



# Strategies for Managing Depression

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**Dr. Karen Anderson**

**The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

Lundbeck  
Teva



Huntington's Disease  
Society of America

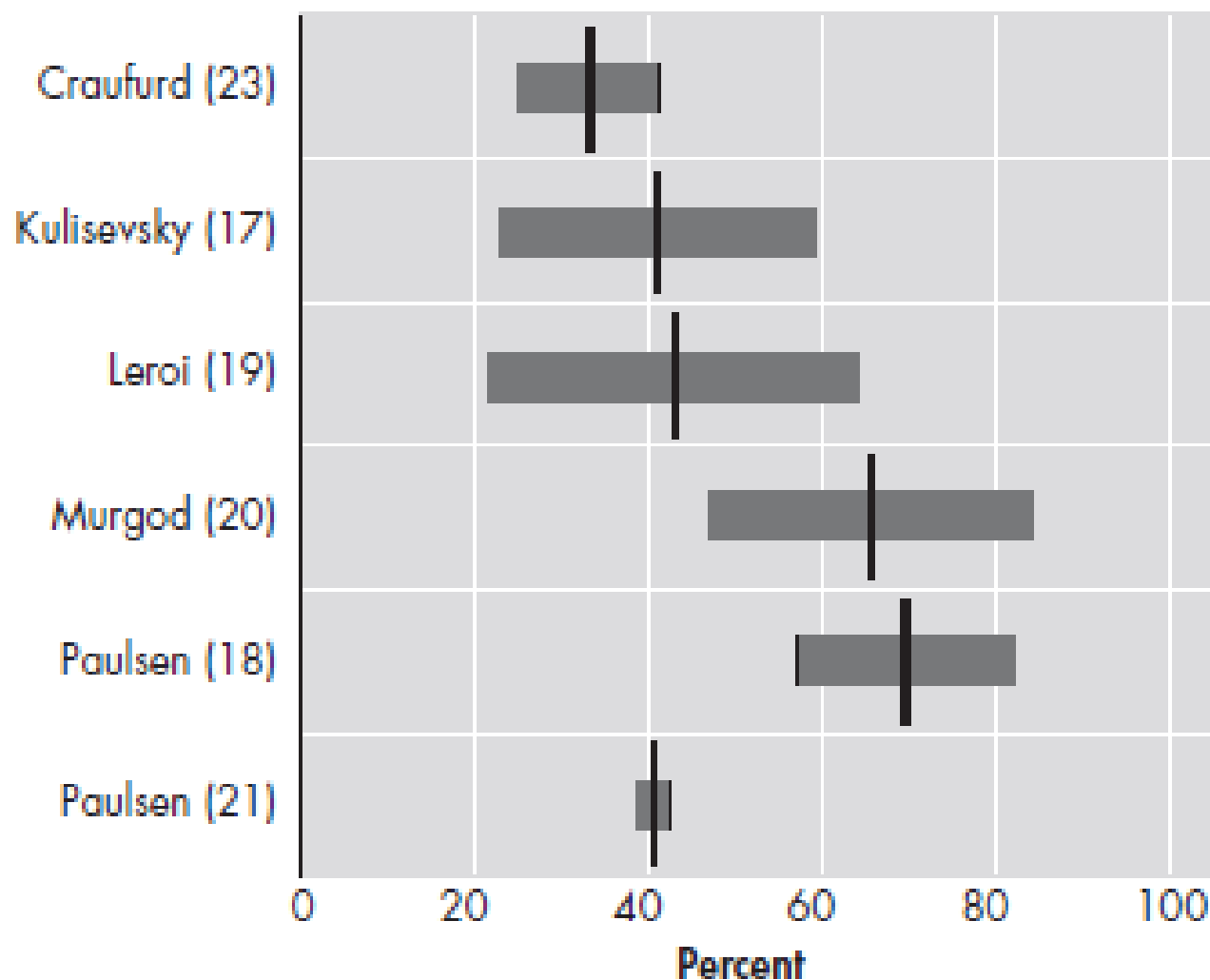
# Overview

- Symptoms of depression
- Depression versus apathy
- Nonpharmacological treatments
- Medication treatments
- Suicide

# Depression

- Common in early stages of disease
- May worsen as condition progresses
- May be confused with apathy- by families and clinicians

**FIGURE 1. Prevalence of Depressed Mood**

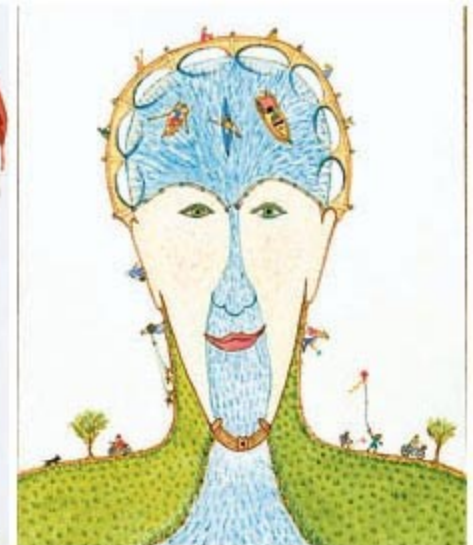


# Depression

- Losses may contribute- loss of loved ones, home, independence
- Caregiver depression can be “projected” as patient depression

# Depression

- Besides sadness:
  - decreased appetite
  - feel life not worth living
  - poor concentration
  - low energy
  - sleep changes



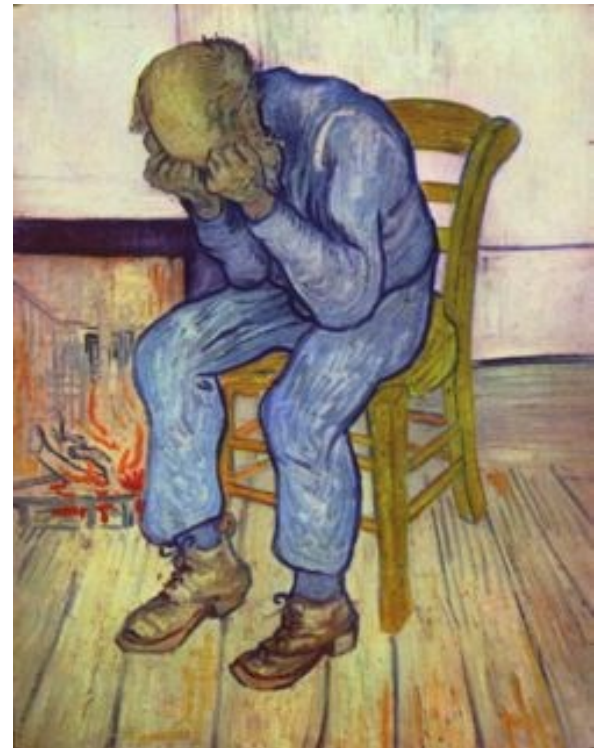


# Depression

- Does not always look like Sadness:

May appear more like:

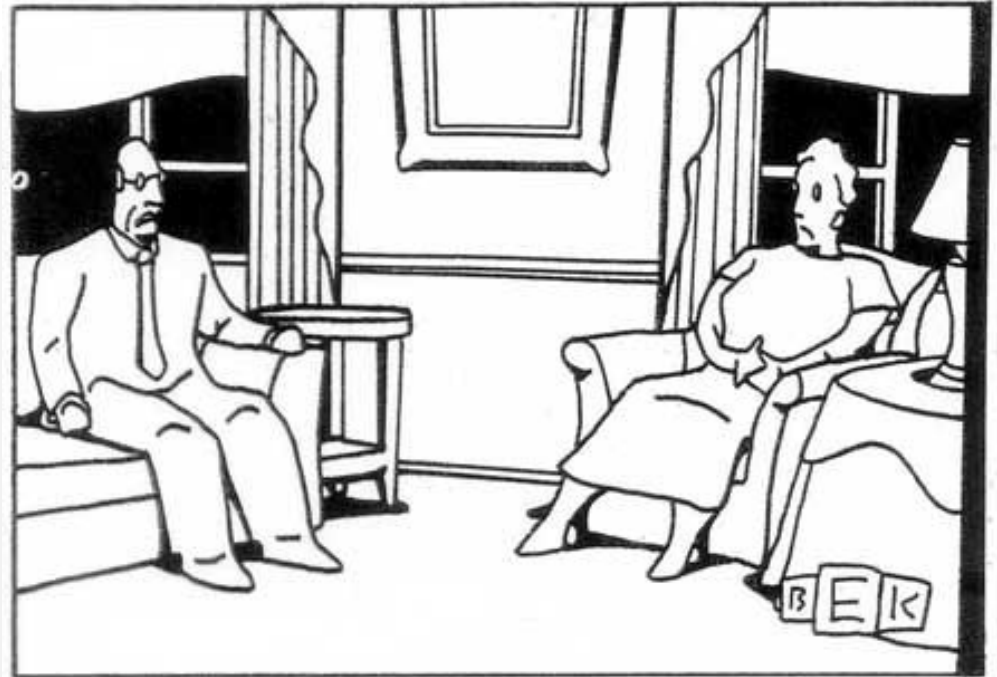
- Irritability
- Anxiety
- Anger
- Resenting Care partners



Cummings et al, 1999

# Impact of Depression

- Faster progression
- Greater memory decline
- Lower quality of life
- Increased burden
- Decreased ability to care for self
- Negative focus



*"You can wrap it up in a pretty package, but it's still life."*

## Depression-Evaluation

- Low mood, feelings of guilt, tearfulness, hopelessness, irritability, **loss of interest in activities, loss of enjoyment**
- Appetite and sleep (both may be increased or decreased)
- **Has patient's personality changed?**

## Depressed Mood- Other Factors

- Sleep disorder in HD causing low mood
- Recent “loss” such clinician telling them can no longer drive, work, care for family
- Death of affected family member/anniversary of parent’s death from HD
- **Participation in treatment study ending**

## Depression versus Apathy

- Sad mood?
- Loss of enjoyment versus enjoys once starts an activity?
- Consider trial of an antidepressant?
- Some antidepressants can make apathy worse

# Tetrabenazine and Depression

- Used to treat chorea in HD
- Tetrabenazine (TBZ) interferes with dopamine, serotonin, norepinephrine in the brain
- 
- If depression or suicidal thinking occurs, TBZ should be reduced
- Depression can be delayed effect, weeks or months

# Nonpharmacological therapies

- Not everyone tolerates antidepressants
- Not everyone responds to antidepressants
- Polypharmacy is an issue
- Patients and families may desire counseling to help with coping with illness

# Nonpharmacological therapies

- More activities/more structure
- Exercise
- Hobbies that are able to do
- Outdoor time
- Supportive Talk Therapy



# Cognitive Behavioral Therapy

- **Thoughts cause feelings and behaviors, NOT external things (people, situations, and events)**
- Catch, label and re-evaluate negative feelings
- Thoughts of dependency, being a burden, isolation are common targets
- May be extremely helpful for carepartner

# Mindfulness

- Goal- reduce physical and emotional stress, and enhance day-to-day well-being
- Mindfulness = paying attention on purpose, non-judgmentally, to the present moment, internally and externally

# Mindfulness Based Stress Reduction

- Be aware of experiences, rather than becoming consumed by them
- More purposeful choices, instead of reacting automatically (often with adverse consequences) to things cannot control

# Depression Treatment



- **Choice of treatment depends on side effect profile for particular individual**
- Response to treatment is not always steady, never immediate



# Antidepressants

- **SSRIs**- more (paroxetine, fluoxetine, citalopram) versus less sedating (sertraline)
- **Vilazodone**- selective serotonin reuptake inhibitor (SSRI) and a 5-HT<sub>1A</sub> receptor partial agonist- reduce sexual side effects
- **SNRIs** (e.g. venlafaxine)- cognitive effects
- **Bupropion**- activating, may worsen irritability, anxiety and insomnia

# Antidepressants

- **Mirtazepine**- noradrenergic and specific serotonergic antidepressant - sedating, increase appetite
- **Tricyclics**- cognitive effects, sedating, weight gain
- **Augmenting**- adding one antidepressant to another or adding another type of medication to help antidepressant work better (for example, adding a mood stabilizer)

# Antidepressant Treatment Notes

- Time course of 4-6 weeks for efficacy
- MUST be taken REGULARLY
- Continue meds for 9-12 months AFTER sx in remission
- May stay on meds long term if history of severe depression, relapses

# Suicide

- Elevated risk of suicide attempts and suicide completion in HD
  - **Fourfold increase from the rate in the general population**
- Suicide may be viewed as an “option” if a close relative has taken his/her own life
- **Asking about suicidal thoughts does NOT cause someone to attempt suicide**



# Suicide

- Usual risk factors are important (childless, single, substance abuse, owning weapons)
- **BUT- often impulsive, unpredictable**

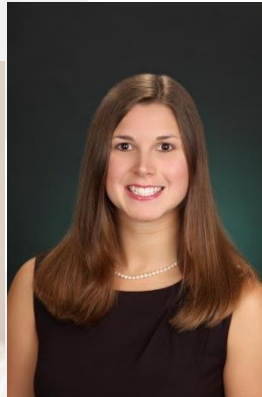
## Suicide- Means Reduction

- Keep guns and bullets separated and locked up, remove guns from home if possible
- Have family members keep medications and dispense only daily doses
- Example: Golden Gate Bridge- side with lower vs higher barrier
- **Reduce opportunities for IMPULSIVE attempts**

# Team Based Care for Depression

- Multiple clinicians with differing specialties
- Communication between different doctors/other clinicians is key

# Georgetown HD Care, Education and Research Center







# CURA FAMILIA



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# Resources

- HDSA Guide Understanding Behavior  
<http://hdsa.org/wp-content/uploads/2015/03/Understanding-Behavior.pdf>
- HDSA Center of Excellence, MedStar  
Georgetown: Hope Heller, LICSW, (202) 444-0816 or (202)687-1366 [hope.heller@medstar.net](mailto:hope.heller@medstar.net)  
<https://neurology.georgetown.edu/research/hdcerc>

## Resources

- Cognitive Behavioral Therapy  
<http://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml>
- Mindfulness  
<http://www.medstargeorgetown.org/our-services/psychiatry/treatments/mindfulness-based-stress-reduction-mbsr/#q={ }>