Prevention of depressive and anxiety disorders

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Disclosure

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Overview

- Predicting depression and anxiety
- Prevention strategies
  - Universal
  - Selective
  - Indicated
- Concluding remarks

Predicting depression and anxiety

History of disorder

-Depression

-Anxiety

Subthreshold symptoms

-Depression

-Anxiety

Predicting depression and anxiety

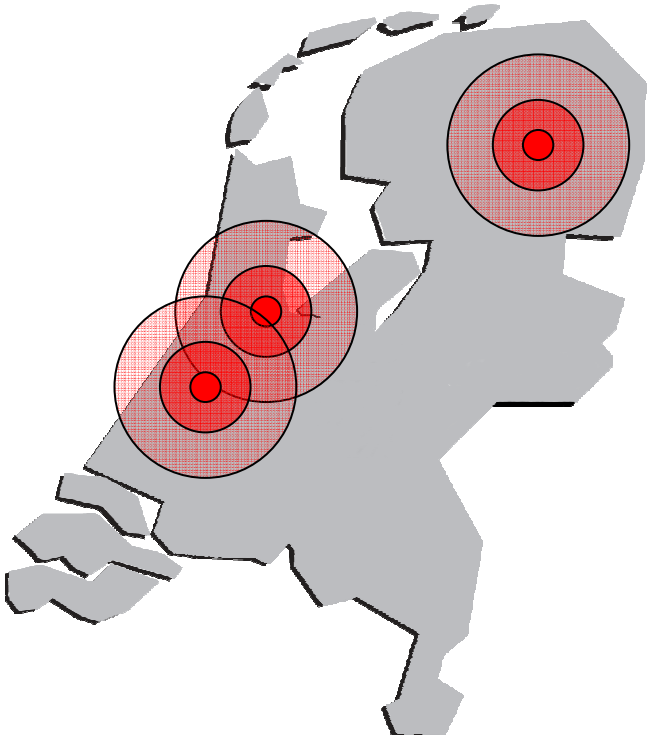
History of disorder	Subthreshold symptoms
-Depression	-Depression
-Anxiety	-Anxiety

NESDA: Netherlands Study of Depression and Anxiety

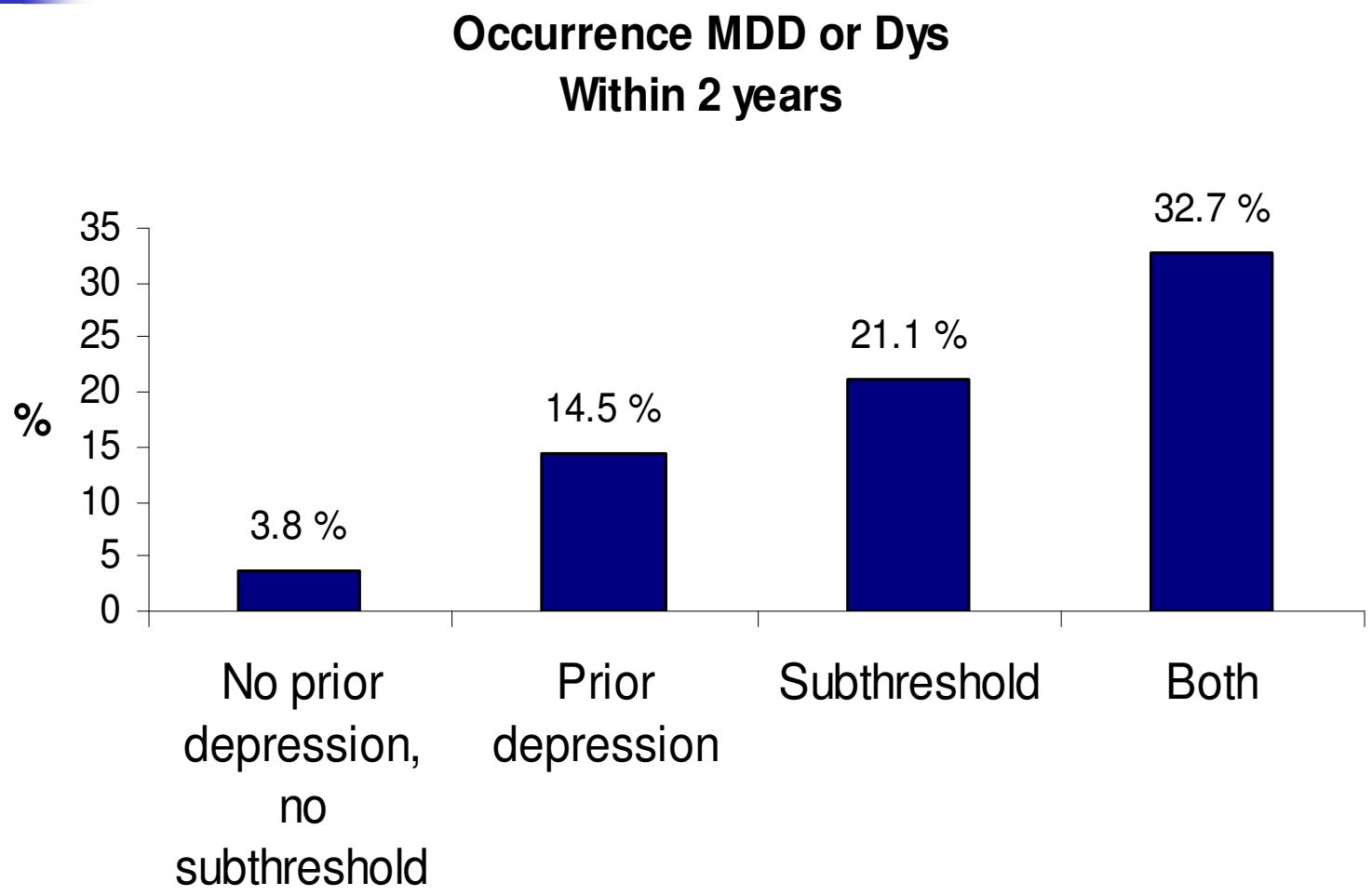
- 3 area's
- 2981 participants
- 18-65 years of age
- General population

  Primary care

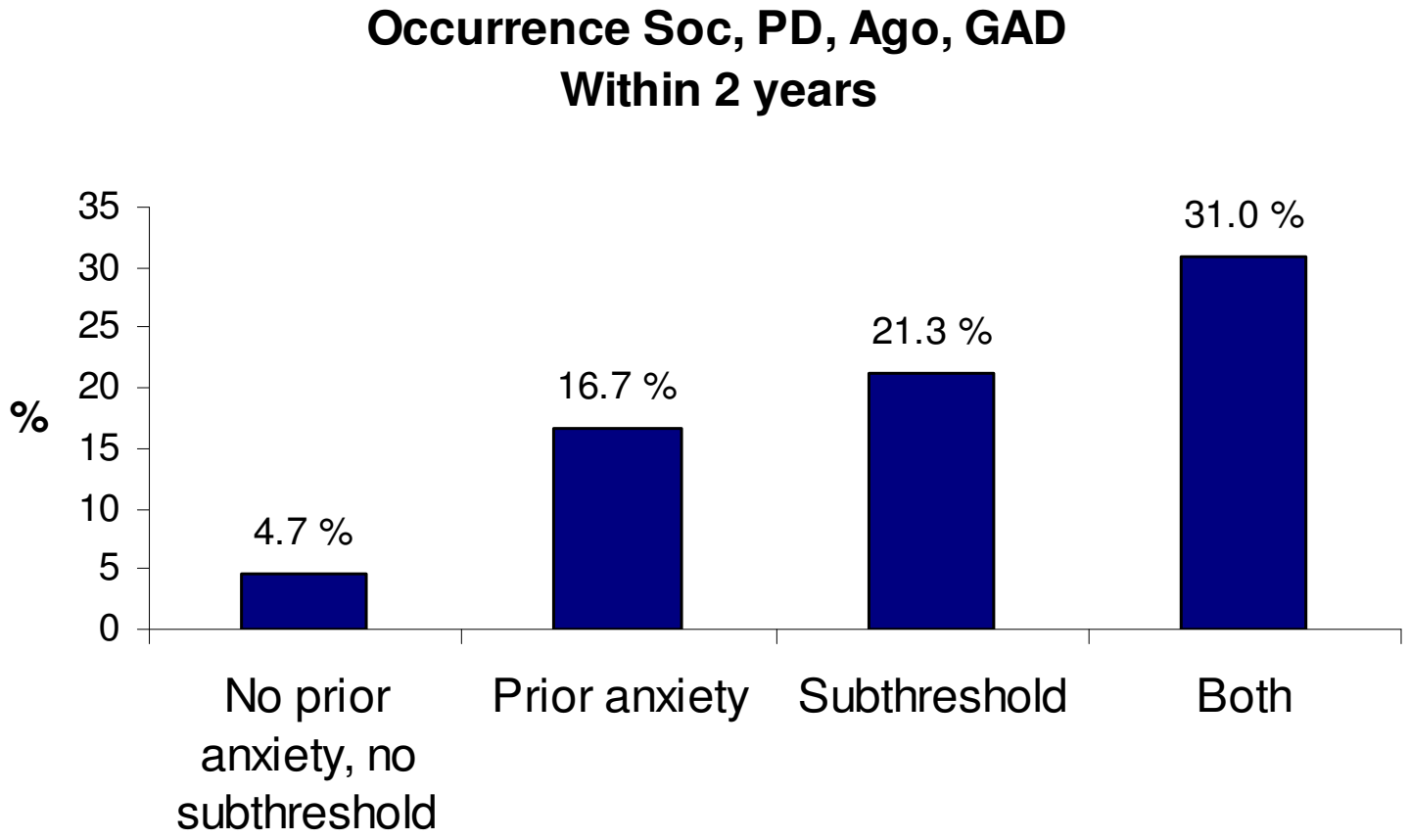
  Secondary care
- 10 year follow-up (and counting)



Occurrence depression (N=1167)



Occurrence anxiety disorder (N=1167)



Logistic regression: depression

	Univariate OR (95% CI)	Multiple regression OR (95% CI)
Gender	1.13 (0.79 - 1.61)	0.85 (0.58 - 1.25)
Age	0.99 (0.98 - 1.00)	0.98 (0.97 - 0.99)*
Years of education	0.94 (0.90 - 0.99)*	0.98 (0.93 - 1.04)
Number of somatic illnesses	1.17 (1.04 - 1.31)**	1.06 (0.93 - 1.21)
Depressive disorder		
History of depressive disorder	4.25 (2.42 - 7.45)***	4.15 (2.32 - 7.44)***
Subthreshold depression	6.71 (3.74 - 12.04)***	6.23 (3.31 - 11.74)***
Both	12.23 (7.27 - 20.57)***	10.00 (5.49 - 18.20)***
Anxiety disorder		
History of anxiety disorder	2.47 (1.60 - 3.82)***	1.38 (.86 - 2.22)
Subthreshold anxiety	2.88 (1.60 - 3.82)***	1.07 (0.60 - 1.92)
Both	6.02 (3.69 - 9.83)***	2.04 (1.15 - 3.61)*

*p<.05, **p<.01, ***p<.001

Logistic regression: anxiety

	Univariate OR (95% CI)	Multiple regression OR (95% CI)
Gender	1.74 (1.14 - 2.65)*	1.36 (0.87 - 2.15)
Age	1.00 (0.99 - 1.01)	0.99 (0.98 - 1.01)
Years of education	0.95 (0.89 - 1.00)	0.99 (0.93 -1.06)
Number of somatic illnesses	1.11 (0.98 - 1.27)	1.01 (0.87 - 1.17)
Depressive disorder		
History of depressive disorder	2.81 (1.54 - 5.12)**	2.02 (1.07 - 3.79)*
Subthreshold depression	5.68 (3.12 - 10.33)***	3.47 (1.78 - 6.78)***
Both	8.54 (5.01 - 14.54)***	4.07 (2.18 - 7.59)***
Anxiety disorder		
History of anxiety disorder	4.05 (2.47 – 6.64)***	2.82 (1.66 - 4.79)***
Subthreshold anxiety	5.44 (3.15 - 9.40)***	2.65 (1.41 – 4.99)**
Both	9.05 (5.24 – 15.63)***	4.17 (2.22 - 7.85)***

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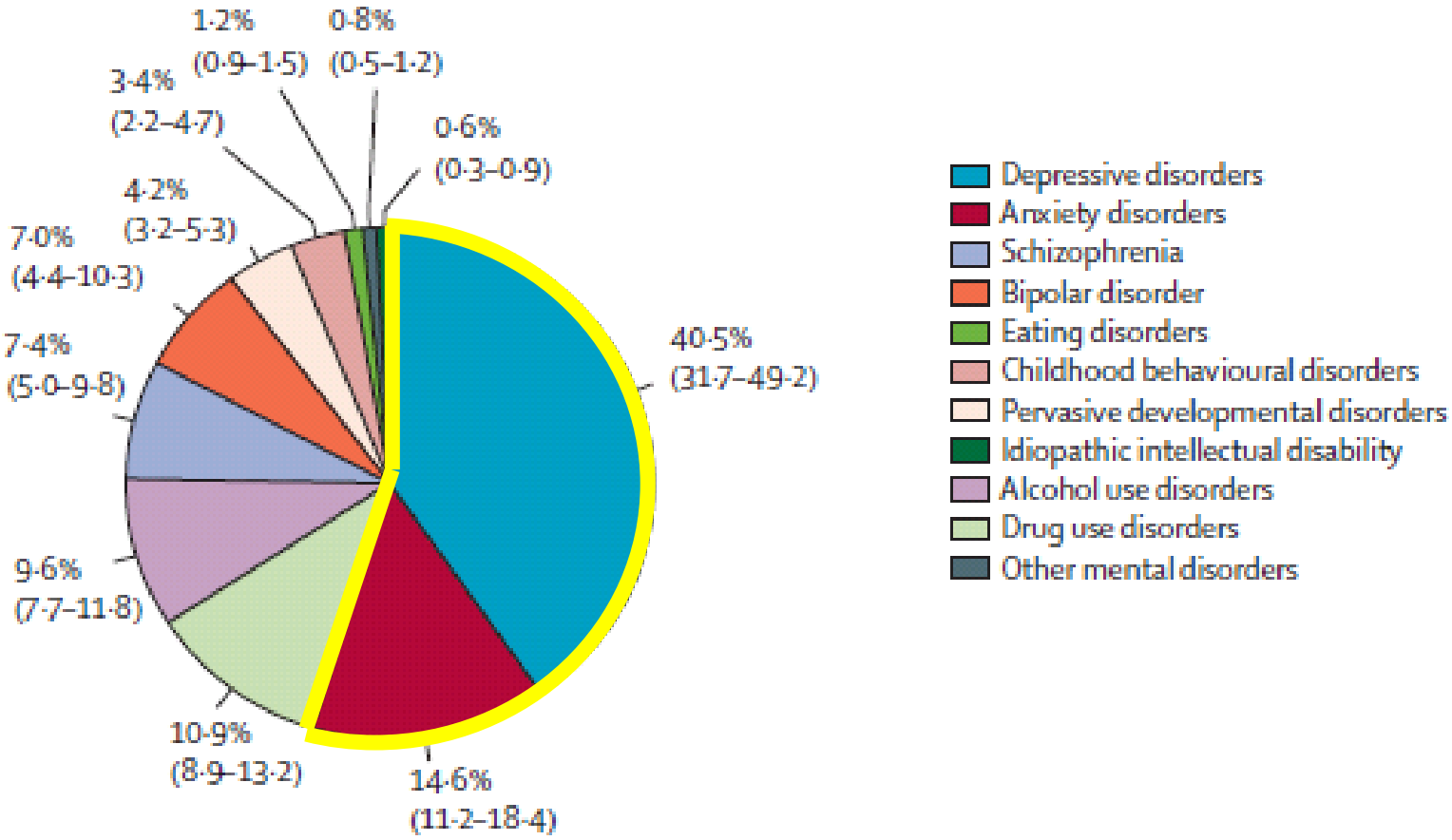
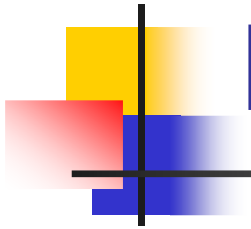
Main point

- Depressive and anxiety disorders can be predicted by prior episodes, but even more so by subthreshold symptoms and the combination of the two.

Years lost or lived with disability



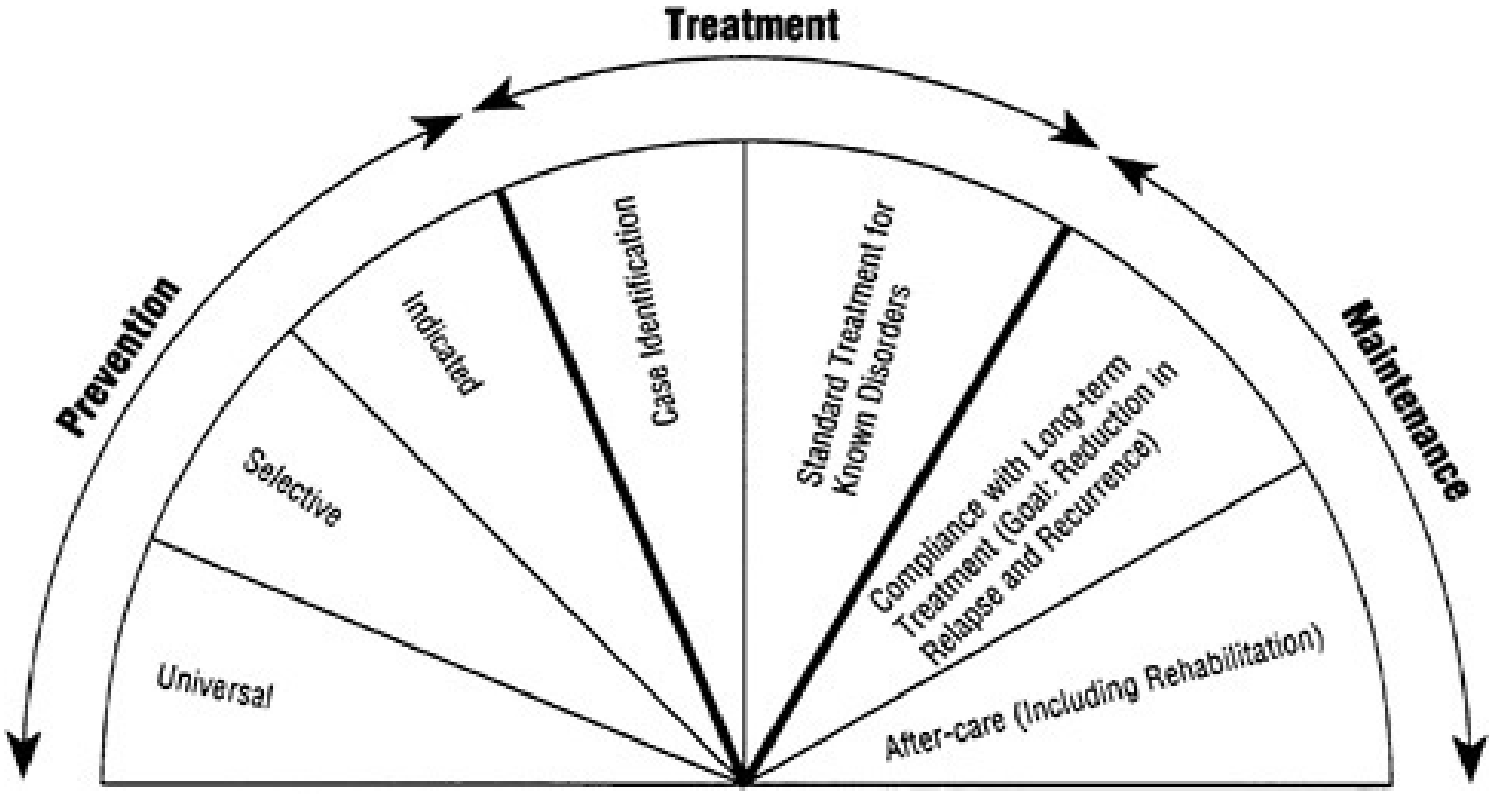
Whiteford et al., 2013



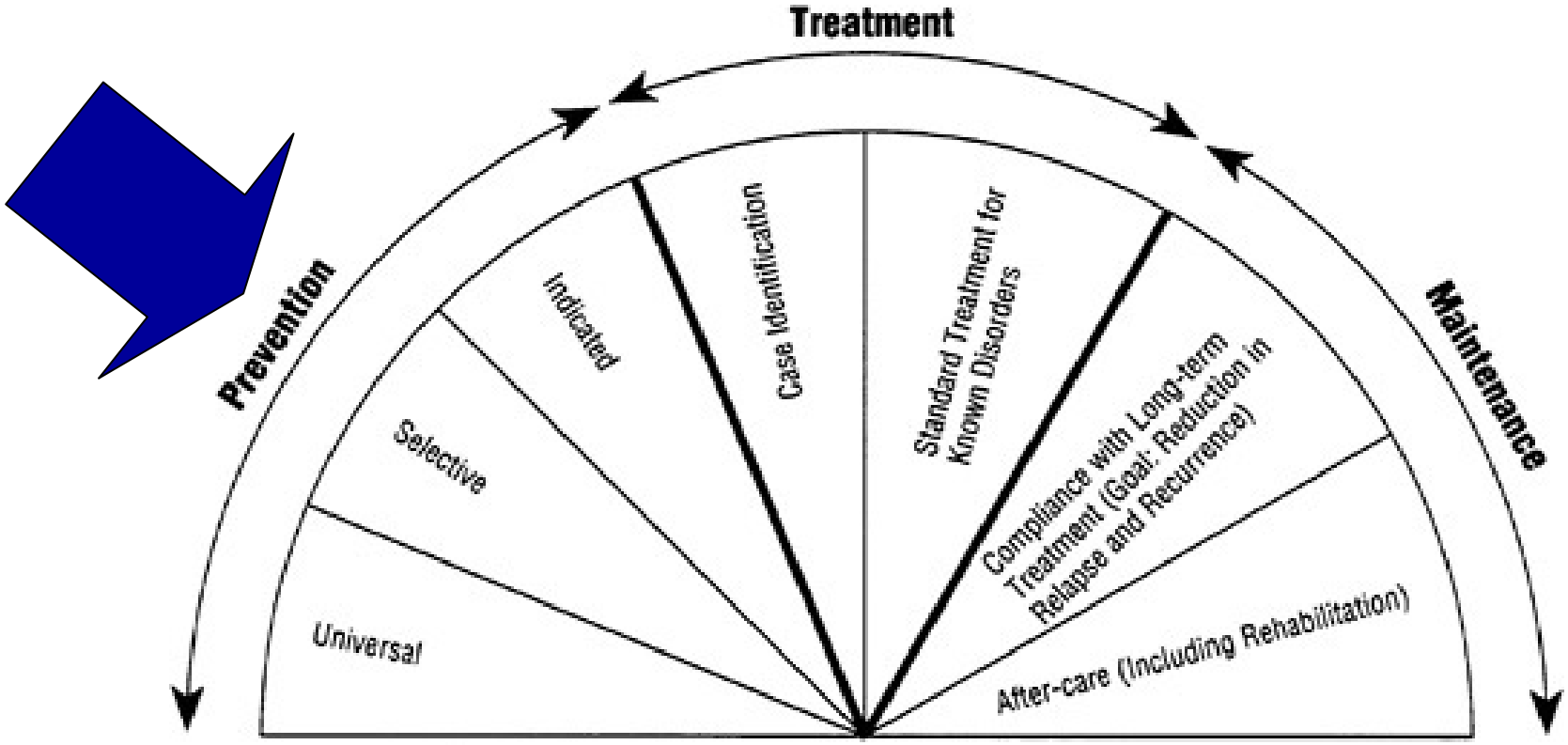
Prevention

It is better and more useful to meet a problem in time than to seek a remedy after the damage is done

Henry of Bracton (1240 AD)



Mrazek & Haggery 1994



Mrazek & Haggery 1994

Universal: entire population

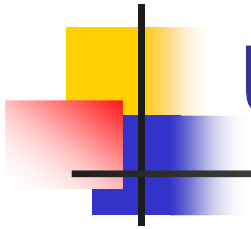
Pros

- In line with other health education
- No stigma
- No one is ‘overlooked’
- No screening-time
- Relatively cheap per person

Universal

Cons

- Relatively expensive per population
- Unnecessary for many
- Very hard to test effectiveness



Universal

Possible applications

- Infomercials on television
- Internet (e.g. zwaarweer.nl)
- (Single lesson) programs at school

Universal: does it work?

Lack of convincing evidence, though not necessarily ineffective[1,2]

FRIENDS program seems promising for preventing anxiety in children and adolescents[3]

[1]Sheffield et al., 2006; [2]Spence et al., 2003; [3]Barret et al., 1999

Selective: based on risk factors

Pros

- Tailored to the specific risk factors
- Target group easily located
- Easier to test effectiveness

Selective

Cons

- Stigmatizing, possibly groundless
- Still not necessary for everyone
- Bad adherence

Selective

Possible applications

- Debriefing after traumatic event
- Course for new mothers
- Online support forum for adolescents of parents with depressive or anxiety disorder (“KOPP-kinderen”)

Selective: does it work?

- Better results than for universal prevention[1]
- Debriefing ineffective or even couterproductive for PTSD and PPD[2,3]
- CBT-based or interpersonal therapy better than supportive counseling[1,4]

[1]Munoz et al., 2010; [2]Rose et al., 2009; [3]Priest et al., 2003; [4]Forneris et al., 2013

Indicated: subthreshold symptoms

Pros

- Highly focussed intervention
- Likely initiated by the patient
- Easiest to test effectiveness

Indicated

Cons

- Still not necessary for some
- Possible threat to self-reliance

Indicated

Possible applications

- Primary care
- Internet CBT programs (e.g. MoodGYM)
- Health care centers

Indicated: does it work?

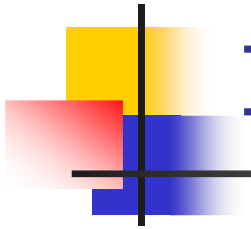
- Positive findings, especially for depression[1,2]
- CBT or interpersonal therapy based prevention seems most effective[2]

[1]Calear et al., 2010; [2]Cuijpers et al., 2008; [3]Lewinsohn et al., 1984

In a nutshell:

- Prevention is worthwile[1]
- Indicated prevention seems more effective than universal or selective prevention
- CBT or interpersonal therapy based prevention more effective than debriefing or support
- More research on the prevention of anxiety is needed

[1]Cuijpers et al., 2008



Issues of note

- Costs versus effectiveness
- Stepped care

Thank you for your attention!

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