

PAREM ISIKSUS PARANEMISEKS

ÜLLE VÕHMA

23.NOV 2018

RAVIVASTUS PSÜHHIAATRIAS

Personaalse meditsiini eesmärk - patsiendile kasud, optimaalsest ravist tulenevate ravikulude vähenemine /Auffray C et al., 2012/

Ravitulemus - diagnoos, kaasuvad haigused, ravisättumus, ravivalik, psühhosotsiaalsed faktorid /Auffray C et al., 2012/

Otsitakse biomarkereid, kõige rohkem tähelepanu farmakogeneetilistel uuringutel /Drozda K et al., 2014/

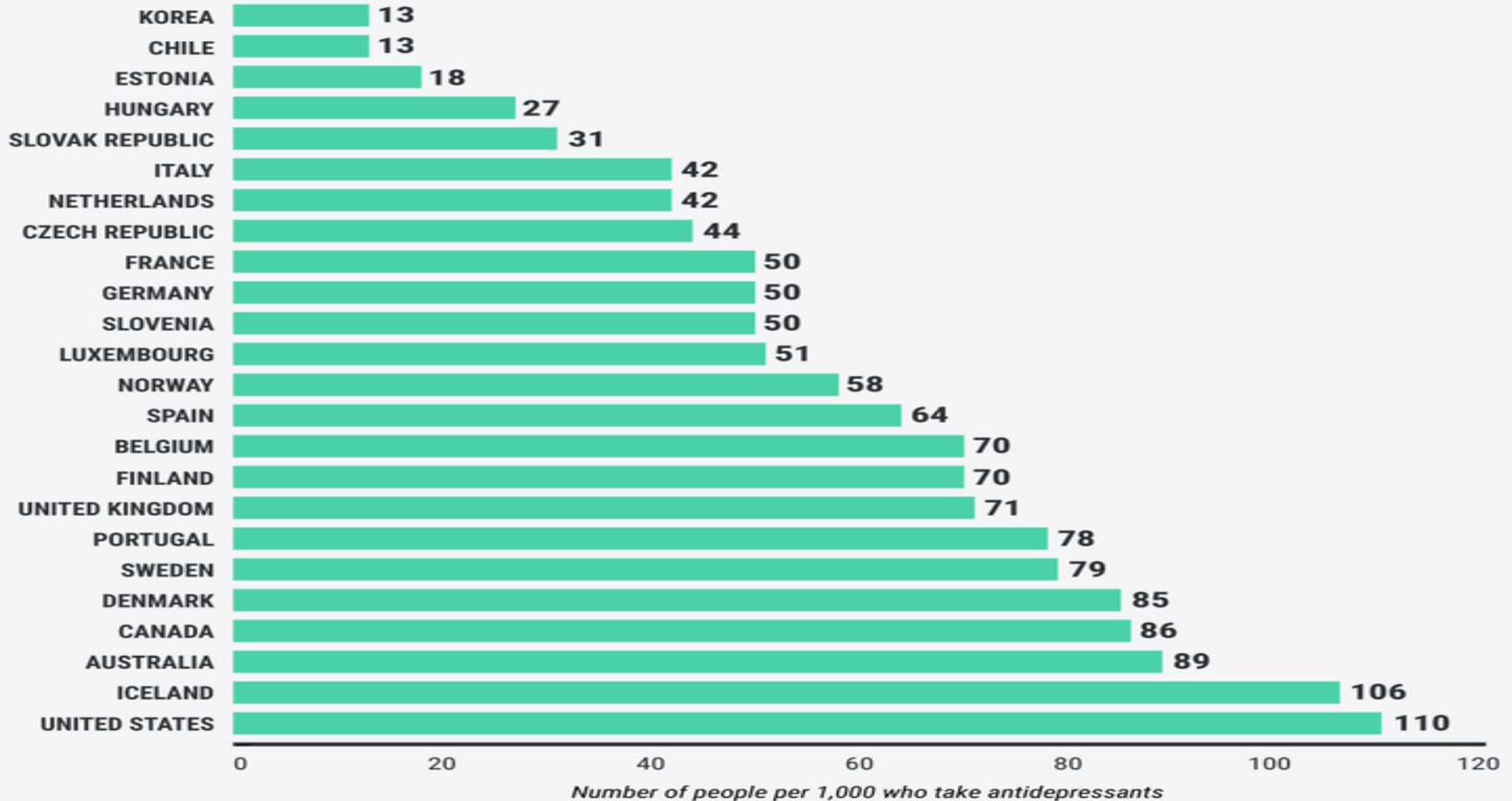
Genetic variation in the Estonian population: pharmacogenomics study of adverse drug effects using electronic health records

Tõnis Tasa, Kristi Krebs, Mart Kals, Reedik Mägi, Volker M. Lauschke, Toomas Haller, Tarmo Puurand, Maido Remm, Tõnu Esko, Andres Metspalu, Jaak Vilo & Lili Milani *European Journal of Human Genetics* (2018) Published: 12 November 2018

SOMETHING STARTLING IS GOING ON WITH ANTIDEPRESSANT USE AROUND THE WORLD.

2016

Global antidepressant users per 1,000 people



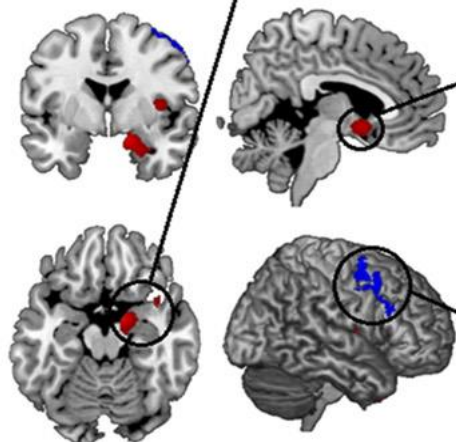
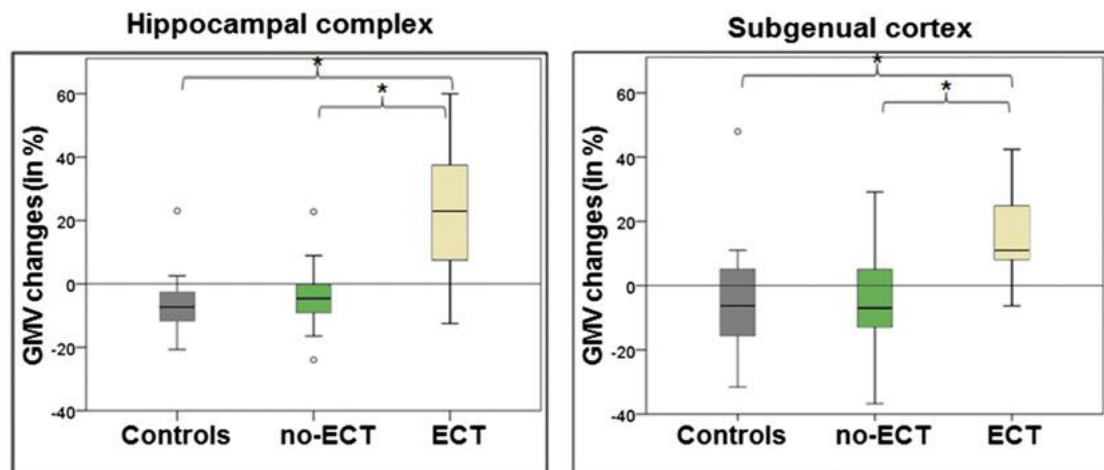
SOURCE: OECD; CDC

TECH INSIDER

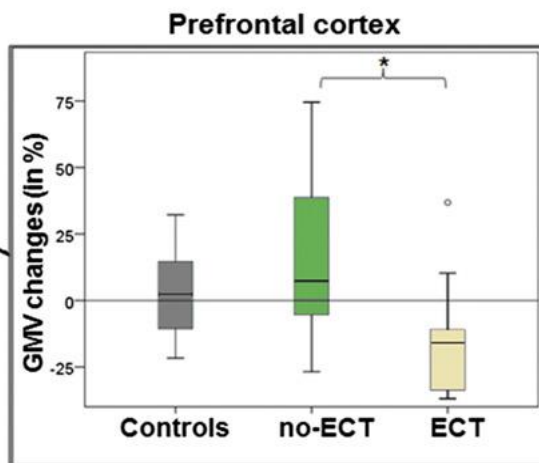
Üle 40% MDD patsiente ei vasta SSRI ravile Sequenced Treatment Alternatives to Relieve Depression (STAR*D) peale 2 optimaalse AD ravikuuri (Nierenberger et al., 2006)

EKR

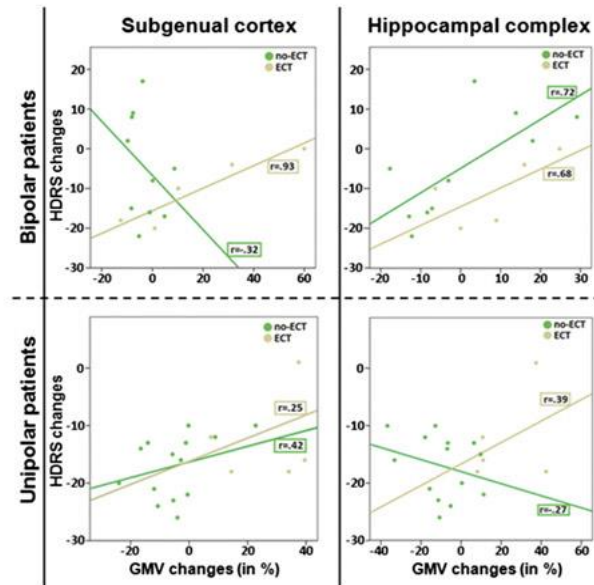
A



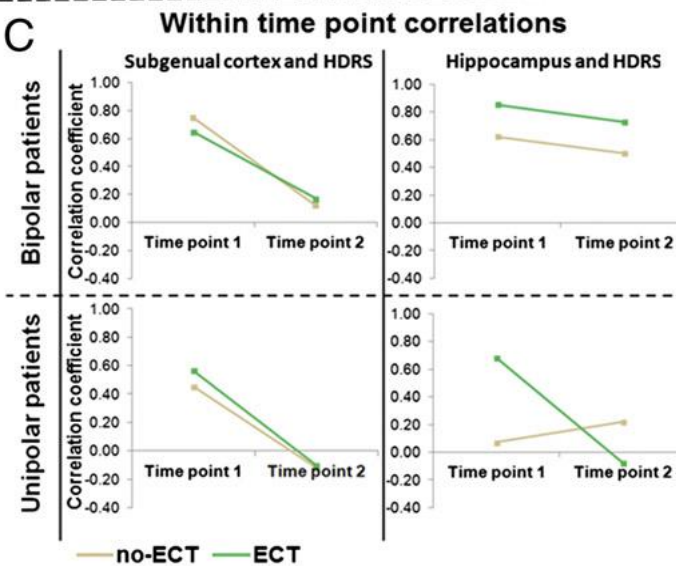
■ ECT-induced GMV decrease
 ■ ECT-induced GMV increase



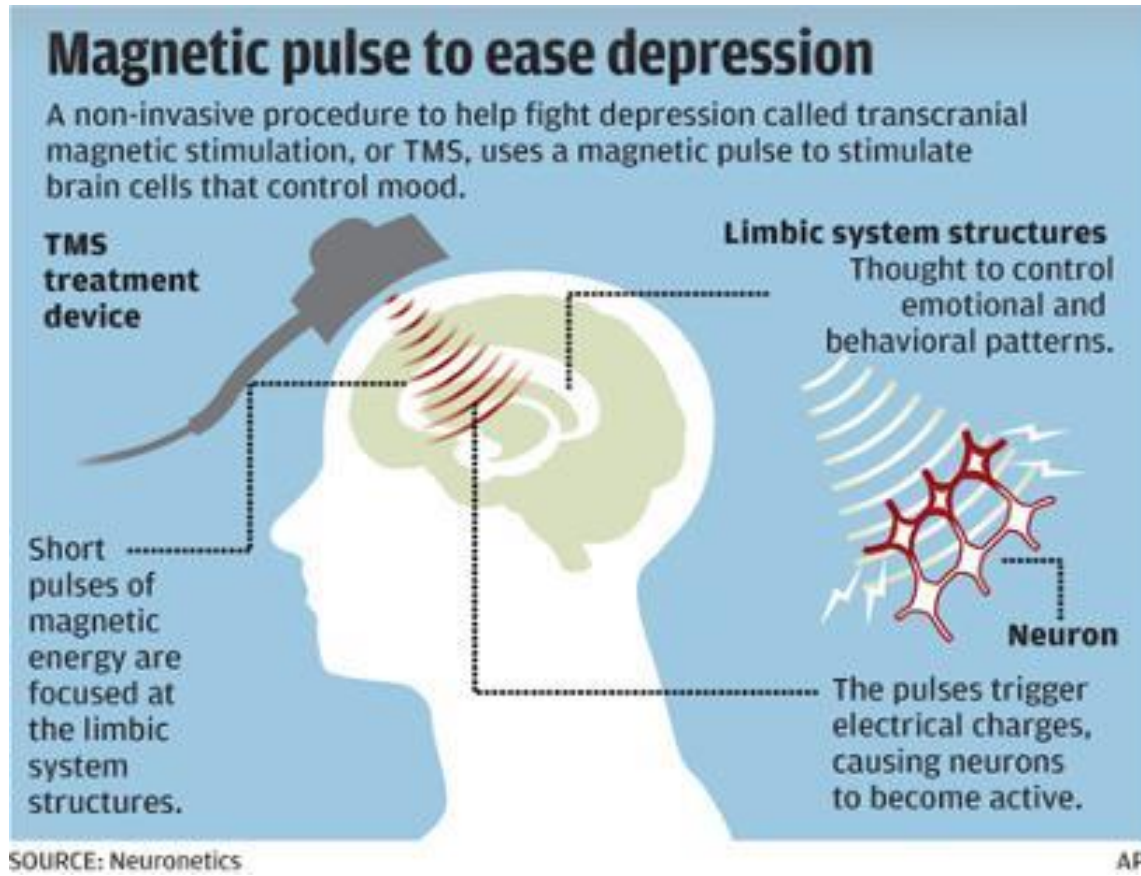
B



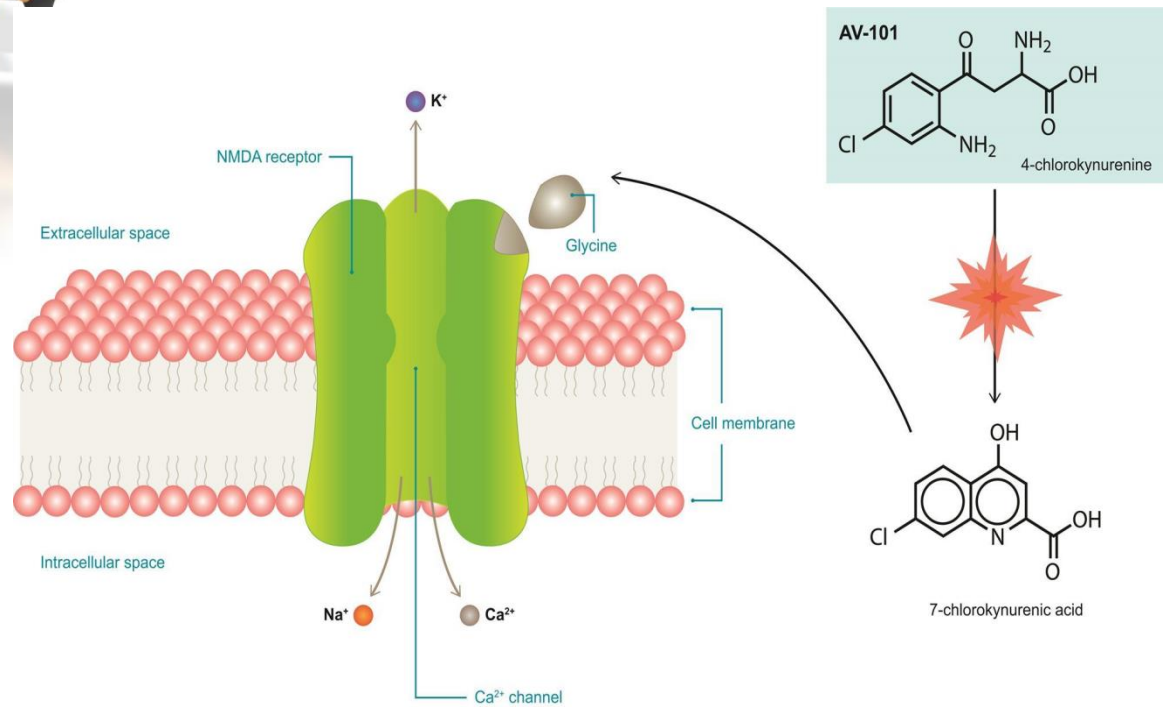
C



TRANSKRANILAALNE MAGNETSTIMULATSIOON



PSÜHHOTERAAPIA, ESKETAMIIN...



KES EI PARANE DEPRESSIOONIST? (1)

OPTIMIZING OUTCOMES FOR PATIENTS WITH DEPRESSION AND CHRONIC MEDICAL ILLNESSES. DANIEL E. FORD, MD, NOVEMBER, 2008. VOLUME 121, ISSUE 11, SUPPLEMENT 2, PAGES S38–S44

Reaalselt ravimresistentne depressioon

Varjatud bipolaarsus

AD alaannus

Eakas

Patsiendi puudulik koostöö (ligi 40%)

Oluliselt häirivad kõrvaltoimed (20 – 30%)

Vale diagnoos – 10 – 15% (nt kilpnäärmehaigus, toitumisdefitsiit, uneapnoe)

Komorbiidsus – ärevushäire, isiksushäire - *eriti vältiv ja piirialane*

KES EI PARANE DEPRESSIOONIST(2)

OPTIMIZING OUTCOMES FOR PATIENTS WITH DEPRESSION AND CHRONIC MEDICAL ILLNESSES

DANIEL E. FORD, MD, NOVEMBER 2008 VOLUME 121, ISSUE 11, SUPPLEMENT 2, PAGES S38–S44

Depr patsient: rohkem ebatervislikke eluviise -suitsetamine, istuv eluviis, ülesöömine

Depr mõjutab negatiivselt enesehoolitsust erinevate haiguste puhul

Depr mõjut negatiivselt pts võimet järgida soovitusi võtta ravimeid regulaarselt

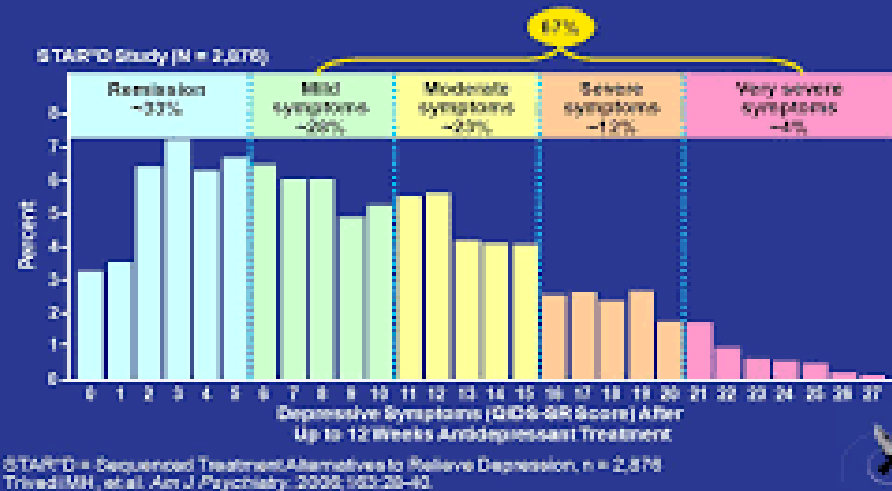
THE MISTREATMENT OF MAJOR DEPRESSIVE DISORDER

JOEL PARIS, MD¹CAN J PSYCHIATRY. 2014 MAR; 59(3): 148–151.

Overdiagnosis of MDD can occur in patients whose symptoms fall within other categories, or who are simply unhappy. /Horwitz AV, Wakefield JC. The loss of sadness: how psychiatry transformed normal sorrow into depressive disorder. New York (NY): Oxford University Press; 2007/

Only 38% of patients identified by clinicians as having MDD actually met formal criteria for this diagnosis, and that many received the same therapy as those who do meet criteria./Proportion of antidepressants prescribed without a psychiatric diagnosis is growing. *Mojtabai R, Olfson M, Health Aff (Millwood)*. 2011 Aug; 30(8):1434-42/.

STAR*D: Unresolved Symptoms Following Antidepressant Treatment



Patsiendi isiksus

Derpressioon ja füüsiline aktiivsus

Depressioon ja toitumine



Openness



Conscientiousness



Extraversion



Agreeableness

**The
Big Five
Personality
Traits**



Neuroticism

„SUUR VIISIK“

Neurootilisus - tendents kogeda psühholoogilist distressi. Sisaldab-ärrituvus, ärevus, kurbus, muretsemine, vaenulikkus, eneseteadvuse, ja haavatavaus. ([Costa & McCrae, 1992a](#), Watson et al. 1994).

Ekstravertsus - sotsiaalsus, aktiivsus, tendents kogenda positiivseid emotsioone, nagu rõõm ja nauding.

Kõrge avatus kogemusele – loomingulisus, sensitiivseus kunstile ja ilule, emotsionaalsele elule, intellektulaalne uudishimu, käitumuslik paindlikkus(McCrae&Costa, 1985).

Koostöövalmidus - primaarselt interpersonaalne käitumine. Kõrge koostöövalmiduega on usaldavad, kaastundlikud, koostöövalmid.

Meelekindlus - hästiorganiseeritud, järjekindlad, kohusetundlikud, saavutusvajadusega

Neurootilisus – geneetika mõju isikuomadustele madal, elusündmused mõjutavad.

Isikuomadused mõjutavad vaimseid häireid – kuid ka palju muid faktoreid mõjutab, kas eskalatsioon toimub: hormonaalsed muutused, õnnetused ja elusündmused, vanus.

Teismeline kõrge introvertsusega on kõrgema riskiga kui keskealine, kes on leidnud toimetulekustrateegiad

Neurootilisus kui eelis ellujäämiseks? – liiga madal neurootilisus võtab liigselt riske? satub õnnetustesse? riskib sõiduteed ületades või rahalistes tehingutes?

Mõningane neurootilisus on sobiv, ekstreemsena väheadaptiivne – hirmud, kadedus, viha ja ärritus

PERSONALITY AND DEPRESSION: EXPLANATORY MODELS AND REVIEW OF THE EVIDENCE

DANIEL N. KLEIN, ROMAN KOTOV, AND SARA J. BUFFERD

Temperament ja isiksus ei ole fikeerunud, vaid on dünaamilised konstruktid, mis arenevad üle elukaare ja muutuvad küpsemises ja elu olukordades ([Fraley & Roberts 2005](#), [Rothbart & Bates 2006](#)).

Erinevad protsessid mõjutavad isiksuse stabiilsust ja muutumist. Nt geenid kõige rohkem mõjutavad stabiilsust ([Krueger & Johnson 2008](#), [Kandler et al. 2010](#)). Elusündmused, sotsiaalsed suhted mõjutavad isiksuse muutust ([Fraley & Roberts 2005](#), [Kandler et al. 2010](#)), erinevad ka kultuuriti ([Chopik WJ, Kitayama S. 2017](#))

Uuringud näitavad, et isiksuse jooned, eriti neurootilisus, ekstravertsus võivad muutuda kliinilise intervensiooniga (Roberts et al., 2017). Muutus isiksuses ei ole ainult seisundi muutuse epifonomen.

D. WATSON, IN INTERNATIONAL ENCYCLOPEDIA OF THE SOCIAL & BEHAVIORAL SCIENCES, 2001

Neurootilisuse geneetilist baasi palju uuritud (Clark and Watson 1999). Pärilikkus hinnatud kaksikute uuringus vahemikku 0.40 to 0.60 .

Ülejäänud variaablus omistatud keskkonnale

Neurootilisuse skoorid ajas püsivad (see Clark and Watson 1999). Stabiilsuse korrelatsioon tüüpiliselt 0.70 to 0.80 vahel, hindamisel 5 kuni 10 a intervalliga Stabiilsuse koefitsionediks ikka olnud 0.60 (Helson and Klohnen (1998)

Neurootilisuse skoori tipp hilises teisemliseeas, pikk, aeglane langus keskkeani (Clark and Watson 1999, Helson and Klohnen 1998). Peale seda ebaseigem muutumine, N kõrgem kui M.

1 a SSRI MDD-I, sümpt paranesisid, oli seotud paranooidsete joonte vähenemise ja normaliseerumisega, kuid püsivad olid vältivate ja sõltuvate jooned (Marchesi et al., 2005, Hoffart et al,1997; Freire 2014).

NEUROOTILISUS JA EKSTRAVERSIIOON ON KAKS FUNDAMENTAALSET ISIKSUSE DIMENSIOONI (FELLMAN, 2009)

Kõrge neurootilisus (Duggan et al., 1990, Enns et al., 1997, Bienvenu et al., 2001), madal ekstraversus (Enns et al., 1997, Freire et al., 2006) tugevalt seotud depressiooniga.

Meelekindlus kaitseb depr/ärevuse eest.
Distsiplineeritud, sõltumatut tüüpi isik, vähem psühhiaatrilist häiritust

Koostöövalmidus kõrgem – madalam risk depr

ISIKSUSE MÕJU DEPRESSIOONI RAVITULEMUSEL

Kas FFM ennustab ravitulemust – tulemused erinevad

Kõrgem ekstravertsus - parem ravitulemus (Bagby et al., 2002)

Kõrgem neurootilisus - parem vastus farmakoloogia ja KKT koos (Bagby et al., 2008)

Ükski isikuomadus ei ennustanud paremat ravivastust Fluoxetinile (Petersen et al., 2002)

Naturalistlik uuring – enesekriitilisus ei tähenda halvemat ravitulemust farmakoloogilisele ravile, kuid KKT-le (Rector et al., 2000)

PERSONALITY TRAITS AND ESCITALOPRAM TREATMENT OUTCOME IN MAJOR DEPRESSION.

ALUOJA A., ET AL. NORD J PSYCHOATRY 2018 JUL;72(5):354-360.

METHOD: In a sample of 132 outpatients with major depressive disorder (MDD) treated with an SSRI-group antidepressant escitalopram, the Swedish universities Scales of Personality (SSP) were used in order to find predictive personality traits.

RESULTS: Escitalopram-treated MDD patients with higher social desirability achieved more rapid decrease in symptom severity. None of the studied traits predicted the end result of the treatment.

CONCLUSION: The findings suggest that specific personality traits may predict the trajectory of symptom change rather than the overall improvement rate.

Mõnes uuringus leitud depressioonil isiksuse omaduste stabiilsust (Morey et al.,2010, Santor et al., 1997), need jooned võivad olla seotud depressiooni relapsidega (Kipper et al, 2009).

ISIKSUS - ANTIDEPRESANDID

Isiksuse omadused ei ole stabiilsed, võivad taanduda normaalsele tasemele peale I telje häire raviga (Hirchfeld et al, 1983 and Joffe 1988, Fiedorowicz et al., 2010).

Estsitalopraam, sertraliin depressiivsetel patsientidel; isiksuse omadused 6 kuulise ravi järel; Karolinska Scales of Personality, olulised muutused normaliseerumise suunas leiti kõikidel skaaladel (Ekselius et al., 1999).

SSRI MUUDAB ISIKSUST

Paroksetiin/platseebo uuring; 240 täiskavano; depressioon.
Isiksuse muutus SSRI ravi ajal

Tang et al (2009) - paroksetiinil spetsiifiline farmakoloogiline mõju isiksusele eraldiseisvalt efektist depressioonile (Tang et al, 2009).

Proksetiin - 6,8 korda suurem muutus neurootilisuses ja 3,5 korda suurem muutus ekstreevrtuses võrreldes placebo patsientidega (Tang et al, 2009).

Neurootilisuse muutus võib omistada depress paranemisele, kuid võimalik, et SSRId otseselt põhjustavad muutust isiksuses (Tang et al., 2009).

RECENT ADVANCES IN PREDICTING RESPONSES TO ANTIDEPRESSANT TREATMENT

THOMAS FRODL PUBLISHED ONLINE 2017 MAY 3. DOI: [[10.12688/F1000RESEARCH.10300.1](https://doi.org/10.12688/F1000RESEARCH.10300.1)]

kõrgema ravieelne teeta-aktiivsus EEG-s - parem ravivastus AD (Hunter et al., 2013) Rostral anterior cingulate activity in major depressive disorder: state or trait marker of responsiveness to medication? *Hunter AM, Korb AS, Cook IA, Leuchter AF. J Neuropsychiatry Clin Neurosci. 2013 Spring; 25(2):126-33.*

Suhteliselt kõrgem paremfrontaalne alfa-laine naistel seotud parema ravivastusega estsitalopraamile ja sertraliinile ISPOD-D (International Study to Predict Optimized Treatment–Depression) uuringus. Seda efekti ei olnud venlafaxine-XR (Arns et al., 2016)

EEG alpha asymmetry as a gender-specific predictor of outcome to acute treatment with different antidepressant medications in the randomized iSPOT-D study. *Arns M, Bruder G, Hegerl U, Spooner C, Palmer DM, Etkin A, Fallahpour K, Gatt JM, Hirshberg L, Gordon E. Clin Neurophysiol. 2016 Jan; 127(1):509-519.*

RECENT ADVANCES IN PREDICTING RESPONSES TO ANTIDEPRESSANT TREATMENT

THOMAS FRODL^{A,1} PUBLISHED ONLINE 2017 MAY

3. DOI: [\[10.12688/F1000RESEARCH.10300.1\]](https://doi.org/10.12688/F1000RESEARCH.10300.1)

Patsiendid madlama ravieelse CRP tasemega andisd parema ravivastuse esitsitalopraamile, kõrge CRP väärtusega patsiendid reageerisid paremini nortriptülliinile

An inflammatory biomarker as a differential predictor of outcome of depression treatment with escitalopram and nortriptyline. *Uher R, Tansey KE, Dew T, Maier W, Mors O, Hauser J, Dernovsek MZ, Henigsberg N, Souery D, Farmer A, McGuffin PAm J Psychiatry. 2014 Dec 1; 171(12):1278-86*

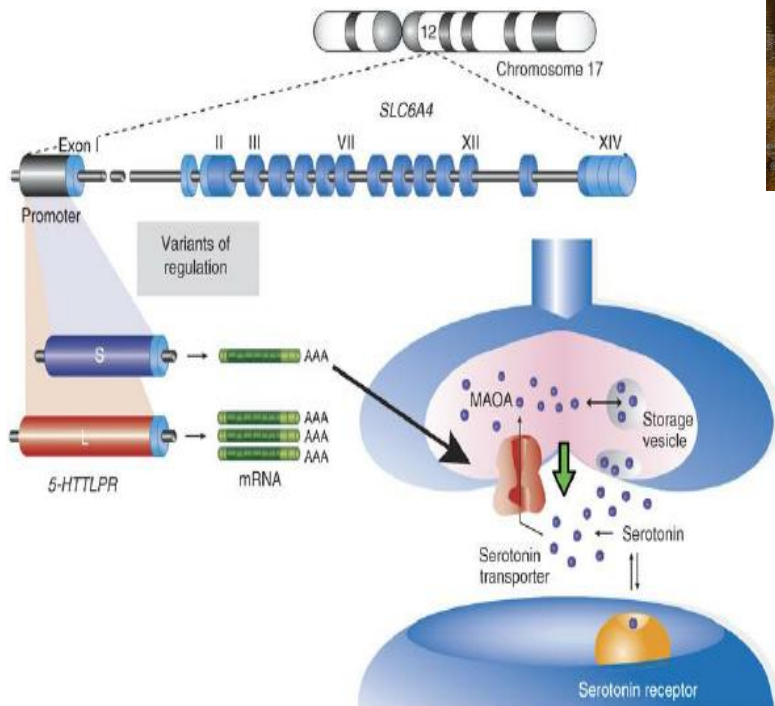
76 depressiivset patsienti - baasiline BDNF tase ennustas kliinilist paranemist naturalistlikus uuringus

(Role of Serum Brain Derived Neurotrophic Factor and Central N-Acetylaspartate for Clinical Response under Antidepressive Pharmacotherapy. *Nase S, Köhler S, Jennebach J, Eckert A, Schweinfurth N, Gallinat J, Lang UE, Kühn S. Neurosignals. 2016; 24(1):1-14.*

Varane muutus BDNF tasemes ennustas ravivastust.

· Early reactions of brain-derived neurotrophic factor in plasma (pBDNF) and outcome to acute antidepressant treatment in patients with Major Depression. *Dreimüller N, Schlicht KF, Wagner S, Peetz D, Borysenko L, Hiemke C, Lieb K, Tadić A. Neuropharmacology. 2012 Jan; 62(1):264-9.*

SEROTONIIN JA KESKKOND



FLUOXETINE EFFECTS ON MOLECULAR, CELLULAR AND BEHAVIORAL ENDOPHENOTYPES OF DEPRESSION ARE DRIVEN BY THE LIVING ENVIRONMENT.

ALBONI S, VAN DIJK RM, POGGINI S, ET AL., MOL PSYCHIATRY. 2017 APR;22(4):552-561.

SSRI ravi mõju sõltub keskkonnast

SSRI tekitab muutust, keskkond suunab muutust

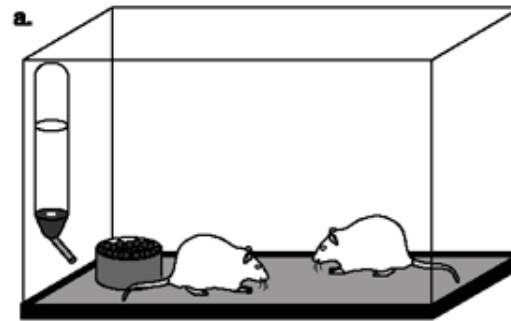
SSRI-d võimendavad keskkonna mõju meeleolule

Sotsiodemograafilised tunnused lubavad ennustada ravitulemust

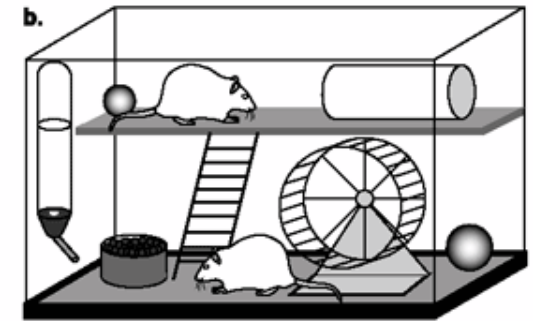
Uus teoreetiline võrgustik: mõlemad bioloogilised ja psühholoogilised faktorid on oluliselt määravad depressioonist paranemisel

ANTIDEPRESSANT TREATMENT OUTCOME DEPENDS ON THE QUALITY OF THE LIVING ENVIRONMENT: A PRE-CLINICAL INVESTIGATION IN MICE

IGOR BRANCHI, SARA SANTARELLI, SARA CAPOCCIA, SILVIA POGGINI, IVANA D'ANDREA, FRANCESCA CIRULLI, ENRICO ALLEVA PUBLISHED: APRIL 30, 2013



standard cage



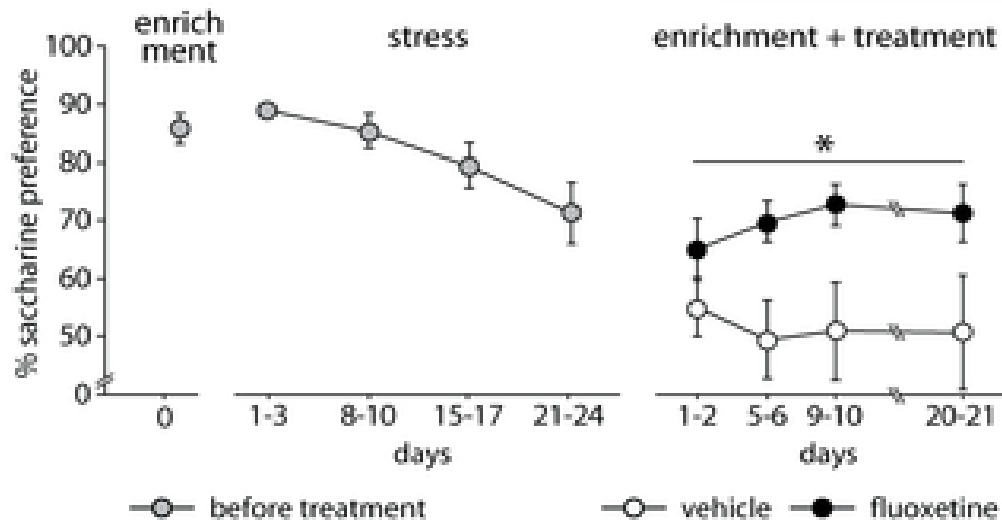
enriched cage



appearance of nerve cells, mouse cerebrum



appearance of nerve cells, mouse cerebrum



DIET QUALITY IN PERSONS WITH AND WITHOUT DEPRESSIVE AND ANXIETY DISORDERS

GIBSON-SMITH D, BOTA M, BROUWERB IA ET AL.,
SEP 2018 JOURNAL OF PSYCHIATRIC RESEARCH



Conclusion: Diet quality is poorer in persons with depressive and anxiety disorders; in particular in the comorbidity. The more severe and chronic the symptoms, the poorer the diet quality. Prospective studies needed to confirm the direction of the relationship of depressive and anxiety disorders with diet quality examine whether improving diet quality could improve **mental health**.

	Terved katsealused n=524	Depressiivsed n=1075
Füüsiline inaktiivsus	12.8%	21.1%
Regulaarne sportimine	57.5%	37.0%
Alkoholsõltuvus	1.4%	9.1%
Suitstamine - keskmise	21.9%	27.8%
- sage	4,1%	17.4%
KMI	25,1	25,9
Vahemeredieet	33,3	31.8

Penninx Neurici Biobehav rev 2016; Gibson –Smith J Psych Res 2018



OVERWEIGHT, OBESITY, AND DEPRESSION: A SYSTEMATIC REVIEW AND META-ANALYSIS OF LONGITUDINAL STUDIES.

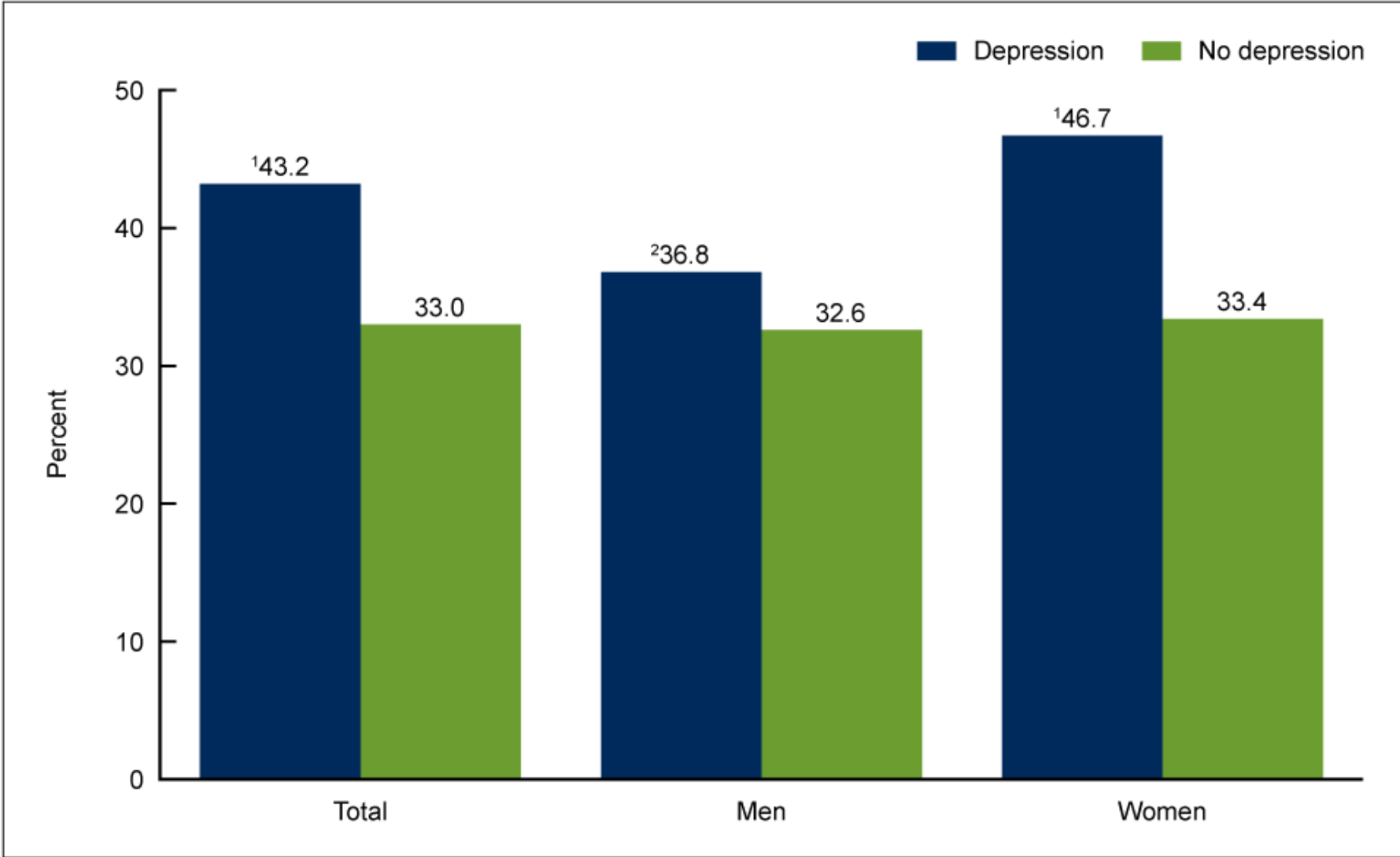
LUPPINO FS, DE WIT LM, BOUVY PF, ET AL . ARCH GEN PSYCHIATRY. 2010;67:220–229

KOKKUVÕTE: Meta-analüüs, retsiprookne seos depressioonil ja ülekaalul. Ülekaal suurendab depressiooniriski. Depressioon suurendab ülekaalu teket.



Ülekaaluline inimesel ligi 25% sagedamini meeleoluhäire vrs normkaalus

Figure 1. Age-adjusted percentage of adults aged 20 and over who were obese, by sex and depression status: United States, 2005–2010



¹Significantly different from no depression.

²Significantly different from women.

NOTES: Estimates were age-adjusted by the direct method to the 2000 U.S. census population using the age groups 20–39, 40–59, and 60 and over. Depression is defined as moderate to severe depressive symptoms. Access data table for Figure 1 at: http://www.cdc.gov/nchs/data/databriefs/db167_table.pdf#1.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2005–2010.

DEPRESSION AND OBESITY: EVIDENCE OF SHARED BIOLOGICAL MECHANISMS

Y MILANESCHI, WK SIMMONS, EXPERT REVIEW | PUBLISHED: 16 FEBRUARY 2018
MOLECULAR PSYCHIATRY (2018)

Ülevaates - depressioon, ülekaal jagavad bioloogilisi aluseid – geneetika, homeostaasi säilitavad süsteemid (HPA-kaar, immuno-põletikuline aktivatsioon, metabolismi neuroendokriinne regulatsioon, ka leptiin ja insuliin, mikrobiom), aju meeleolu ja homeostaasi reguleerivad vastused

HEALTHY DIETARY INDICES AND RISK OF DEPRESSIVE OUTCOMES: A SYSTEMATIC REVIEW AND META-ANALYSIS OF OBSERVATIONAL STUDIES.

LASSALE C, BATTY GD, BAGHDADLI A ET AL., MOL PSYCHIATRY. 2018 SEP26

The most compelling evidence was found for the Mediterranean diet and incident depression, with a combined relative risk estimate of highest vs. lowest adherence category from four longitudinal studies of 0.67 (95% CI 0.55-0.82). A lower Dietary Inflammatory Index was also associated with lower depression incidence in four longitudinal studies (relative risk 0.76; 95% CI: 0.63-0.92)

To conclude, adhering to a healthy diet, in particular a traditional Mediterranean diet, or avoiding a pro-inflammatory diet appears to confer some protection against depression in observational studies.



ARUTLELU TOIDUST EMOTSIONAALSETE TERMINITES: SEE ON TURVALISUSEKS, TASUKS, SÜÜ LEEVENDAMISEKS



NATURAL HAPPINESS: THE TRUTH ABOUT EXERCISE AND DEPRESSION

Long-Term Impact of Exercise vs. Medication on Depression

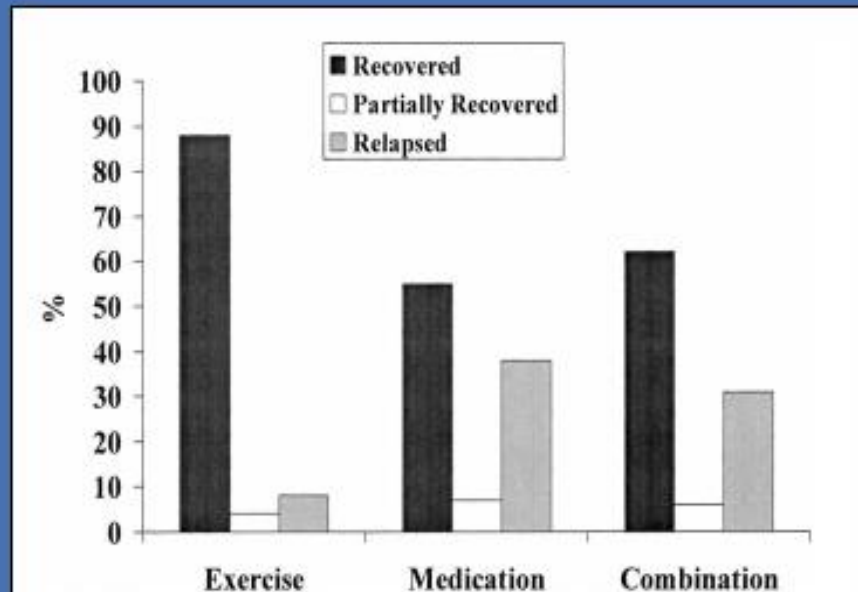


Fig. 1 Clinical status at 10 months (6 months after treatment) among patients who were remitted ($N = 83$) after 4 months of treatment in Exercise ($N = 25$), Medication ($N = 29$), and Combination ($N = 29$) groups. Compared with participants in the other conditions, those in the Exercise condition were more likely to be partially or fully recovered and were less likely to have relapsed.



Veenvad tõendid, et füüsilised harjutused vähendavad depressiooni algust

Füüs harjutused vähendavad depressiooni sümptomeid tervel isikul ja depress patsientidel

Füüsilistel harjutustel peaks olema personaalses meditsiinis suurem tähelepanu

Veenvad tõendid, et halb dieet, toitainete puudus soodustab depress algust

Ei ole piisavalt tõendeid, et toiduliseandid või toitumiskäitumine vähendaks depressiooni

Toitumise suhtes vaja lisauuringuid

EESTI LASTE LIIKUMISHARJUMUSED TAI UURING (2018)

WHO - iga päev liikuda vähemalt 60 minutit

- 90% 12 – 17 a – kodust kilomeetri kaugusel park, mets, matkarada, spordisaal

Liikumiskatiivsuse indeks D – napp rahuldav

- 28% 6 – 13 a vähemalt 5 päeva nädalas 1 tund aktiivsed. Umbes pooled lapsed trennis – koondhinne C



EESTI LASTE LIIKUMISHARJUMUSED

TAI uuring (2018) – iga neljas 1. kl laps ülekaaluline

48% 5-19 a käib trennis

17% 12-17 a vabal ajal õues väh 7 tundi nädalas

7% 11 – 15 a ekraani ees päevas alla 2 tunni



THE EFFECT OF EXERCISE ON PSYCHOLOGICAL WELLBEING



GROWTH

Exercise provides you with new challenges which make you feel as though you have an aim in life

SELF ACCEPTANCE

Exercising can help to give you a more positive view about yourself



MOOD

Exercise is related to positive changes in mood state and has been found to improve positive mood regardless of the number of negative and positive affects experienced in a given day



FRIENDSHIP

Exercising in groups can lead to more social interactions which can in turn relate to your positive relations with others



COGNITION

Exercise has been shown to have a number of positive effects on a person's cognitive functioning

DEPRESSION

Exercising three to five times per week produces significant reductions in depression compared to once-a-week



ATTITUDE

Exercise helps to improve your body image and therefore improves your attitude



MASTERY

By exercising you develop environmental mastery which makes you feel you are in charge of the situations in which you live



ANXIETY

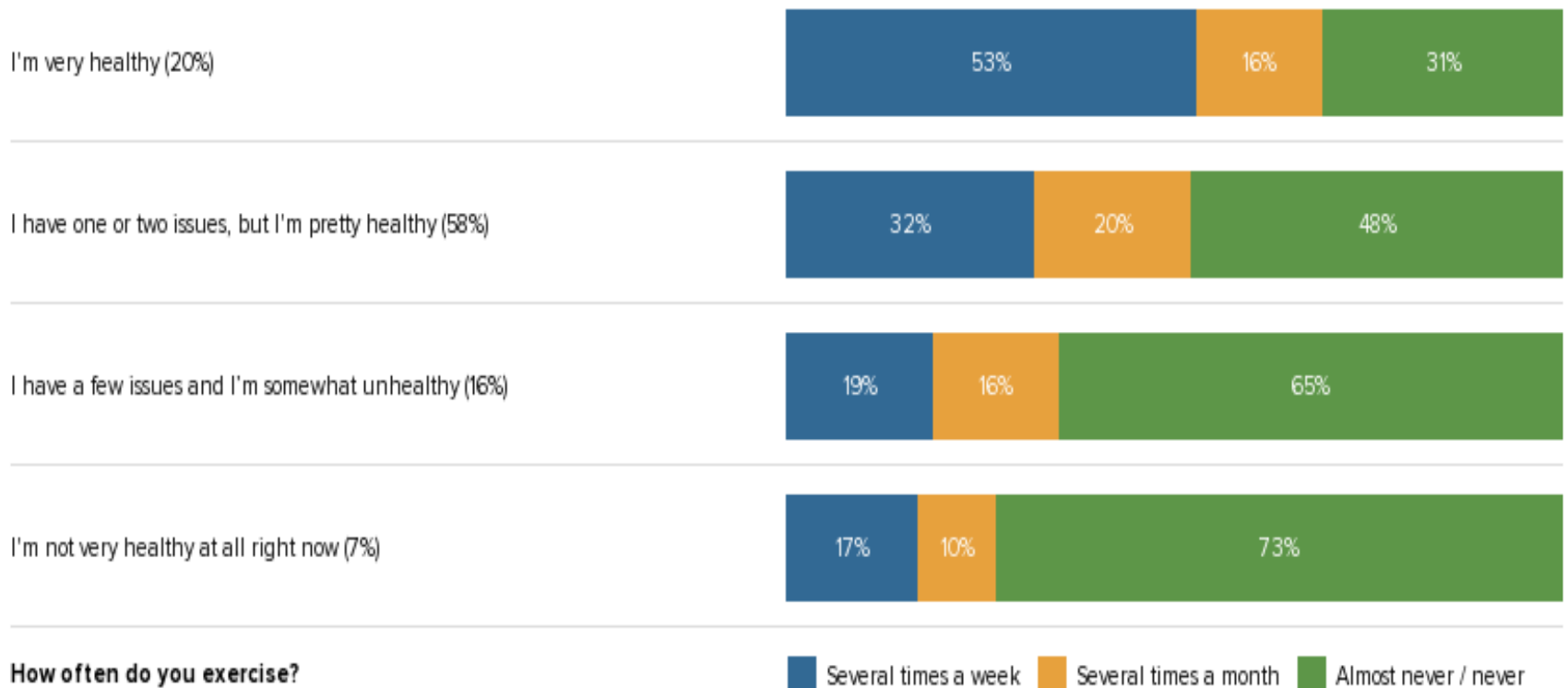
There are a number of acute affects associated with exercising such as lower state anxiety and higher tranquility scores

How would you rate your current overall health? compared with *How often do you exercise?*

> All respondents responding on or after 01/01/2016 in my account

> Weighted according to U.S. Census figures for gender and age, 18 and older

How would you rate your current overall health?



29,271 responses. Significance: $X^2_{(df=6)}=2,147.862, p<0.001$, High Strength of Association (T=0.173)

Generated by CivicScience® on Aug 31, 2017 at 16:27:00 EDT

Kokkuvõte:

Veenvad tõendid, et sportimine on seotud alanenud depressiooni algusega

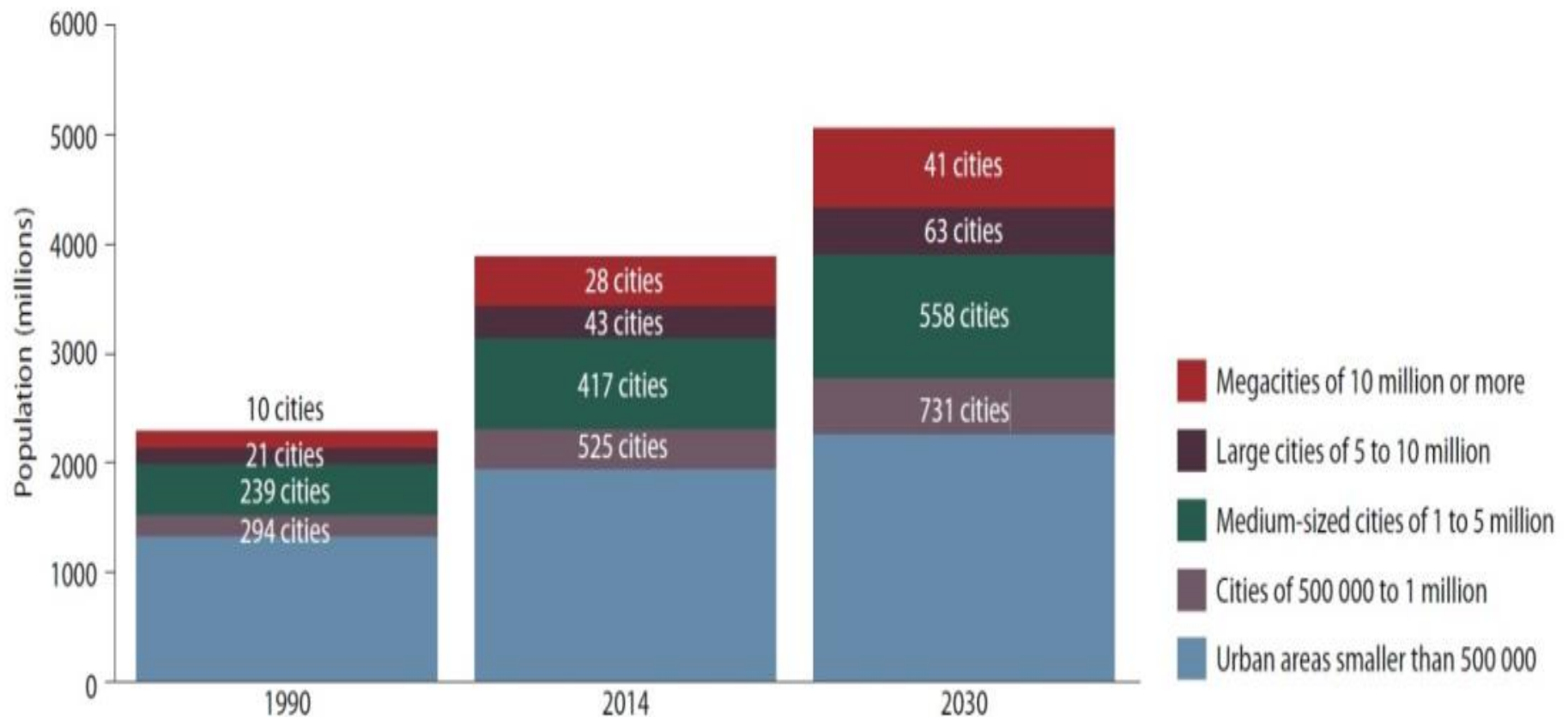
Veenvad tõendid- sportimine alandab depressiooni sümpt tervel ja depressiivsetel patsientidel

Kellele see töötab – personaalne meditsiin

KIIRE

URBANISEERUMINE

Global urban population growth is propelled by the growth of cities of all sizes



Urbaniseerumine
loonud oma
ilu. Ühetaoline tüütab.
Inimesel
uudishimu, otsivad
silmailiigutused.



Ilusam ümbrus –
füüsiline
enesetunne parem
Individuaalsel
õnnetundel -
oluline ilus linn vrs
kui puhtam ja
turvalisem linn

THE UNIVERSITY MEDICAL CENTER OF PRINCETON.



patients in the model room rated food and nursing care higher than patients in the old rooms did

leading to shorter stays

30 percent less pain medication.



THE INFLUENCE OF PERSONALITY ON THE TREATMENT OUTCOME OF PSYCHOPATHOLOGY

**MULDER RT WORLD PSYCHIATRY. 2011 JUN;
10(2): 115–116**

Isiksushäirel negatiivne efekt ravitulemusele

Parima disainiga depressiooniuringutes puudus või oli väike vahe ravitulemustes isiksushäire/ ilma

Kelly et al. – depressiooni sügavus, mitte isiksushäire, määras ravitulemuse

Craigie et al. - kuigi isiksushäirel halvem funktsionaalsus, ei ole seost ravitulemusega

De Bolle et al., ei leitud statistilist seost isiksushäire ja depressiooni ravitulemuse vahel

TREATMENT OUTCOME IN MAJOR DEPRESSION: A 6-MONTH PRELIMINARY PROSPECTIVE STUDY

YUKA KUDO, ATSUO NAKAGAWA, TAISEI WAKE, NATSUMI ISHIKAWA, CHIKA KURATA, MIZUKI NAKAHARA, TERUO NOJIMA, MASARU MIMURA
NEUROPSYCHIATR DIS TREAT . 2017; 13: 17-24

Uuring - isiksuse omadused ennustavad ja mõjutavad MDD ravivastust

The Temperament and Personality Questionnaire

6 kuud uuring, 51 in

Kõrgem skaala näit, halvem ravitulemus

Kõrgem tase sensitiivsuses, enesekriitilisus, kõrgem depressiooni tase.

**Uuringutes leitud, et isiksushäired mõjutab ravitulemust nii farmakoteraapial kui ka psühhoteraapial. / Klein DN, Kotov R, Bufferd SJ
*Annu Rev Clin Psychol. 2011; 7():269-95/.***

THE ROLE OF PERSONALITY PATHOLOGY IN DEPRESSION TREATMENT OUTCOME WITH PSYCHOTHERAPY AND PHARMACOTHERAPY.

LEVENSON, J. C., WALLACE, M. L., FOURNIER, J. C., RUCCI, P., & FRANK, E. (2012). *JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, 80(5), 719-729.*

Results: The presence of at least 1 personality disorder was not a significant predictor of time to remission, time but a higher level of dimensionally measured personality pathology and the presence of borderline personality disorder were associated with a longer to remission. Personality pathology did not moderate the effect of treatment assignment on time to remission.

Conclusions: The findings suggest that depressed individuals with comorbid personality pathology generally fare worse in treatment for depression, although in this report, the effect of personality pathology did not differ by the type of treatment received.

(PsycINFO Database Record (c) 2016 APA, all rights reserved)

TEMPERAMENT, PERSONALITY, AND TREATMENT OUTCOME IN MAJOR DEPRESSION: A 6-MONTH PRELIMINARY PROSPECTIVE STUDY. YUKA KUDO,^{1,2} ATSUO NAKAGAWA,^{1,3} TAISEI WAKE ET AL . NEUROPSYCHIATR DIS TREAT. 2017; 13: 17-24. - 18.11.2018

Depressioon on heterogeenne häire.

Isiksuse omadused mõjutavad D ravitulemust.

The Temperament and Personality Questionnaire (T&P)

51 pts MDD 6 kuud – remissioon ja mitte

Kõrgem skoor T&P skaalal – halvem ravitulemus

Kõrgem tundlikkus tõrjumisele, enesekriitilisus - kõrgem depressiooni tase, halvem ravitulemus

THE INFLUENCE OF COMORBID PERSONALITY DISORDER AND NEUROTICISM ON TREATMENT OUTCOME IN FIRST EPISODE DEPRESSION

BOCK C. · BUKH J.D. · VINBERG M. · GETHER U. · KESSING L.V.
PSYCHOPATHOLOGY 2010;43:197-204

Results: Among a total of 301 patients with a single depressive episode, 31.9% fulfilled diagnostic criteria for at least 1 personality disorder of any kind. Comorbid personality disorder was associated with a 2.2-times (95% CI: 1.1–4.2) increased risk of non-remission following the first antidepressant trial, whereas no effect was found following the second antidepressant trial (OR: 1.6; 95% CI: 0.8–3.4). A high level of neuroticism was associated with non-remission in first as well as second trials.

Conclusion: Comorbid personality disorder and high levels of neuroticism in first episode depression predict an increased risk of non-remission from depression.

DEPRESSION AND BORDERLINE PERSONALITY DISORDER

JOSEPHINE A BEATSON AND SATHYA RAO
MED J AUST 2013; 199 (6 SUPPL): S24-S27.

Major depressive disorder (MDD) commonly co-occurs with BPD. Patients with BPD often present with depressive symptoms.

It can be difficult to distinguish between BPD and MDD, especially when the two disorders co-occur.

Research is needed to clarify the commonalities and differences between BPD and MDD, and BPD and rapid-cycling bipolar disorder.

When MDD and BPD co-occur, both conditions should be treated concurrently.

MDD co-occurring with BPD does not respond as well to antidepressant medication as MDD in the absence of BPD.

PERSONALITY DISORDERS AND TREATMENT OUTCOME IN THE NIMH TREATMENT OF DEPRESSION COLLABORATIVE RESEARCH PROGRAM M.

TRACIE SHEA, PH.D., PAUL A. PILKONIS, PH.D., EDWARD BECKHAM, PH.D., JOSEPH F. COLLINS, SC.D., IRENE ELKIN, PH.D., STUART M. SOTSKY, M.D., AND JOHN P. DOCHERTY, M.D. *J PSYCHIATRY* 147:6, JUNE 1990

Several studies have reported on the frequency of axis II disorders in samples of depressed patients as well as on the implications of the presence of personality disorders for the manifestation, course, and outcome of the affective disorders. For example, **depressed patients with personality disorders have been shown to have a poorer or slower response to treatment and to have a less favorable prognosis for longer-term outcome.**

THE ROLE OF PERSONALITY PATHOLOGY IN DEPRESSION TREATMENT OUTCOME WITH PSYCHOTHERAPY AND PHARMACOTHERAPY

LEVENSON JESSICA ETAL., J CONSULT CLIN PSYCHOL. 2012 OCT; 80(5): 719-729.

The presence of comorbid personality pathology may be one important factor. Some studies have suggested that depressed patients with comorbid personality pathology may fare worse in treatments for depression than those without these additional symptoms (Bearden, Lavelle, Buysse, Karp, & Frank, 1996; Cyranowski et al., 2004; Reich & Vasile, 1993; Shea et al., 1990)

KOKKUVÕTE

Füüsiliselt aktiivne paraneb depressioonist paremini

Erinevad tulemused isksuse omaduste mõjust
depressiooni ravitulemusele

SSRI-d võimendavad keskkonna mõju meeleolule

Uus teoreetiline raamistik - bioloogilised ja psühhosotsiaalsed faktorid on kui baasilised määravad depressioonist paranemisel

TÄNAN!

