 1.6)	.12
Anxiolytics, hypnotics and sedatives ^d	174 (4.5) [3.7 to 5.3]	312 (6.9) [5.3 to 8.7]	2.4 (0.5 to 4.3)	.01
Alprazolam	43 (1.1) [0.7 to 1.6]	105 (2.4) [1.5 to 3.8]	1.3 (0.1 to 2.5)	.03
Zolpidem	39 (1.2) [0.8 to 1.9]	84 (2.0) [1.7 to 2.4]	0.8 (0.2 to 1.4)	.01
Clonazepam	29 (0.7) [0.5 to 1.0]	53 (1.1) [0.8 to 1.5]	0.4 (-0.04 to 0.8)	.07
Lorazepam	33 (0.9) [0.5 to 1.5]	39 (1.0) [0.7 to 1.5]	0.1 (-0.5 to 0.7)	.72
Analgesics	286 (6.2) [5.4 to 7.1]	404 (7.4) [6.3 to 8.6]	1.1 (-0.3 to 2.6)	.12
Hydrocodone	124 (2.8) [2.3 to 3.3]	191 (3.7) [2.9 to 4.6]	0.9 (-0.05 to 1.8)	.06
Tramadol ^d	38 (0.8) [0.5 to 1.2]	89 (1.7) [1.3 to 2.2]	0.9 (0.3 to 1.5)	.003
Ibuprofen	83 (1.6) [1.3 to 2.1]	96 (1.4) [1.0 to 2.0]	-0.2 (-0.9 to 0.4)	.52
Cyclobenzaprine	35 (0.8) [0.6 to 1.2]	71 (1.3) [1.0 to 1.8]	0.5 (0.05 to 1.0)	.03
Gastrointestinal agents ^e	267 (5.4) [4.6 to 6.4]	500 (9.5) [8.3 to 10.9]	4.1 (2.5 to 5.7)	<.001
Omeprazole	87 (1.7) [1.2 to 2.4]	305 (5.5) [4.6 to 6.7]	3.8 (2.7 to 5.0)	<.001
Ranitidine	64 (1.3) [0.9 to 1.8]	82 (1.7) [1.3 to 2.2]	0.4 (-0.2 to 1.1)	.21
Esomeprazole	102 (2.2) [1.6 to 3.0]	72 (1.5) [1.1 to 2.0]	-0.7 (-1.5 to 0.1)	.10
Famotidine	17 (0.4) [0.2 to 0.7]	37 (0.7) [0.5 to 1.0]	0.3 (-0.02 to 0.7)	.07
Respiratory agents ^f	90 (2.8) [2.3 to 3.5]	101 (2.3) [1.8 to 2.9]	-0.5 (-1.3 to 0.3)	.19
Montelukast ^d	41 (1.2) [0.9 to 1.8]	70 (1.6) [1.2 to 2.1]	0.4 (-0.3 to 1.0)	.26
Cetirizine	52 (1.7) [1.4 to 2.2]	31 (0.7) [0.4 to 1.3]	-1.0 (-1.6 to -0.4)	.001
Anticonvulsants ^g	198 (4.7) [3.9 to 5.6]	397 (7.7) [6.8 to 8.7]	3.0 (1.7 to 4.3)	<.001
Gabapentin ^d	45 (1.0) [0.7 to 1.5]	144 (2.4) [1.8 to 3.0]	1.3 (0.6 to 2.0)	.001
Diazepam ^d	12 (0.2) [0.01 to 0.5]	26 (0.7) [0.3 to 1.2]	0.4 (0.002 to 0.9)	.05
Lamotrigine ^d	9 (0.3) [0.2 to 0.5]	27 (0.7) [0.4 to 1.0]	0.3 (0.01 to 0.6)	.04
Topiramate	19 (0.6) [0.3 to 1.0]	28 (0.6) [0.4 to 1.1]	0.06 (-0.4 to 0.5)	.78
Corticosteroids	77 (1.6) [1.1 to 2.3]	92 (1.5) [1.2 to 2.0]	-0.1 (-0.8 to 0.6)	.80

Gastrointestinal agents ^e	267 (5.4) [4.6 to 6.4]	500 (9.5) [8.3 to 10.9]	4.1 (2.5 to 5.7)	<.001
Omeprazole	87 (1.7) [1.2 to 2.4]	305 (5.5) [4.6 to 6.7]	3.8 (2.7 to 5.0)	<.001

PRISE EN CHARGE DE LA DEPRESSION AU CABINET

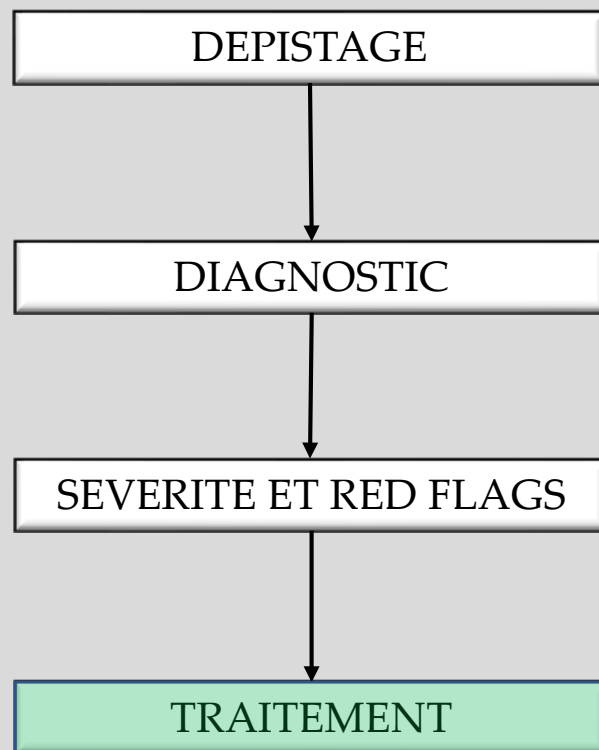


Sévérité



American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.)

PRISE EN CHARGE DE LA DEPRESSION AU CABINET



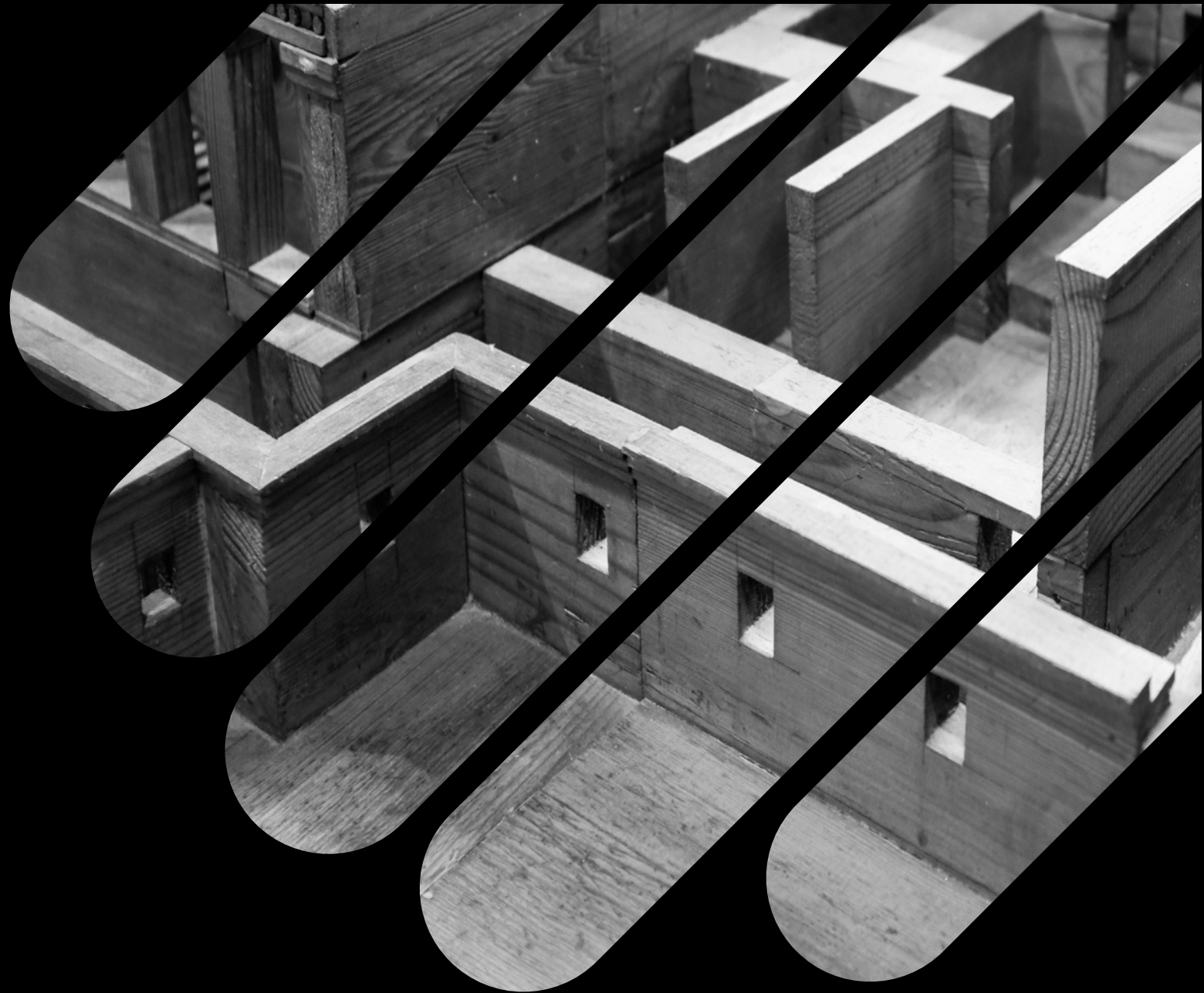
TAKE HOME MESSAGE

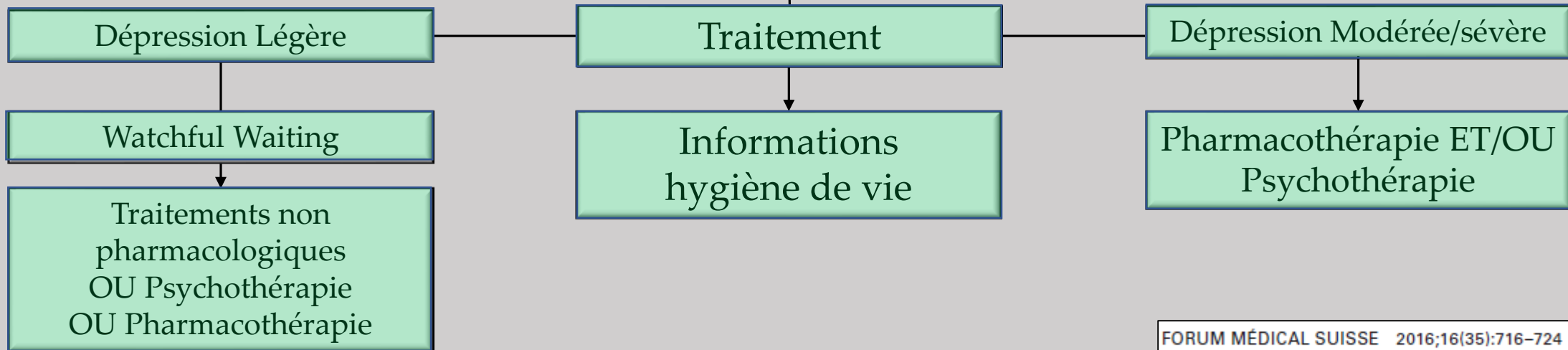
- La Relation thérapeutique comme condition nécessaire à la prise en charge.
- Le diagnostic de dépression est souvent manqué: utilisation systématique du dépistage.
- Certains médicaments habituels sont associés à la dépression.
- La conduite à tenir dépendra de la sévérité initiale et des facteurs de risque.

Parte Seconda

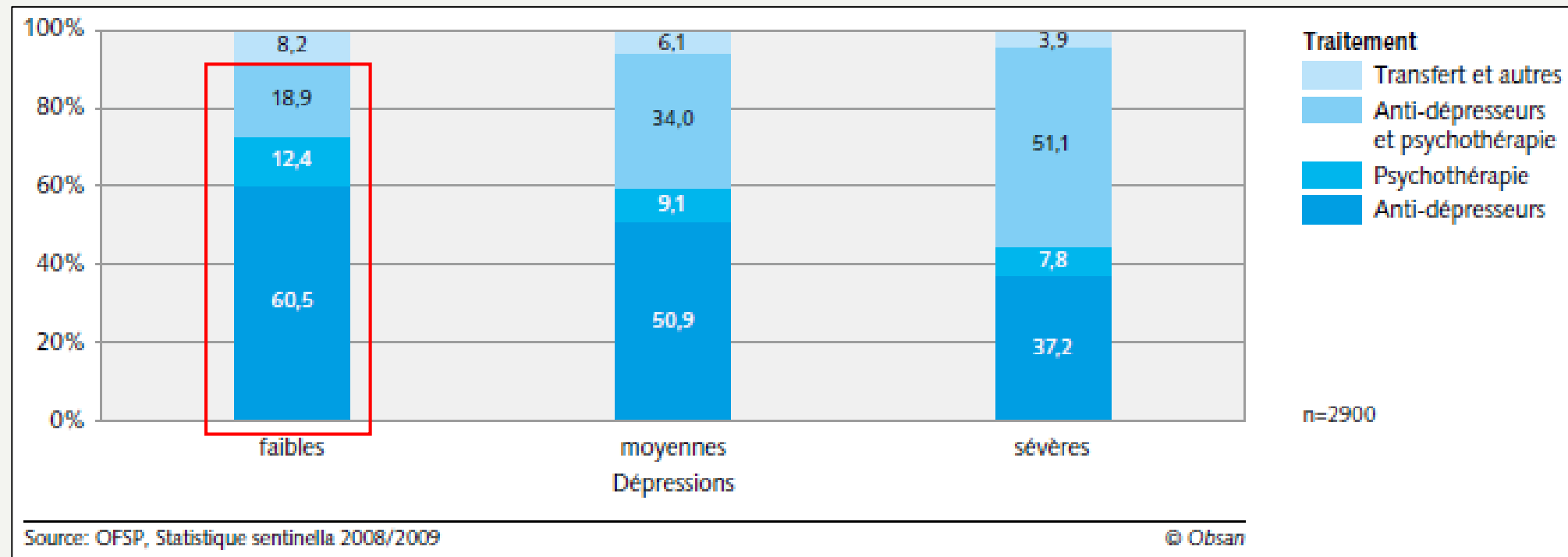
Le choix

Quand le médecin est face à un dédale de
traitements possibles.





FORUM MÉDICAL SUISSE 2016;16(35):716-724



Source: OFSP, Statistique sentinella 2008/2009

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Psychothérapie

Exercice

Soutien

Psychodynamique

Cognitivo- Comportementale

Systemique



Patient

Relation



Médecin

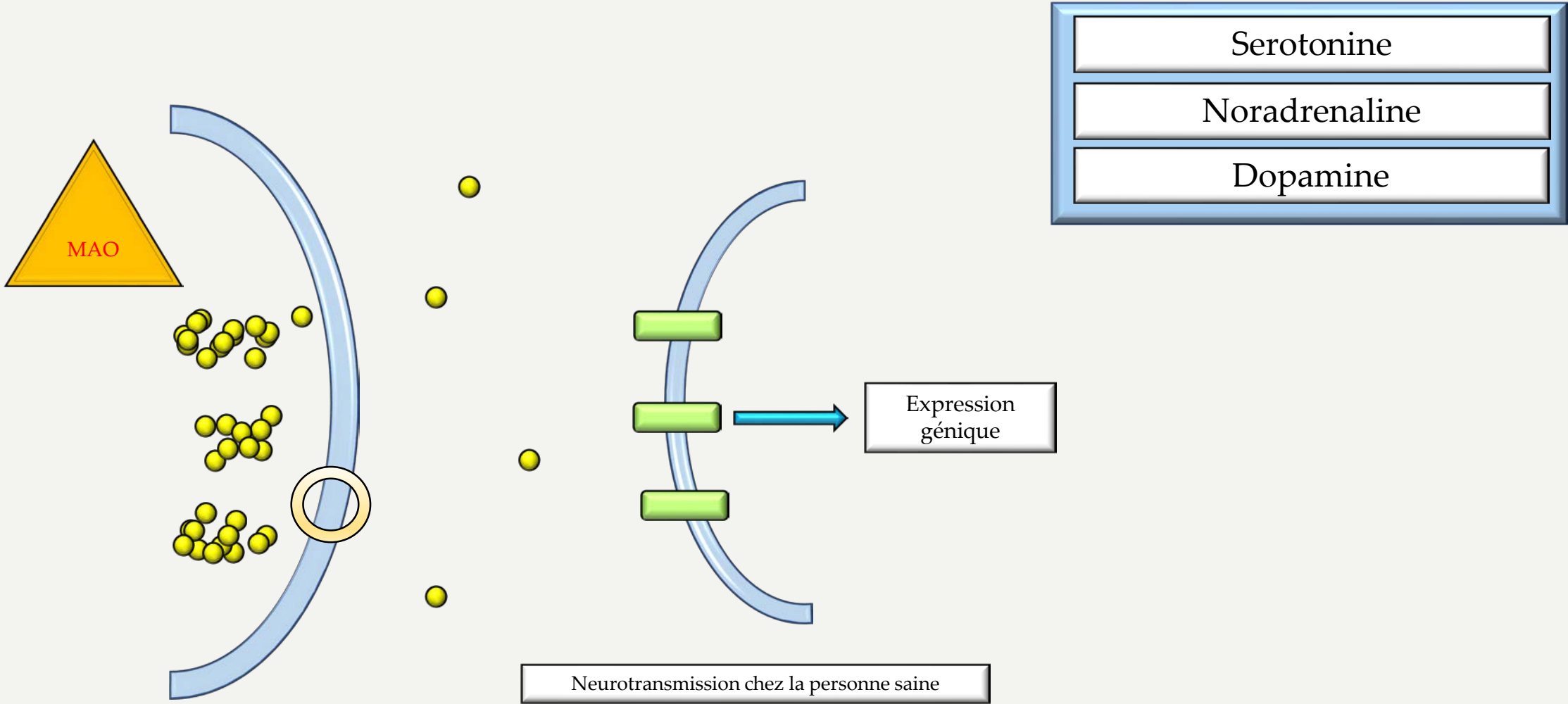
Dimension humaine

ALLIANCE THERAPEUTIQUE

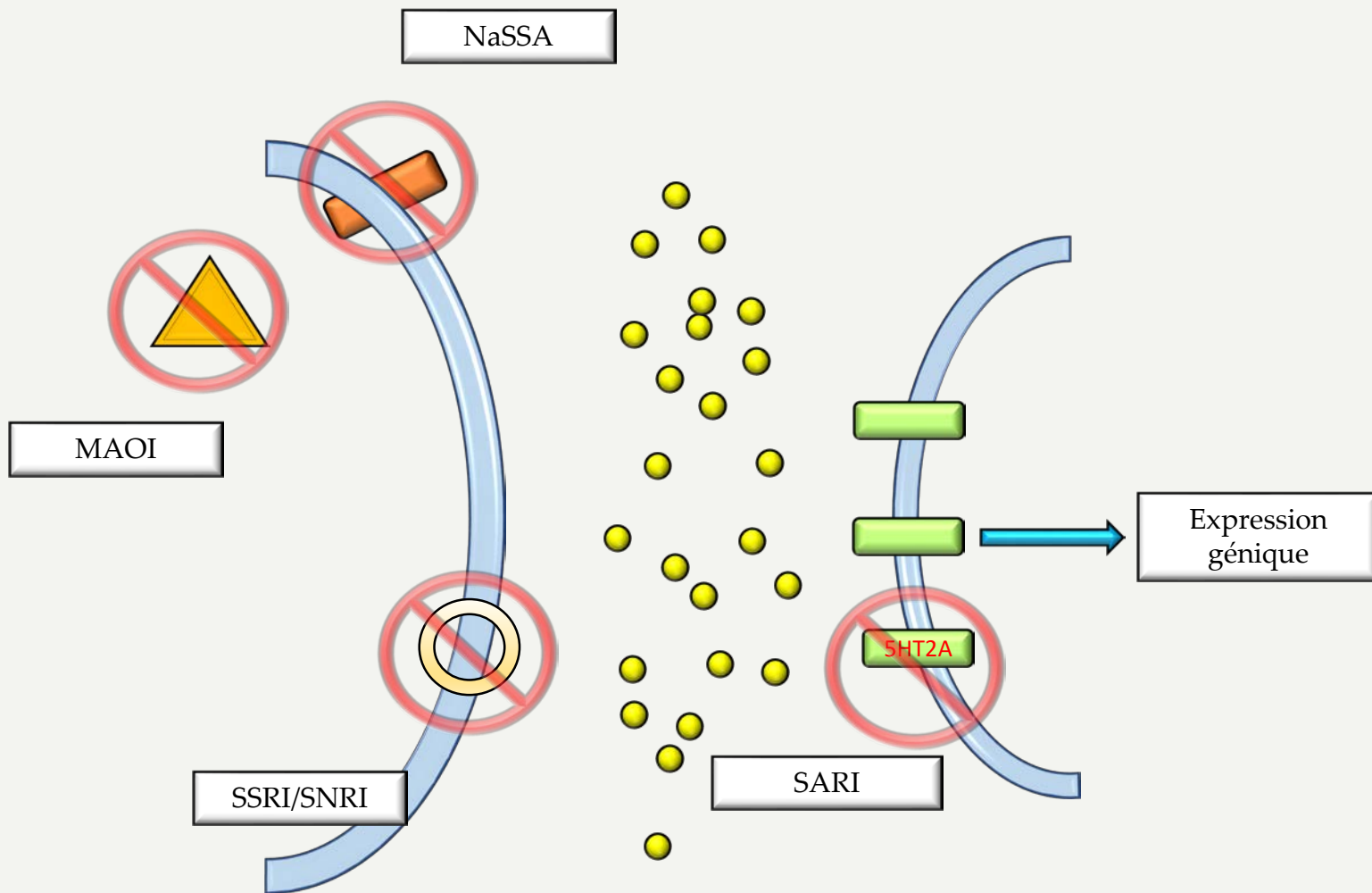
RENFORCER VS CHANGER

*Les Antidépresseurs,
entre mythes et évidences.*

Hypothèse des monoamines



Hypothèse des monoamines

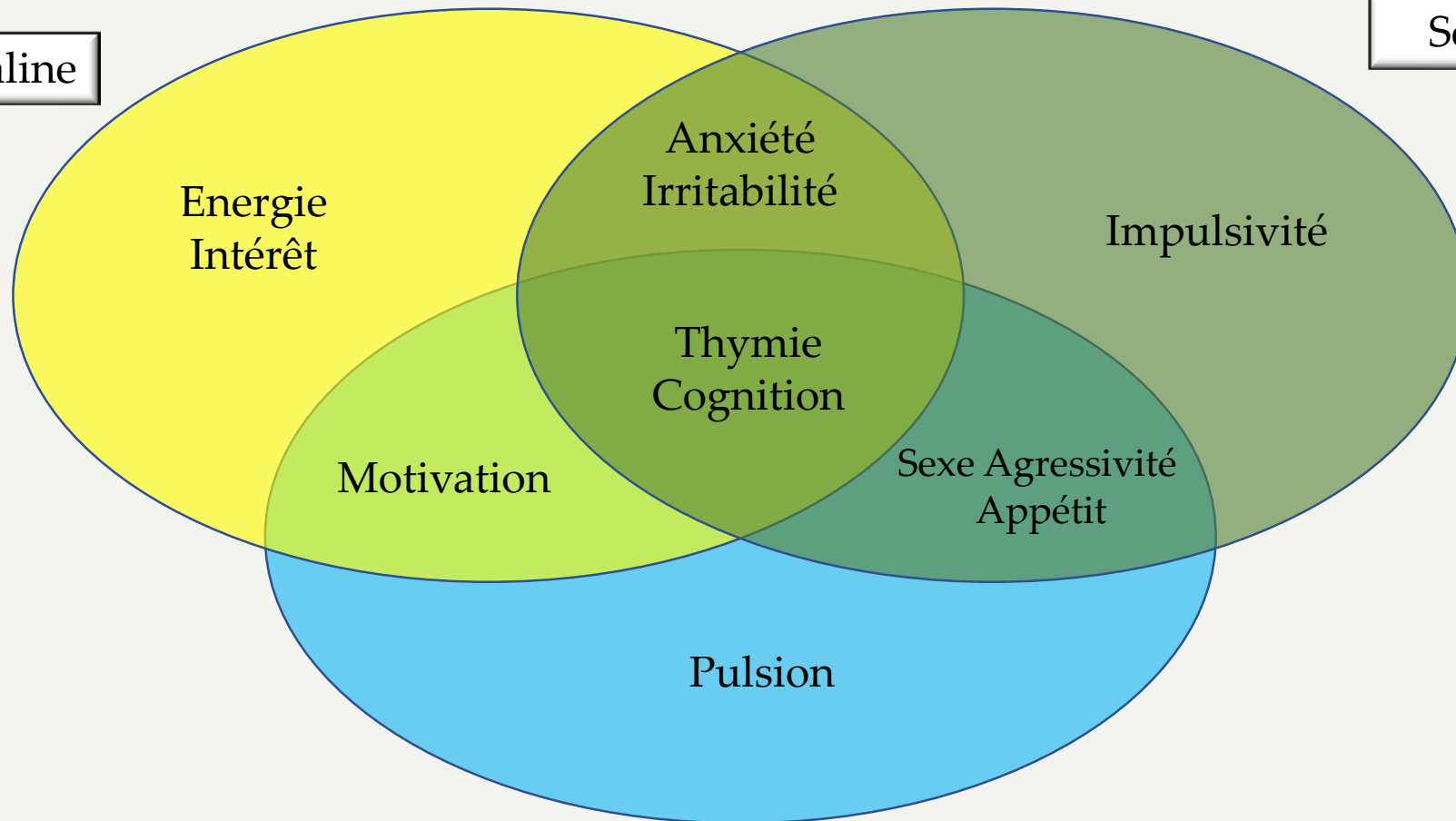


SSRI	Escitalopram, Citalopram, Sertraline, Fluoxetine, Fluvoxamyne, Vortioxetine
NaSSA	Mirtazapine
SARI	Trazodone
SNRI	Duloxetine, Venlafaxine
DNRI	Bupropione
Autres	Agomelatine

Hypothèse des monoamines

Noradrénaline

Sérotonine



Dopamine

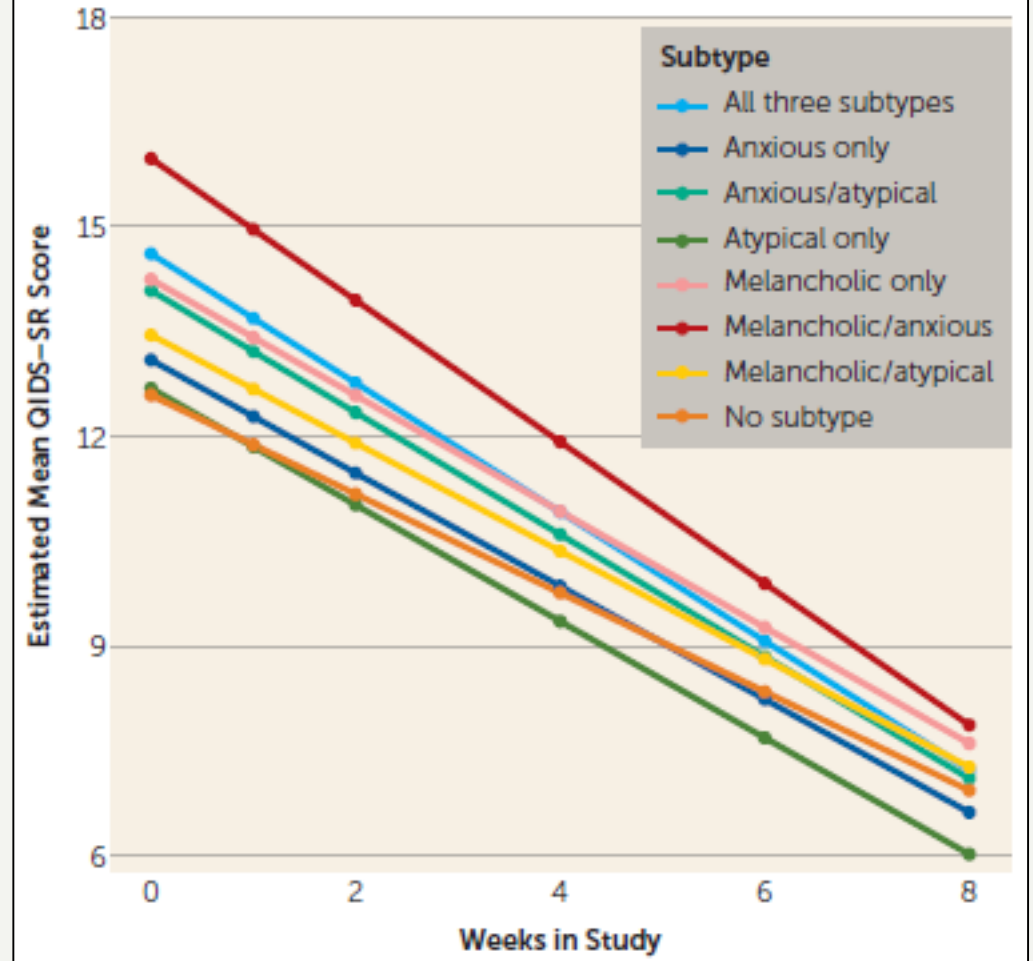
Hypothèse des monoamines

1.6 Treatment choice based on depression subtypes and personal characteristics

There is little evidence to guide prescribing in relation to depression subtypes or personal characteristics.

NICE, update apr. 2018

FIGURE 2. Mean Score Trajectories on the 16-item Quick Inventory of Depressive Symptomatology–Self-Report in the iSPOT-D Trial, From Mixed-Effects Regression Model (N=1,006)^a



Am J Psychiatry 172:8, August 2015

International edition
The Guardian

The drugs do work: antidepressants are effective, study shows

The Telegraph

The drugs do work: anti-depressants should be given to a million more Britons, largest ever review claims

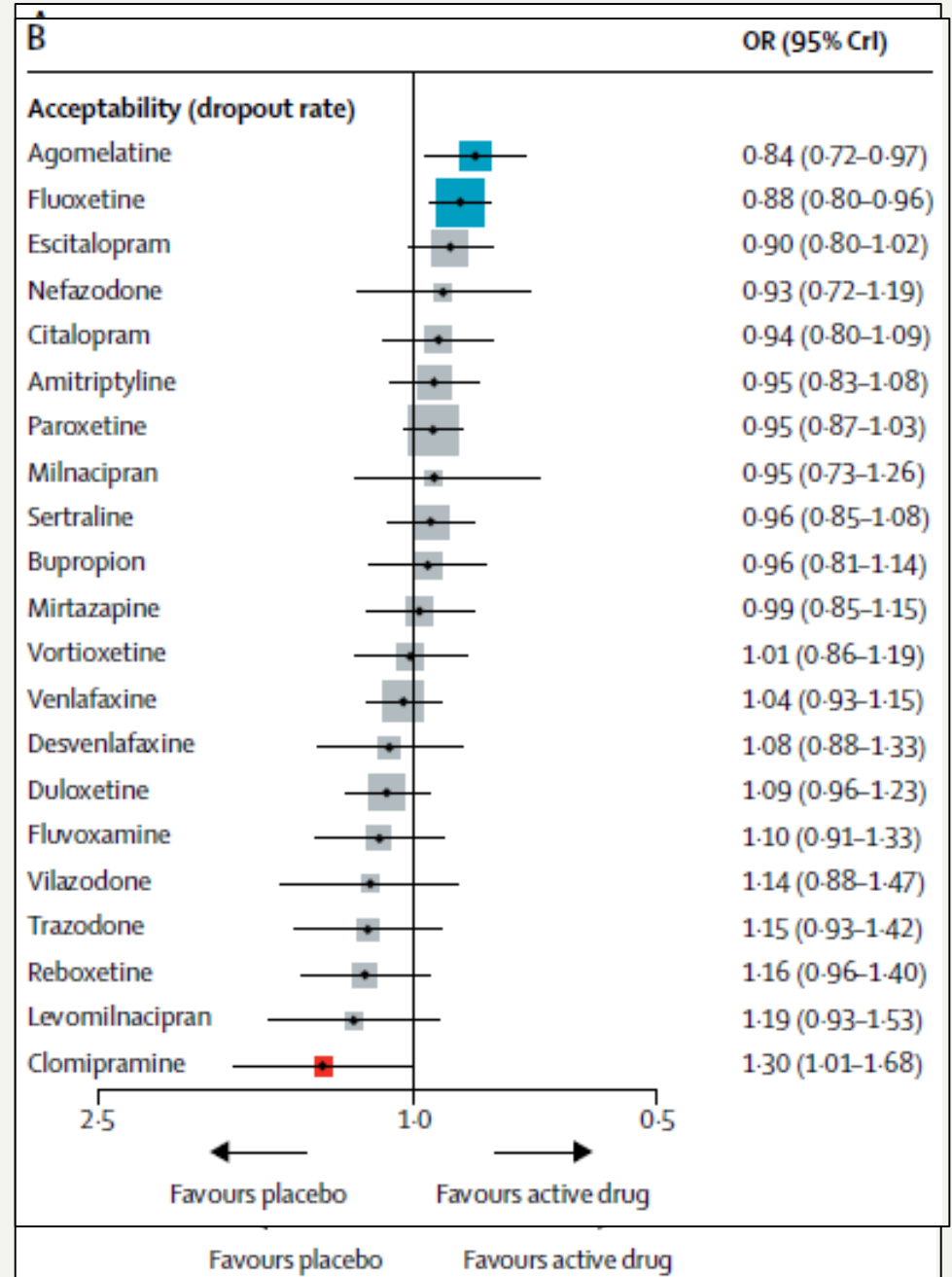
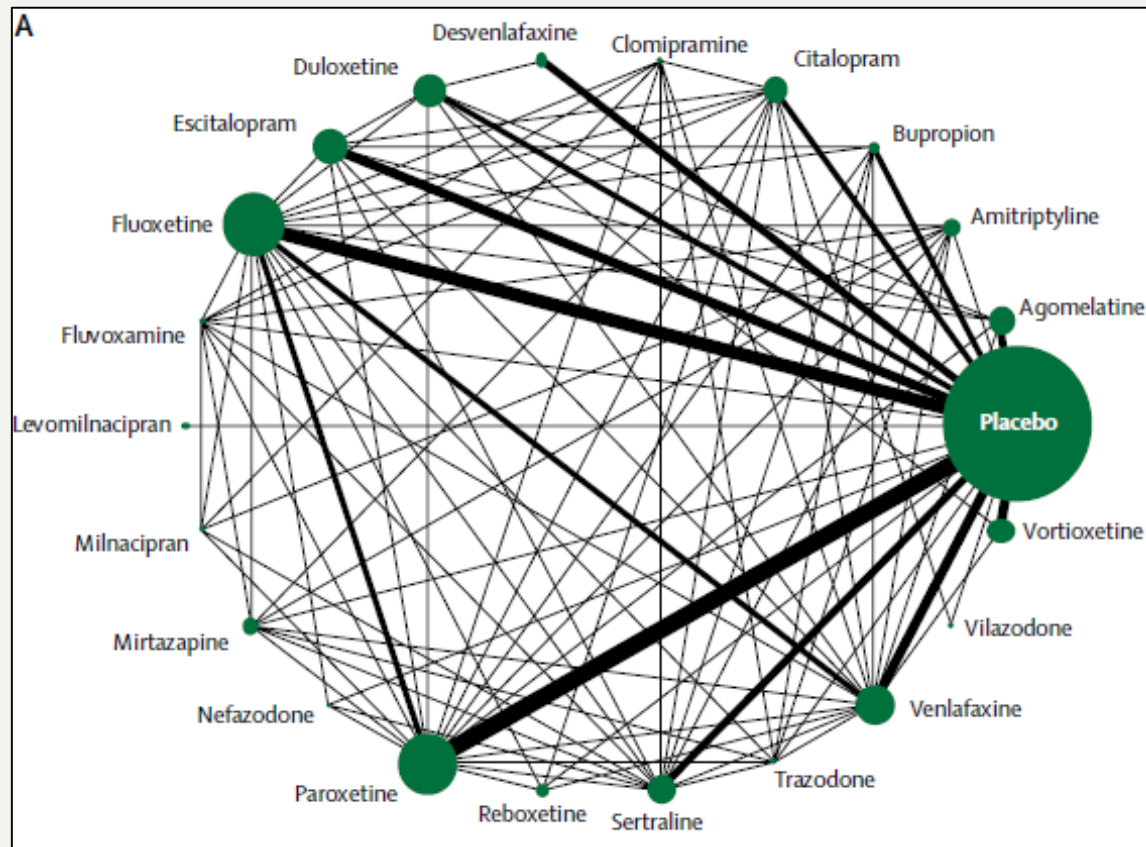
BBC

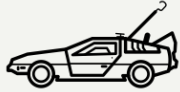
Anti-depressants: Major study finds they work

By Alex Therrien
Health reporter, BBC News

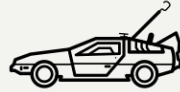


Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis

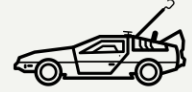




Jun 26 1998



Feb 26 2008



Feb 21 2018



EXPRESS
Home of the Daily and Sunday Express

Guardian

Anti-depressants 'a waste of time'

effective, st

BBC NEWS

Anti-depressants' 'little effect'

The Guardian
International edition

Prozac, used by 40m people, does not work say scientists

Analysis of unseen trials and other data concludes it is no better than placebo

A Meta-Analysis of Antidepressant Medication

Health reporter, BBC News

by Bo Tengberg

What You Should Know

Will this medicine work for me?

- The antidepressants presented in this decision aid all work the same for treating depression.
- Most people with depression can find one that can make them feel better.
- 6 out of 10 people will feel better with the first antidepressant they try and the rest will have to try other antidepressants before they find the one that is right for them.

How long before I feel better?

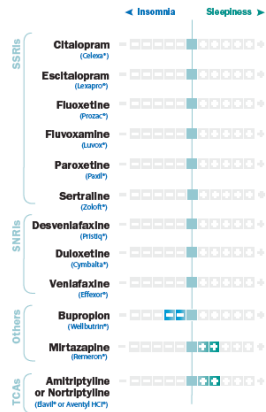
- Most people need to take an antidepressant regularly for at least 6 weeks to begin to get the full effect.

Understanding side effects

- Most people taking antidepressants have at least one side effect.
- Many side effects go away after a few weeks, but some only go away after you stop the medicine.

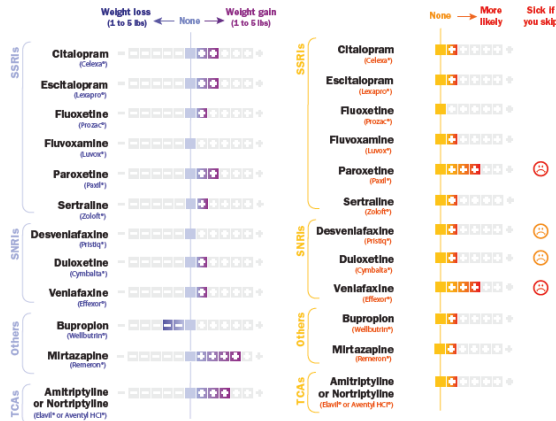
Sleep

Some people may experience sleepiness or insomnia because of their antidepressant.



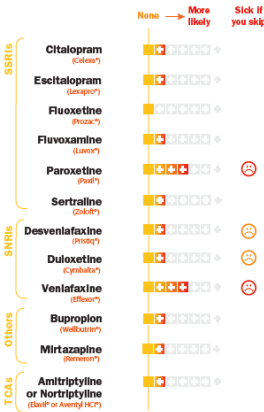
Weight Change

Some people may experience weight change. It is most likely to occur over six to twelve months and depends on your actual weight. The chart below is based on a 150 lb person.



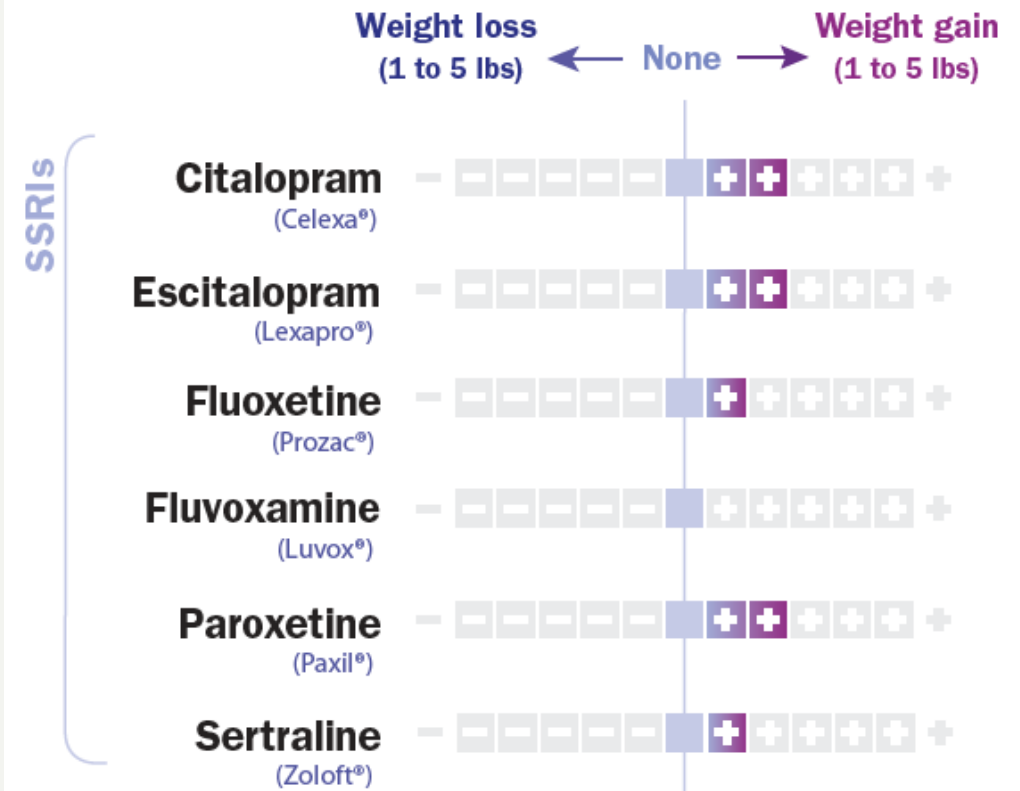
Stopping Approach

Quitting your medicine all at once can make you feel sick, as if you had the flu (e.g. headache, dizziness, light-headedness, nausea or anxiety).



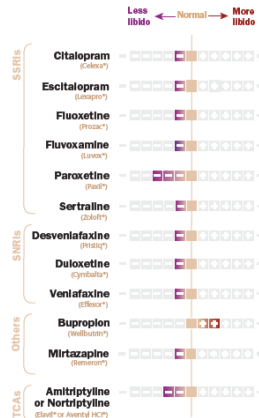
Weight Change

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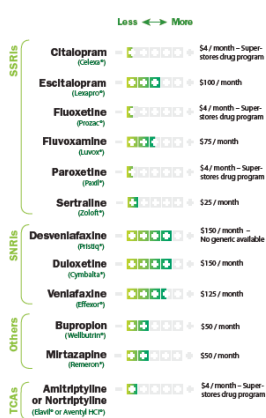
Sexual Issues

Some people may experience loss of sexual desire (libido) or loss of ability to reach orgasm because of their antidepressant.



Cost

These figures are estimates and are for comparative reference only. Actual out-of-pocket costs vary over time, by pharmacy, insurance plan coverage, preparation and dosage.



Keep in Mind

Depression medicines may cause some:

- constipation, diarrhea and nausea
- increased risk of suicidal thoughts and behaviors (18- to 24-year-olds)
- harm to an unborn child
- risk of developing serotonin syndrome, a potentially life-threatening condition
- possible drug-drug interactions

Class	Drug	Additional considerations
SSRIs	Citalopram (Celexa®)	Can cause problems with your heart
	Escitalopram (Lexapro®)	Currently no other issues
	Fluoxetine (Prozac®)	More likely to interact with other drugs you are taking
	Fluvoxamine (Luvox®)	More likely to cause constipation, diarrhea or nausea Not officially recognized as a treatment for Major Depressive Disorder
	Paroxetine (Paxil®)	If you are pregnant, this medicine is more likely to cause problems with your unborn child
SNRIs	Sertraline (Zoloft®)	More likely to cause diarrhea
	Desvenlafaxine (Prisq®)	Tell your doctor if you have high blood pressure
	Duloxetine (Cymbalta®)	Can help with pain Tell your doctor if you have high blood pressure
Others	Venlafaxine (Effexor®)	More likely to cause nausea and vomiting Can cause problems with your heart Tell your doctor if you have high blood pressure
	Bupropion (Wellbutrin®)	Higher risk of seizures
TCAs	Mirtazapine (Remeron®)	Starts to work more quickly
	Amitriptyline or Nortriptyline (Elavil® or Aventyl HCl®)	More likely to cause constipation, diarrhea or nausea Can help with pain If you are elderly, this medication may not be the best option

MAYO CLINIC

MAKING WISER CHOICES ABOUT MEDICINES

A take-home guide to help patients compare depression medicines.

This information reflects the best available research studies. It was prepared by Mayo Clinic researchers without funding from makers of depression medicines.

Values of this aid have no financial relationships with pharmaceutical or device manufacturers. © Mayo Foundation for Medical Education and Research, October 2017. All rights reserved. MED17-0100017

<https://shareddecisions.mayoclinic.org>

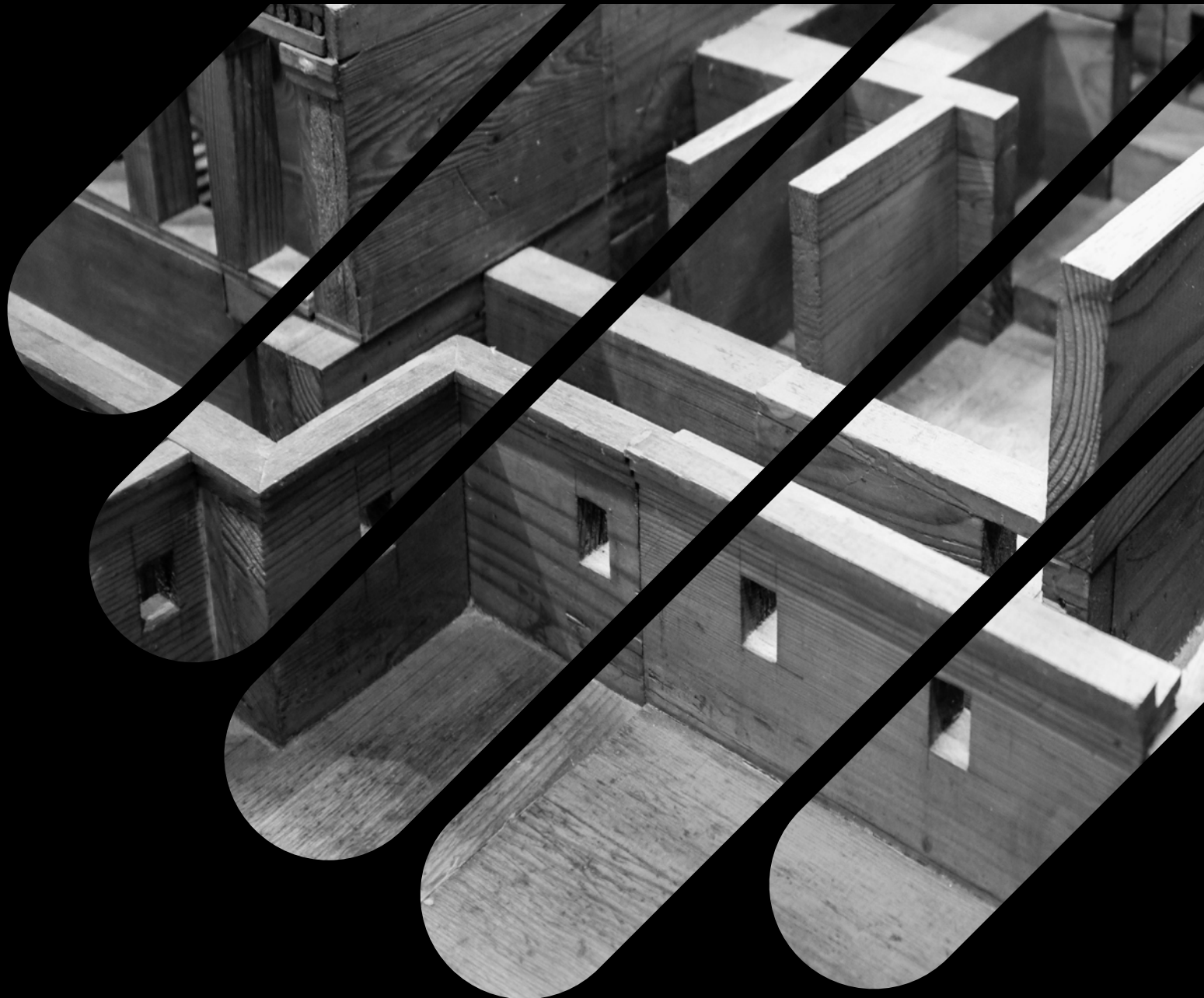
TAKE HOME MESSAGE

- Dans la dépression légère les traitements non pharmacologiques ont un meilleur rapport risque/bénéfice.
- Il y a peu d'évidence à choisir une classe d'antidépresseur pour son efficacité.
- Le choix du traitement découle du profil des effets secondaires, de la tolérabilité.

Parte Terza

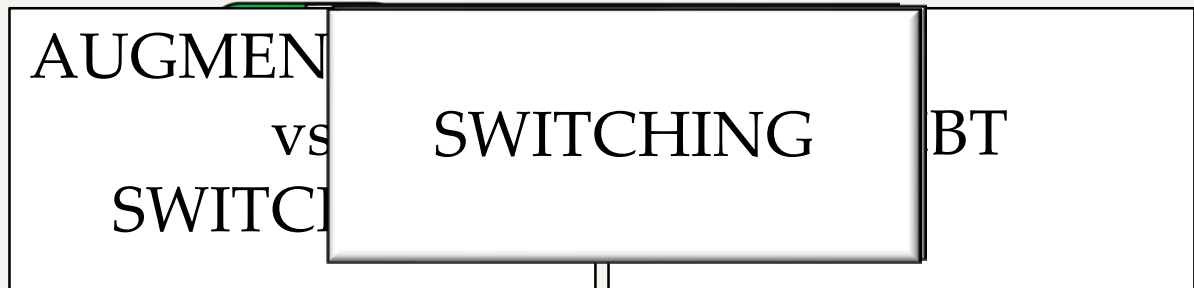
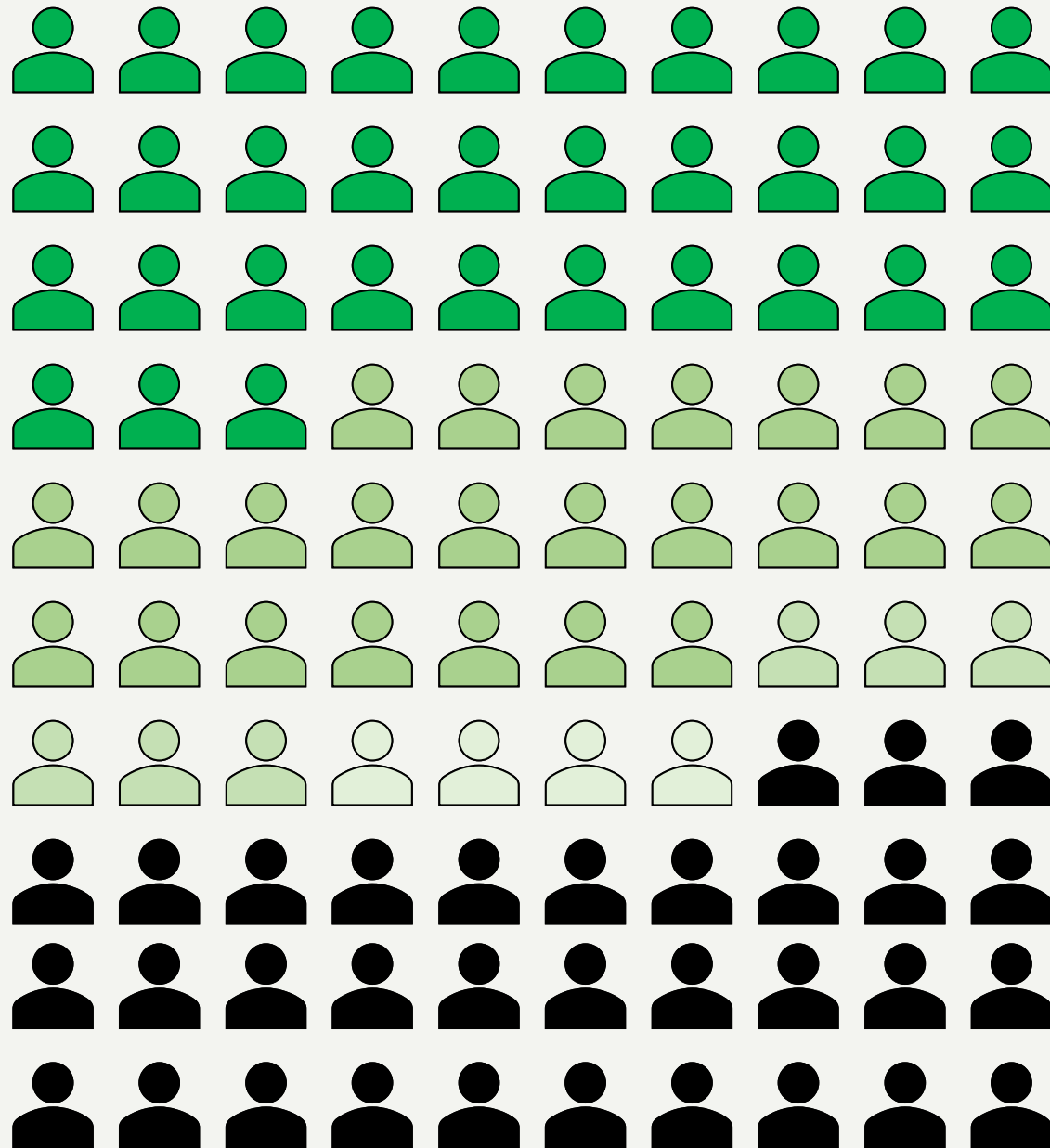
L'imprévu

Quand le monde réel défie la thérapie.



Votre antidépresseur ne me fait rien,
vous devriez le changer

STAR*D study



57%

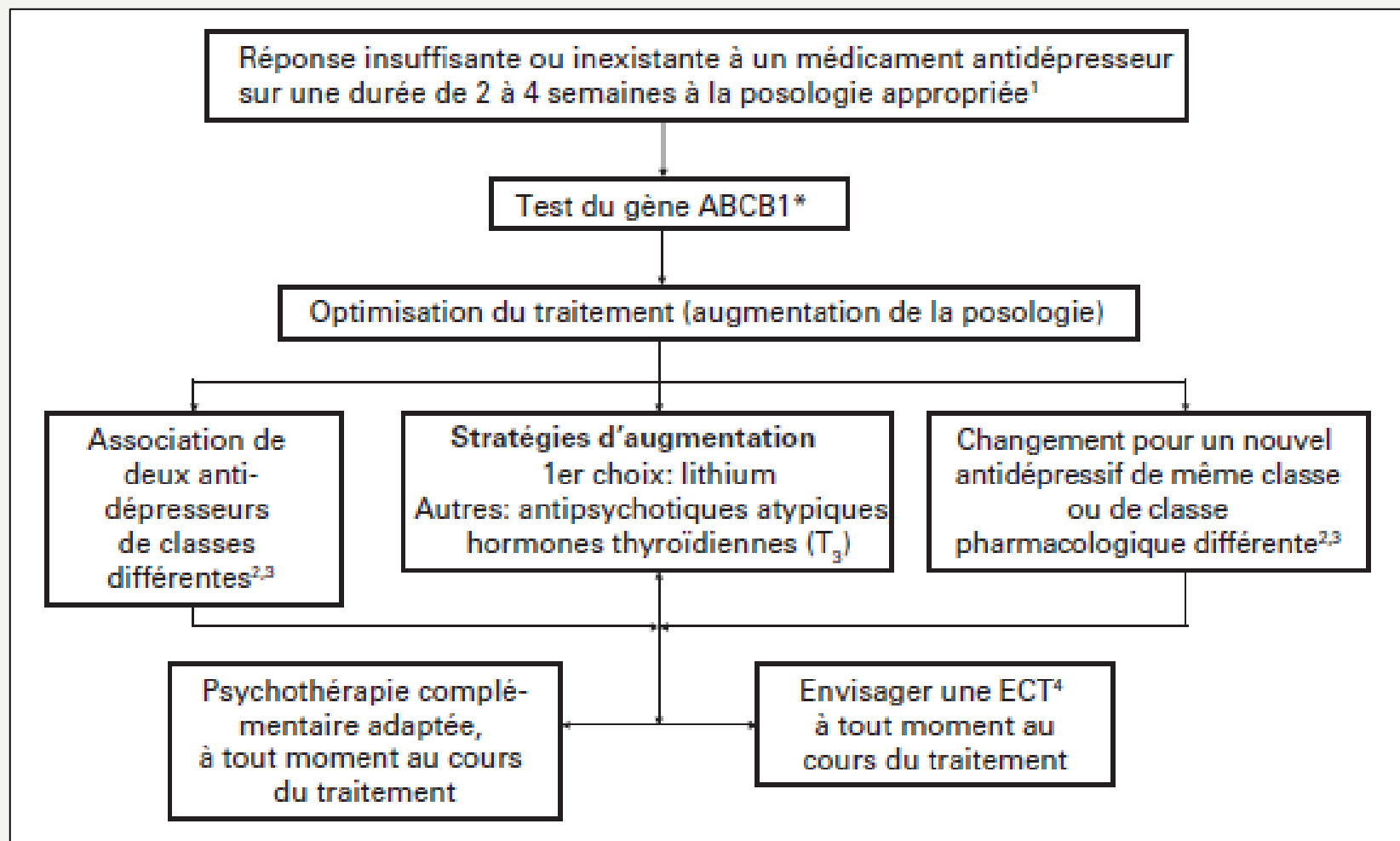
LEVEL 2

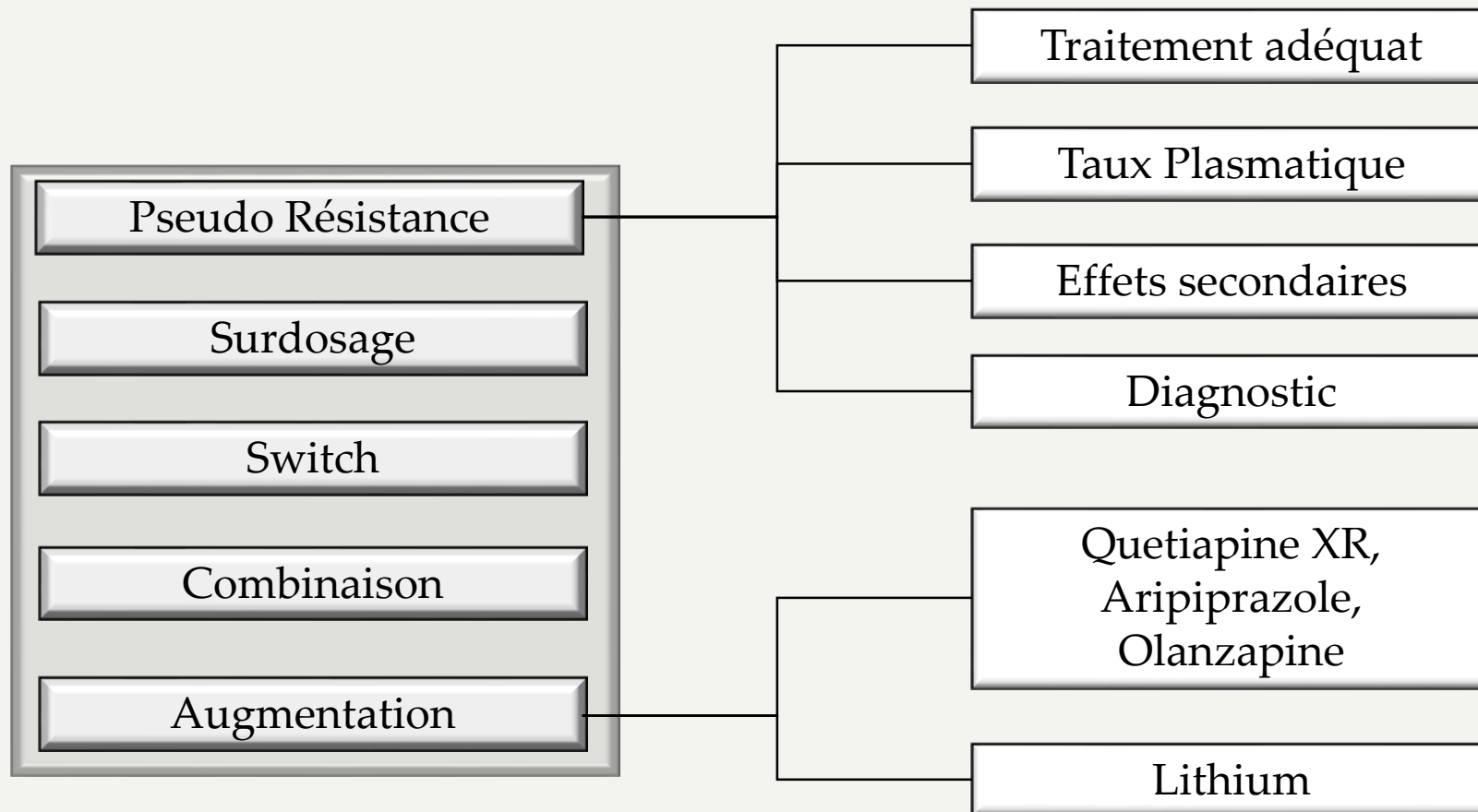
63%

LEVEL 3

67%

LEVEL 4





[doi: 10.1192/bjp.2018.122](https://doi.org/10.1192/bjp.2018.122)

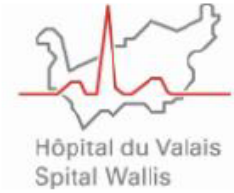
Je voudrais juste fermer les yeux et ne
plus me réveiller



Département de psychiatrie
CCRPC

nant
fondation
SECTEUR PSYCHIATRIQUE
DE L'EST VAUDOIS

CENTRE
NEUCHÂTELOIS
DE PSYCHIATRIE
CNP



Aide à l'évaluation clinique du potentiel suicidaire (UDR)

Urgence

Danger

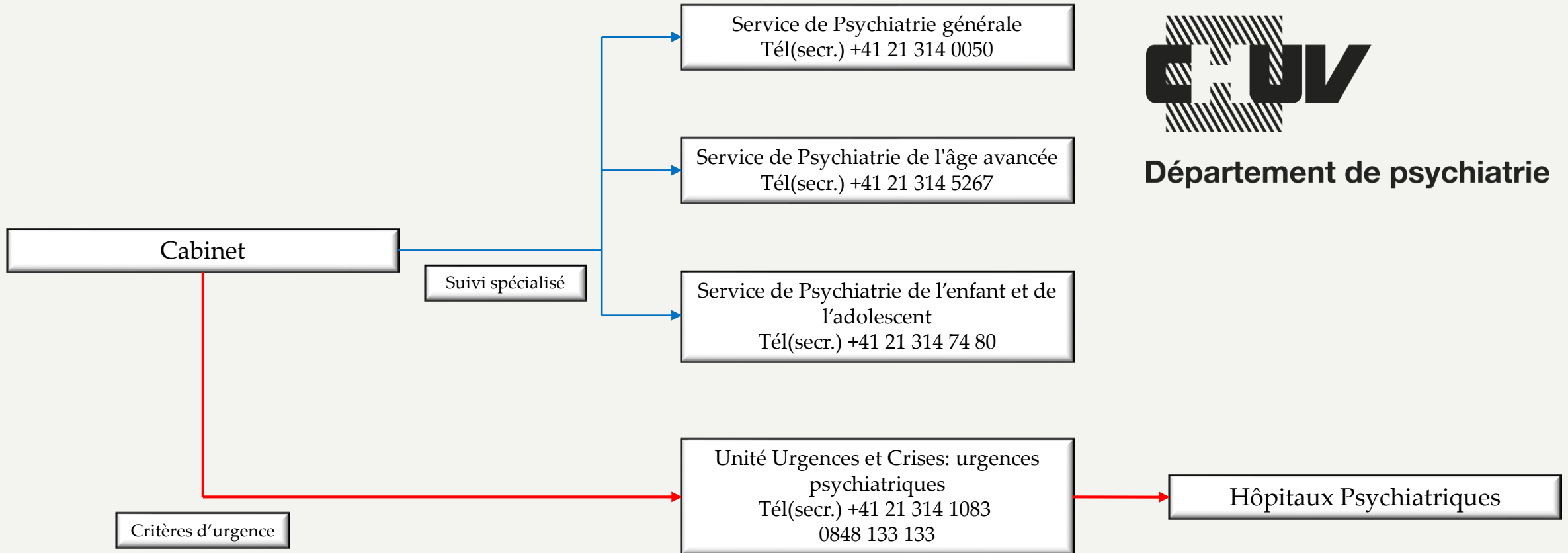
Risque

1. Les idées et conduites suicidaires (ICS) ayant motivé la consultation
2. les ICS récentes (au cours des 2

Accessibilité au moyen de Suicide

1. Facteurs Précipitants
2. Signes d'alerte
3. Risque épidémiologique

Région Lausannoise



REFERENCES UTILES: <https://ufile.io/9j9xu> (au 19 Octobre 2018)

Antidepressants

USE AS DIRECTED

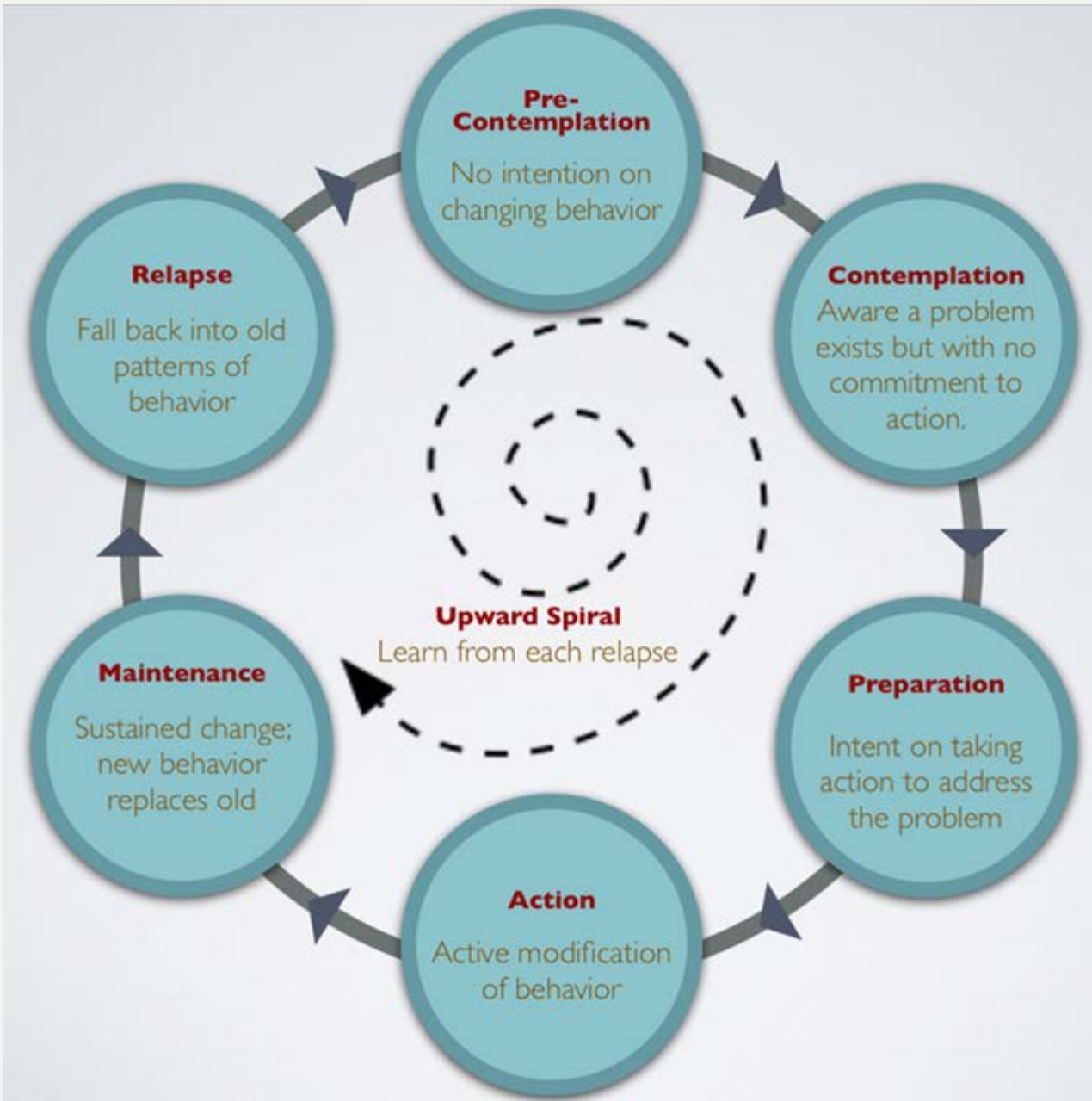
bupropion (Wellbutrin[®])
desvenlafaxine (Pristiq[®])
levomilnacipran (Fetzima[®])
vilazodone (Viibryd[®])
vortioxetine (Brintellix[®])

USE WITH CAUTION

citalopram (Celexa[®]) [2,4]
clomipramine (Anafranil[®]) [3]
desipramine (Norpramin[®]) [1]
doxepin (Sinequan[®]) [3]
duloxetine (Cymbalta[®]) [1]
escitalopram (Lexapro[®]) [2,4]
fluoxetine (Prozac[®]) [3,4]
fluvoxamine (Luvox[®]) [1,4]
mirtazapine (Remeron[®]) [1]
nortriptyline (Pamelor[®]) [1]
sertraline (Zoloft[®]) [2,4]
trazodone (Desyrel[®]) [3]
venlafaxine (Effexor[®]) [3]

USE WITH INCREASED CAUTION AND WITH MORE FREQUENT MONITORING

amitriptyline (Elavil[®]) [1,6]
imipramine (Tofranil[®]) [1,6]
paroxetine (Paxil[®]) [1,4,6]
selegiline (Emsam[®]) [2]



Un épisode de dépression

Neuropsychiatric Disease and Treatment 2018;14:1599-1605

