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Neuropsychiatric disorders: post-stroke depression. A review

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Introduction: Post-stroke depression (PSD) is the most common neuropsychiatric disorder after stroke, and also the main factor limiting recovery and rehabilitation in stroke patients, which led to poor quality of life. A prevalence of 30% is estimated between 1 to 5 years after stroke. More than half of all cases are neither diagnosed nor treated.

Objectives: The aim of this paper is to review the latest updates regarding post-stroke depression and progress in its diagnosis and treatment.

Methods: A systematic review of the scientific and clinical literature on PSD was conducted. The review included databases such as PubMed and Cochrane, covering articles from the past 10 years. The scientific evidence obtained was analyzed and synthesized.

Results: Currently, the diagnosis of PSD is mainly based on the DSM guidelines and combined with various depression scales. Symptoms usually occur within the first three months after stroke, the patient presents symptoms of a depressive episode such as low mood, anhedonia, loss of appetite, sleep disorders, vegetative symptoms or social withdrawal. Several mechanisms, including biological, behavioural, and social factors, are involved in its pathogenesis. The main predictors are personal history or cognitive impairment, as well as sequelae of the stroke. Left hemispheric strokes are those with the highest risk of early depression, as well as small subcortical vessel pathology. Treatment is mainly pharmacological, with SSRIs. The probability of recovery is between 15 and 57% in the first year, with a recurrence of 38% at two years, up to 100% at 15 years. In addition, there is an increase in mortality, especially in those under 65 years of age.

Conclusions: There are still many unanswered questions in the treatment of PSD, such as the best time to start treatment or the effects of antidepressants on cognition and motor function, among others. Although great advance has been made by researchers, the mechanism of PSD is not completely clear.

Disclosure of Interest: None Declared

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Successful Pharmacological Management of a Severe Suicide Attempt

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Introduction: Psychotic depression, a severe subtype of major depressive disorder with delusions or hallucinations, increases suicide risk due to distressing symptoms and hopelessness. Suicide

attempts in psychotic depression can be severe and violent. Combining antidepressants and antipsychotics shows promise in reducing suicidal ideation and improving prognosis. This case presents a patient with a severe suicide attempt and self-harm in the context of psychotic depression, highlighting successful treatment with a combination of antidepressants and antipsychotics.

Objectives: To present a case study of a patient with a depressive episode that progressed to psychotic features.

Methods: A comprehensive literature search was conducted to identify relevant studies on the treatment of depression with psychotic features. A case report was then developed, detailing the patient's clinical presentation, diagnosis, and treatment regimen.

Results: A 53-year-old male was hospitalized following a serious suicide attempt. The patient had a history of a recent work-related accident, leading to a depressive episode that progressed to psychotic features, including delusions of guilt and economic ruin, attempted suicide using a firearm, leading to significant self-inflicted injuries. Emergency surgical intervention was required for tendon and arterial damage. Psychiatrically, the patient exhibited profound hopelessness, delusional guilt, and active suicidal ideation. Following hospital admission, the patient was treated with a combination of sertraline, olanzapine, and mirtazapine, which resulted in significant improvement in mood, a reduction of delusions, and cessation of suicidal ideation over a three-week period. The patient returned to social activities and expressed interest in resuming his professional responsibilities, with no recurrence of psychotic symptoms or suicide attempts.

Conclusions: This case illustrates the severity of suicidal behavior in psychotic depression and the critical importance of combining antidepressants with antipsychotics for effective management. Research has consistently shown that psychotic depression carries a heightened risk of severe suicide attempts due to the intensity of delusions and hopelessness. Antidepressant-antipsychotic combinations, particularly those involving selective serotonin reuptake inhibitors (SSRIs) like sertraline, and atypical antipsychotics such as olanzapine, have demonstrated efficacy in reducing both depressive and psychotic symptoms, thereby mitigating suicide risk. In this case, the patient's marked improvement and remission of psychotic features underscore the role of combined pharmacotherapy in stabilizing mood and preventing future suicidal behavior.

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ECT: A Rapid and Sustained Response in Treatment-Resistant Psychotic Depression in the Elderly

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Introduction: Electroconvulsive Therapy (ECT) is a proven treatment for treatment-resistant depression (TRD), especially in elderly patients. Managing depression in this population is challenging due to comorbidities and medication intolerance. Research suggests that factors like melancholic features and early symptom improvement predict a positive response to ECT. ECT offers rapid and sustained antidepressant effects.

Objectives: To present the case of a 74-year-old woman with TRD who successfully underwent ECT after failing multiple medications.

Methods: A literature review was conducted on ECT for TRD in elderly patients. The clinical case is detailed, focusing on treatment, ECT application, and outcomes.

Results: The patient had a history of severe depressive episodes. Previous hospitalizations were managed with tricyclic antidepressants, lithium, and olanzapine. However, lithium was discontinued after discharge due to subclinical hypothyroidism and renal function impairment. Although the patient remained stable for a time, her mood progressively worsened, leading to a marked decline in daily functioning and eventual admission to the psychiatric unit. Upon admission, the patient presented with severe depression, including loss of functionality, self-neglect, and passive suicidal ideation, hyporeactive state, significant vegetative symptoms, and moderate-to-severe anxiety. Given the lack of response to a comprehensive pharmacological regimen, ECT was initiated. The patient underwent six sessions of ECT, with initial improvements observed after the first session. By the third session, she showed marked improvements in mood, energy, and anxiety levels. By the end of the ECT course, she had regained full functionality and emotional stability.

Conclusions: This case underscores the effectiveness of ECT in managing psychotic depression in elderly patients when pharmacological treatments are ineffective or poorly tolerated. The patient's rapid response aligns with previous findings suggesting that early symptom improvement predicts favorable ECT outcomes. Additionally, the presence of melancholic features may have contributed to the success of ECT, as described in the literature. Given the patient's history of lithium intolerance and multiple pharmacological failures, ECT emerged as the most viable treatment option. ECT also demonstrated long-term benefits.

This case also highlights the importance of considering ECT earlier in the treatment process for elderly patients and demonstrates the crucial role of ECT in achieving rapid and sustained recovery in elderly patients with psychotic depression resistant to pharmacological treatments. Early intervention with ECT was essential for the patient's full functional recovery, reinforcing its value as a therapeutic option in severe, treatment-resistant cases.

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The efficacy of combined antidepressant therapy in depressed patients

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Introduction: According to certain researches, it is known that depressed patients are represented by a high percentage of psychiatric diseases. In these patients, there is a reduction of volitional dynamism, especially the drive to live as well as the social drive.

Failure to treat these patients can lead to serious consequences, suicides and social dysfunction (reluctance for any activity and social isolation).

That is why it is of great importance to apply adequate antidepressant therapy. On the other hand, according to data from the literature, it is known that depression abounds with a multitude of symptoms that cannot be overcome with the use of only one type of antidepressant, so a combination of them is needed.

Objectives: The Aim of this study is to assess the effectiveness of combined antidepressant therapy in the treatment of depressed patients

Methods: This prospective present study included groups of 30 patients of either sex between 26-55 years with diagnosis F32, F33 evaluated in Private Psychiatric Institution Zora Mitic, Skopje. The study was conducted for 6 month. All the patients was written informed consent. Exclusion criteria was exist depressive disorders, patients with another psychiatric disorders and another organic disorders were not included in the study. The patients were examination before treatment and after treatment with Mirtazepine 15-30mg/day and Sertraline 50-100mg/day doses. The patients were assess using sociodemographic information by semi-structured questionnaire specially designed for the study. The sociodemographic data was: marital status, education status and employment. Depression in patients was assessed by HAMD scale: 21 items graded ranging 0-4. The results obtained were compared using the t-test and Chi-square test. The quantitative data was expressed in number and percentage. The p value of statistical significance was set at $p < 0.05$

Results: Results The obtained results indicated that there is a statistical difference in depressive patients before treatment and after six months of treatment with antidepressant therapy the level of education ($p=0,07$), marital status ($p=0,12$); employment ($p=0,09$) were without statistical significantly. But we got that the HAMD scale score were statistically significant when compare before treatment and after treatment with antidepressant therapy ($p=0,03$).

Conclusions: Conclusion The results obtained in the study confirmed that the combined antidepressant therapy in patients with rich symptomatology reduced the depressive symptomatology and enabled an improvement in the functioning of the individuals.

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Differences in concentration of transforming growth factor beta and interferon gamma in adults with major depressive disorder regarding on severity of disorder

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Introduction: Over the past 30 years, cytokines have been extensively studied in relation to neuroplasticity, modulation of neuro-signaling, and various psycho-immunological aspects of depression. Interferon gamma (INF- γ) is traditionally recognized for its