

New Developments in Depression and Anxiety Disorders

By Charles B. Nemeroff, MD, PhD

Burgeoning advances in the neurosciences have been increasingly applied to psychopharmacology, and the reports that follow provide a glimpse into this process. Several of the leading investigators on the cutting edge of this rapidly evolving field have given considerable thought to how, in view of these advances, we conceptualize disorders not only in terms of pathophysiology but in terms of implications for treatment. The result is a treat for the readers of *Psychopharmacology Bulletin*. In the space below, I briefly adumbrate the content of these manuscripts, highlighting their major points.

Achieving and maintaining remission is ultimately the best path for sustained recovery, according to Michael Thase and his colleagues, Diane Sloan and Susan Kornstein. With this goal in mind, these researchers reexamine the relative benefits of some psychotherapeutic and pharmacological approaches to treatment. They find that pooled and meta-analyses indicate that psychotherapy and pharmacotherapy, along with the selection of antidepressants affecting serotonergic and noradrenergic neurotransmission, increase the likelihood of remission. Mark Rapaport, Katia Delrahim, and Rachel Maddux, meanwhile, consider the long-term management of depression. This group examines the literature on relapse and recurrence prevention studies.

Christos Ballas, Jeffrey Staab, and Dwight Evans comprehensively review the management of treatment-refractory depression, including its definition, differential diagnosis, and treatment. Augmentation, switching antidepressants, and combination therapies are strategies that are reviewed in detail.

Philip Ninan has focused recently on factors that contribute to nonresponse in mood and anxiety disorders. In the current monograph, Ninan and his colleagues, Sarah Feigon and Bettina Knight, review the functional anatomy of anxiety, emphasizing the critical role of the amygdala in the fear/anxiety system.

Dr. Nemeroff is editor emeritus of *Psychopharmacology Bulletin* and Reunette W. Harris professor and chair of the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine in Atlanta.

To whom correspondence should be addressed: Charles B. Nemeroff, MD, PhD, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, 1639 Pierce Drive, Suite 4000, Atlanta, GA 30322; Tel: 404-727-8382; Fax: 404-727-3233; E-mail: cnemero@emory.edu

Pathological anxiety is conceptualized as exaggerated emotional responses that emanate from the amygdala and related structures and are not easily controlled by higher cerebrocortical brain areas. The pharmacological effects of antidepressants that likely mediate their antidepressant and antianxiety effects, including their well-characterized actions on the 5-HT and NE systems, and their less-studied effects on the CRF system and hippocampal neurogenesis are considered.

Mark Pollack details the epidemiology of anxiety disorders and discusses advances in the treatment of these disorders, outlining criteria for remission in each of the major diagnostic categories: panic disorder, social anxiety disorder, posttraumatic stress disorder, and generalized anxiety disorder.

Susan Kornstein and colleagues Diane Sloan and Michael Thase review the important issue of gender differences in depression. As demonstrated in countries throughout the world, women tend to have a higher lifetime prevalence rate of depression than do men. The researchers review the manifold theories that have attempted to explain the high prevalence rate of depression in women, culminating in a unified model comprised of psychosocial factors (social roles, status, and coping styles), responses to stress, and early life trauma, as well as responses to domestic violence, loss of a spouse, and poverty. A little-studied area is the question of whether there are differences in the clinical presentation of depression in women compared with men. The authors describe the evidence that such differences do exist, particularly characteristic symptoms, longitudinal course of the disease, and comorbidities. They close with a look at the pharmacokinetic and treatment response differences between men and women.

Finally, Warren Taylor and K. Ranga Rama Krishnan comprehensively discuss the role of comorbid conditions on late-life depression (unfortunately, a largely ignored area). They highlight the high rate (25% to 47%) of comorbid anxiety disorders in elders with major depression. Such comorbidity is often associated with more severe morbidity and higher rates of treatment nonresponse. The remainder of the article focuses on major depression and medical comorbidity in the elderly, a burgeoning research area for there is little doubt that depression is associated with a much poorer outcome in a variety of medical disorders in the elderly. Also reviewed are the roles of depression as a risk factor for Alzheimer's disease and cerebrovascular disease as a risk factor for so-called vascular depression.

This concatenation of reports is a delight to the practitioner and investigator alike. It is up-to-date, conceptually challenging, and rigorous. Keep this issue on your desk; you will refer to it many times. ❀

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