A Tired Mom

Joining Forces Initiative

A Teaching Case Vignette: 27-year old female veteran presents with complaints of fatigue and headaches. Possibly Major Depressive Disorder

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Chief Complaint
A 27-year-old woman presents to your office stating that she is troubled by headaches and fatigue. She says that she always feels tired and can’t sleep well, often waking up early. She describes her headaches as dull, aching and generalized. These symptoms began about three weeks ago and have been getting worse. She reports a lack of interest in her usual activities. She also reports that she is missing work due to fatigue and inability to concentrate. Although her two children are both in school, she is concerned that she is not spending quality time with them. She is worried that she might have “something bad” because she has difficulty concentrating and is having frequent crying spells. She reports not sleeping well and a loss of appetite, with a weight loss of 10 pounds in the last month.

Social History:
The patient has no significant past medical or psychiatric history and takes no regular medications. However, she takes ibuprofen for headaches. She denies using alcohol or drugs. The patient is married, with two elementary school-age children.

Physical Examination:
The physical examination is unremarkable other than a cesarean scar from surgery six years ago. The patient is cooperative, alert, oriented; no delusions or hallucinations, and her thoughts are goal-directed and logical. You note the patient has some psychomotor slowing. During the interview, the patient suddenly bursts into tears. She tells you that she has been feeling sad almost all the time. She also tells you that her husband is in Iraq for his second tour of duty. She states that her thoughts are full of worries, with feelings of hopelessness and worthlessness. She denies current suicidal ideation. All of her lab values are within the normal range.

1. What is this patient’s most likely diagnosis?
   a. Bipolar I Disorder
   b. Generalized Anxiety Disorder (GAD)
   c. Major Depressive Disorder
   d. Obsessive-Compulsive Disorder
   e. Personality disorder not otherwise specified

Answer C: Major Depressive Disorder

The patient has Major Depression, characterized by sleep disturbance, loss of interest in activities, increased worries, fatigue, concentration problems, loss of appetite, psychomotor slowing, and feelings of hopelessness and worthlessness for greater than two weeks. The patient is also experiencing excessive worry about everyday life stressors, which is the primary symptom of GAD. However, six months of symptoms are
required for a diagnosis of GAD. Anxiety affects as many as 90% of all depressed patients. She does not have symptoms suggestive of obsessive-compulsive disorder or personality disorder.

The lifetime prevalence of Major Depressive Disorder is estimated to be 15% overall, and females are affected twice as often as males, with age 40 the average age of onset. Approximately 10-20% of primary care patients in outpatient settings have depression. Note that 10-15% of patients with major depression commit suicide.

2. Which of the following would be the most appropriate treatment for this patient?
   a. Cognitive Behavioral Therapy
   b. Referral to Narcotics Anonymous
   c. Antidepressant Medication
   d. Olanzepine (Zyprexa)
   e. A and C

   **Answer E: Cognitive Behavioral Therapy and Antidepressant Medication**

   Cognitive Behavioral Therapy has been shown to be effective for the treatment of Major Depressive Disorder. The patient is denied any use of alcohol or drugs. Antidepressants are the evidence-based medication treatment for Major Depression. Olanzepine (Zyprexa) is an antipsychotic medication approved to treat schizophrenia and psychosis. Olanzepine is also a medication approved to treat mania in Bipolar disorders. The best answer is a combination of Cognitive Behavioral Therapy and Antidepressant Medication. The patient has affective disturbance, cognitive disturbance, elevated social stress, and somatic manifestations most likely related to her depressed state, so both would be indicated concurrently with this patient’s presentation.

3. What criteria must be met before an antidepressant trial can be considered unsuccessful?
   a. Treatment at maximum therapeutic dose for 4 to 5 weeks
   b. Treatment at maximum therapeutic dose for 9 to 10 weeks
   c. Treatment at starting dose for 3 months
   d. Treatment with at least one-half of the maximum therapeutic dose for 4 weeks

   **Answer A: Treatment at maximum therapeutic dose for 4 to 5 weeks**

   The most common clinical mistakes that lead to an unsuccessful antidepressant trial are inadequate medication dosage (i.e., too low) and/or inadequate trial duration (i.e., too short). A patient must be treated with the maximum recommended dose for at least 4 weeks before an antidepressant is considered ineffective. A trial of 9 to 10 weeks would only extend the period of unsuccessful treatment. A patient who has not responded to medication in 3 months with no adjustments is not receiving evidenced-based treatment.
4. Cognitive behavioral psychotherapy without an antidepressant would be an appropriate treatment in which of the following patient scenarios?
   a. A 35-year-old woman with severe depression who does not want to take medication.
   b. A 25-year-old woman with both depression and obsessive-compulsive disorder.
   c. A 30-year-old woman with mild to moderate major depression and significant psychosocial stress.
   d. A 35-year-old woman who has failed adequate trials of two different SSRIs and has a 20-year history of recurrent depression.
   e. Cognitive Behavioral Therapy alone would never be appropriate.

Answer C: A 30-year-old woman with mild to moderate major depression and significant psychosocial stress.

For a 30-year-old woman with mild to moderate major depression and significant psychosocial stress, an evidence-based psychotherapy, such as Cognitive Behavioral Therapy, is an appropriate treatment without an antidepressant for mild to moderate major depression. This is especially true in cases where the patient is suffering from significant psychosocial stress. While clinicians must accept the choice of a woman with severe depression who does not want to take medication, every effort should be made to overcome her resistance. An individual with both obsessive-compulsive disorder and depression is very likely to receive benefit from an antidepressant for both conditions. A patient who has failed adequate trials of two different SSRIs should be prescribed another class of antidepressant.