

SOUTHWESTERN NEWS

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Holidays heighten need for better measurement, treatment of depression

DALLAS – Dec. 16, 2004 – Images of Christmas trees, Hanukkah lights and families sharing holiday meals may bring cheer to many, but for the 19 million Americans suffering from depressive disorders, the season often accentuates feelings of loneliness and despair.

At UT Southwestern Medical Center at Dallas, researchers are continually searching for new and better ways to help people beat depression, one symptom at a time.

Using a systemized rating scale developed two decades ago by UT Southwestern psychiatrist Dr. A. John Rush, faculty members in the Department of Psychiatry can quickly determine the severity of a patient's depression, whether the patient is improving over time and if their treatments are effective. Today the rating scale is being used in dozens of ongoing studies at UT Southwestern that focus on depression, including Star*D (Sequenced Treatment Alternatives to Relieve Depression), the largest depression trial of its kind with about 4,000 participants at more than 30 clinical sites.

For Polly Gessell, a 55-year-old artist participating in a UT Southwestern study combining antidepressant medication and therapy, assessing her symptoms of depression simply makes sense.

"My answers to the (rating scale's) questions have changed amazingly during the past six months," she said. "My body looks the same, but when I look in the mirror, there is a different person looking back. There is an optimistic person and a person who is truly beginning to like herself."

Dr. Madhukar Trivedi, professor of psychiatry and director of UT Southwestern's mood disorders research program, said, "If a patient has an infection, a doctor will measure the patient's fever, blood pressure and blood count and then prescribe an antibiotic. If the symptoms don't go away, then the medication is changed. The same goes for depression. If you don't measure symptoms of depression on a regular basis, how do you know if and when all the symptoms are gone?"

Widely used around the world and translated into more than a dozen languages, the depression evaluation – the Inventory of Depressive Symptomatology (IDS) and a shorter version, the Quick Inventory of Depressive Symptomatology (QIDS) – is designed in two formats. The respective 30- and 16-item questionnaires (which can be found at www.star-d.org) can be administered by a clinician or

(MORE)

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filled out by the patient.

Research on the effectiveness of the rating scales shows positive results, including a study published in the December issue of *Neuropsychopharmacology* that shows outcomes for the patient self-report version of the IDS and QIDS tests matched 95 percent of the time with results obtained by clinicians using another widely accepted depression rating scale that is far more time-consuming to administer.

An earlier article in *Psychological Medicine* showed similar results, with both the self-report and clinician versions of IDS and QIDS providing “treatment sensitive measures of symptom severity in depression” in 544 patients studied.

“We have shown that most people can rate their own depressive symptoms, which helps them better recognize and manage their illness and also helps their doctor know how treatment is working,” said Dr. Rush, an author of both articles and vice chairman for research in psychiatry at UT Southwestern. “The better we can measure a disease, the better we can manage the disease and help people not just get better, but get well.”

“There are numerous effective treatments for depression,” Dr. Trivedi said. “The tragedy is that people often don’t get the right medication for them, don’t stay on a medication long enough to make a difference or don’t get the correct dosage. Often patients give up on the treatment, or they only get half well – which is not well. Without measuring symptoms, you’re just flailing in the dark.”

This year’s holiday season definitely looks brighter for Ms. Gessell. Thanks to better measurement and management of her depression, Ms. Gessell said, “Instead of slogging through molasses up to my chest, I’m skipping through puddles. It is a wonderful feeling. I actually look forward to getting out of bed every day. There were times in the past when bed was the safest place.”

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