Symptoms of depression in schizophrenia

In an article in this issue Heald et al. in their study on characterization of depression in schizophrenia report that the precise nature of depressive symptoms present in different phases of the schizophrenic illness can be differentiated qualitatively from primary depression. The authors introduce about the history, prevalence and importance of depressive symptoms in schizophrenics. Three groups of patients of an acute schizophrenic episode (DepASch), stable schizophrenia (DepChrSch) and primary major depression were compared on demographic variables and on clinical rating scales for depression and the PANSS scale. Eventhough generalisability of the sample patients is lacking, the findings are supported by the concordance findings with other studies.

Depressive symptoms play an important role in schizophrenia as these contribute to a further worsening of already existing deficit state, i.e., negative symptoms and also further exacerbation of illness along with increased risk of completed suicide. A lot of attention has been paid to the concept of depression and its presentation in schizophrenia as a symptom. Therefore it becomes important and essential to clearly delineate depressive symptoms from deficit states and negative symptoms and manage appropriately and reduce the risk of further morbidity and mortality.

Depression in the context of acute and chronic schizophrenia was less likely to be associated with independent life events than primary depression. Depression in patients with schizophrenia has been shown to be associated with a family history of depression, early parenteral loss, higher doses of depot neuroleptics, even though no significant gender difference has been shown. The association of depressive symptoms with attentional difficulties suggests frontal lobe dysfunction and also volume changes in temporal lobes, and some neurobiological similarities between schizophrenia and depressive illness.

While considering the possibility of depression in schizophrenia a number of differentials have to be kept in mind like medical or organic causes, negative symptoms of schizophrenia, neuroleptic induced negative symptoms and schizoaffective disorders. Depressive symptoms may also be a psychological reaction to the illness or it might be one of the core features of schizophrenia. Some of the criteria used to diagnose depression in schizophrenic patients (retardation and insomnia) probably arise from the schizophrenic syndrome itself. Secondary depression in schizophrenia is reported to be associated with poor outcome. Thus it becomes important to develop specific diagnostic criteria for distinguishing depressed from non-depressed persons with schizophrenia.

Depressive symptoms during ‘acute phase’ of illness have been seen even before the medications are started, and occur in nearly 50 per cent of the drug naïve first episode patients who respond to antipsychotics. This suggests that depression and schizophrenic symptoms share common pathophysiological process and
Depressive symptom is probably a core symptom of schizophrenia.

Persistent positive symptoms in the chronic phase of the illness has shown to be responsible for distress, demoralization and depression. But the rate of depressive symptoms in chronic schizophrenia was found to be lower, with a range of 4-25 per cent and a mean of 15 per cent. In one study, 9 per cent were found to be currently depressed in patients who were clinically stable and living in the community\textsuperscript{17,18}.

The concept of post-schizophrenic (or post-psychotic) depression has been incorporated into the ICD-10. ICD-10 offers an operationalized definition of post-schizophrenic depression and attempts to avoid confusion, by stating that it is immaterial whether depression is an intrinsic part of schizophrenia or a psychological reaction to it\textsuperscript{19}.

Heald et al\textsuperscript{1} concluded that there are qualitative differences between the presentation of depression in acute and chronic schizophrenia. They also report that chronic schizophrenics experience predominantly subjective symptoms whereas those who experience depression in acute schizophrenia are much more akin to primary major depression in their presentation. This finding is important in clinical practice and needs further validation.

Various concepts have been evolved over a period of time explaining the role of antipsychotics. It was proposed that the antipsychotics caused "pharmacogenic depression" by acting directly on the dopaminergic system affecting the pleasure and reward pathways. Akinesia, and other extrapyramidal side effects of antipsychotics without tremors with accompanying low mood or dysphoria can also mimic depression, and termed as 'akinetic depression'\textsuperscript{20}. It was estimated that 'akinetic depression' accounts for 10-15 per cent of depressive-type symptoms\textsuperscript{21} and if considered as a possibility, anticholinergics should be one of the treatment options.

Even though oral neuroleptic use was greatest in the DepASch group at 61 per cent whereas depot neuroleptic administration was highest in the DepChrSch group at 83 per cent; Heald et al\textsuperscript{1} found no significant relationship between the severity of depression and extrapyramidal symptom. There are high possibilities that some patients with schizophrenia presenting with depressive symptoms may in fact be having anti-psychotic-induced dysphoria, without the associated motor aspects of akathisia that make diagnosis more obvious\textsuperscript{22}. If present, dysphoria/akathisia has been found to be associated with suicide\textsuperscript{23}.

The management of depression in schizophrenia is very essential due to associated risk of morbidity and mortality. Hence it becomes important to rule out possibilities of schizoaffective disorder, explore history of substance use and associated medical conditions, which might be contributing, to the depressive symptoms. Antipsychotics are known to cause dysphoria associated with akinesia and akathisia and these should be managed adequately by reducing the dosage or adding anticholinergics.

It is common to mistake negative symptoms for depression. The negative symptoms should be addressed and managed appropriately.

Heald and group\textsuperscript{1} showed that treatment compliance was significantly worse in DepASch group than in the other groups. Adequate dosages of antipsychotic\textsuperscript{24} with psychosocial support and hospitalization in acute episodes if indicated, are sufficient to successfully manage depression as well as the psychotic symptoms. Depression persisting for a longer period of time and not in acute phase usually responds to antidepressants. Various controlled studies involving tricyclics report improvement of depressive symptoms over placebo. Selective serotonin reuptake inhibitors (SSRIs) when compared with the tricyclics appear to be the treatment of choice considering the side effects and efficacy\textsuperscript{25,26}. Electro convulsive therapy (ECT) has long been considered to have some role in patients with schizophrenia experiencing prominent affective symptoms. Rehabilitation, social support and work opportunities along with cognitive therapy have been shown to help significantly\textsuperscript{27,28}.

Depressive symptom in schizophrenia is frequently associated with high morbidity and mortality and hence needs to be diagnosed early and adequately differentiated from other symptoms. Intervention should be promptly initiated in all the patients once diagnosed, to reduce further deterioration of illness and help the patients improve their quality of life.

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References


