Subdue Depression, Then Nab Residual Symptoms

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An estimated 35%-45% of patients achieve remission with an antidepressant. “That means one-third of the time, you get lucky and they do very well,” Dr. Thomas L. Schwartz said. “That also means 55%-65% do not get fully better.”

Even if patients respond well, be consistent and systematic with follow-up. “Depression likes to come back” and about 80% relapse rate over 7 years, said Dr. Schwartz, who is also director of Adult Outpatient Services, Tufts University in New York City.

With aggressive treatment of major depressive disorder, for example, many patients still experience three clusters of residual symptoms: insomnia; hypersomnia with fatigue and related symptoms; and problems with concentration, lack of interest, or psychomotor retardation. Among patients at the Mayo Clinic in Rochester, Minn., where Dr. Abramowitz previously worked, 55% were married. 16 had specific phobias. The researchers made these diagnoses using the Structured Clinical Interview for DSM-IV-TR or the Structured Clinical Interview for DSM-IV-TR Patient Edition (SCID-P). They found no significant relationship between the SHAI and the Body Vigilance Scale, the Anxiety Sensitivity Index-Revised Respiratory, Cardiologic, and Cognitive subscales, the Penn State Worry Questionnaire, and the Body Image Inventory. “Patients with panic disorder and OCD have the strongest beliefs about the possibility of becoming ill,” he stated.

The results showed a positive relationship between health anxiety and most other anxiety disorders. Using self-report measures to assess individual anxiety, the researchers found a significant relationship between the Health Anxiety Inventory—Short Form (SHAI) and the Body Vigilance Scale, the Anxiety Sensitivity Index-Revised and the Social Interaction Anxiety Scale. The findings underscore the importance of understanding these residual symptoms when treating people with anxiety, according to Dr. Abramowitz.