

## Spretnosti za zdravo življenje Osmi forum EPUO

15. november 2022, spletni dogodek (Zoom)

**#ForumEPUO2022 #EPUO2022**

Denarna podpora:



REPUBLIKA SLOVENIJA  
MINISTRSTVO ZA IZOBRAŽEVANJE,  
ZNANOST IN ŠPORT



Sofinancira program  
Evropske unije  
Erasmus+

# Depresija: javno zdravstveni problem ali pomanjkanje odpornosti?

Vesna Švab: UL MF, NIJZ, ZD Logatec

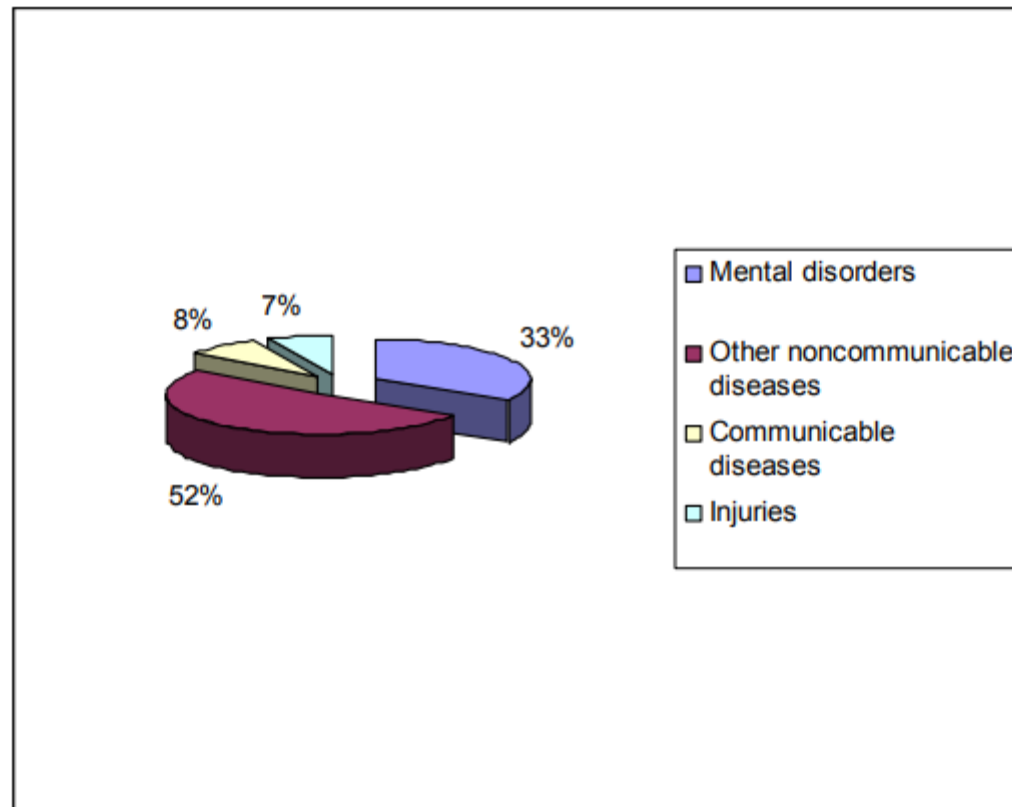
# NAMEN

- pogostost
- znaki
- vzroki njenega nastanka
- zdravljenje
- obvladovanje





Fig. 1. Percentage contribution of underlying health conditions to the number of years lived with disability in the European Region in 2004



Source: *The global burden of disease: 2004 update (8)*.

# POGOSTOST DEPRESIJE



- Depresija pojavi vsaj enkrat v življenju pri približno 9 odstotkih moških in 17 odstotkih žensk.
- Za depresijo vsaj enkrat v življenju zboli vsak šesti prebivalec.
- Z njo se spopada približno 2,5 odstotka otrok in 8 odstotkov adolescentov.



# ZNAKI

# DEPRESIVNO RAZPOLOŽENJE:



- Izguba zadovoljstva
- Potrtost
- Brezupnost
- Zaskrbljenost
- Občutek nemoči
- Tesnoba
- Pesimizem
- Brezvrednost
- Nizko samospoštovanje
- Občutki krivde
- Občutek nesposobnosti čustvovanja

# DEPRESIVNO MIŠLJENJE



- Je zavrto,
- Upočasnjeno,
- Po vsebini žalostno in
- V hudih oblikah depresivno blodnjava

# Vsi znaki



- Motnje spanja, največkrat nespečnost, lahko pa pretižalost, praznina, občutek obupa
- Izbruhi jeze, nestrpnosti tudi ob majhnih povodih
- Izguba interesa in veselja pri vseh dnevnih dejavnostih,
- rano spanje,
- Utrujenost in pomanjkanje moči;
- Zmanjšanje apetita in izguba teže ali povečan interes za hrano in prisobivanje teže
- Tesnoba, agitacije ali nemir
- Upočasnjeno mišljenje
- Občutki brezvrednosti in krivde, samoobtoževanje
- Težave pri razmišljanju in koncentraciji ter pri sprejemanju odločitev
- Misli na smrt ali na samomor, poskus samomora, samomor
- Telesne bolečine, tudi glavoboli, suicide attempts or suicide



# PRI OTRKIH IN MLADOSTNIKI



- Pri otrocih: nemir, žalost, bolečine, noče v šolo .....
- Pri mladostnikih: žalost, vznemirjenost, razdražljivost, občutki ne vrednosti, jeza, slabo funkcioniranje v šoli, občutki, da ga/jo nihče ne razume, velika občutljivost, uporaba drog ali alkohola, spanje ali ješčnost se spremenita, samo-poškodovanje, izogibanje socialnim interakcijam.

# PRI STAREJŠIH LJUDEH



- Spominske motnje in spremembe osebnosti
- Telesne bolečine
- Utrujenost, izguba apetita, težave pri spanju
- Ostajajo doma
- Samomorilna razmišljanja

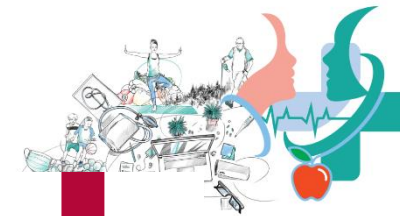


# VZROKI

# VZROKI

- **Biološki**
  - genetski,
  - biokemični,
  - telesna bolezen, npr. covid 19
- **Psihološki**
  - osebnostne značilnosti,
  - izkušnje,
  - dolgotrajni stres, npr. nasilje
- **Socialni**





## Articles

# Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

COVID-19 Mental Disorders Collaborators\*

## Summary

**Background** Before 2020, mental disorders were leading causes of the global health-related burden, with depressive and anxiety disorders being leading contributors to this burden. The emergence of the COVID-19 pandemic has created an environment where many determinants of poor mental health are exacerbated. The need for up-to-date information on the mental health impacts of COVID-19 in a way that informs health system responses is imperative. In this study, we aimed to quantify the impact of the COVID-19 pandemic on the prevalence and burden of major depressive disorder and anxiety disorders globally in 2020.

**Methods** We conducted a systematic review of data reporting the prevalence of major depressive disorder and anxiety disorders during the COVID-19 pandemic and published between Jan 1, 2020, and Jan 29, 2021. We searched PubMed, Google Scholar, preprint servers, grey literature sources, and consulted experts. Eligible studies reported prevalence of depressive or anxiety disorders that were representative of the general population during the COVID-19 pandemic and had a pre-pandemic baseline. We used the assembled data in a meta-regression to estimate change in the prevalence of major depressive disorder and anxiety disorders between pre-pandemic and mid-pandemic (using periods as defined by each study) via COVID-19 impact indicators (human mobility, daily SARS-CoV-2 infection rate, and daily excess mortality



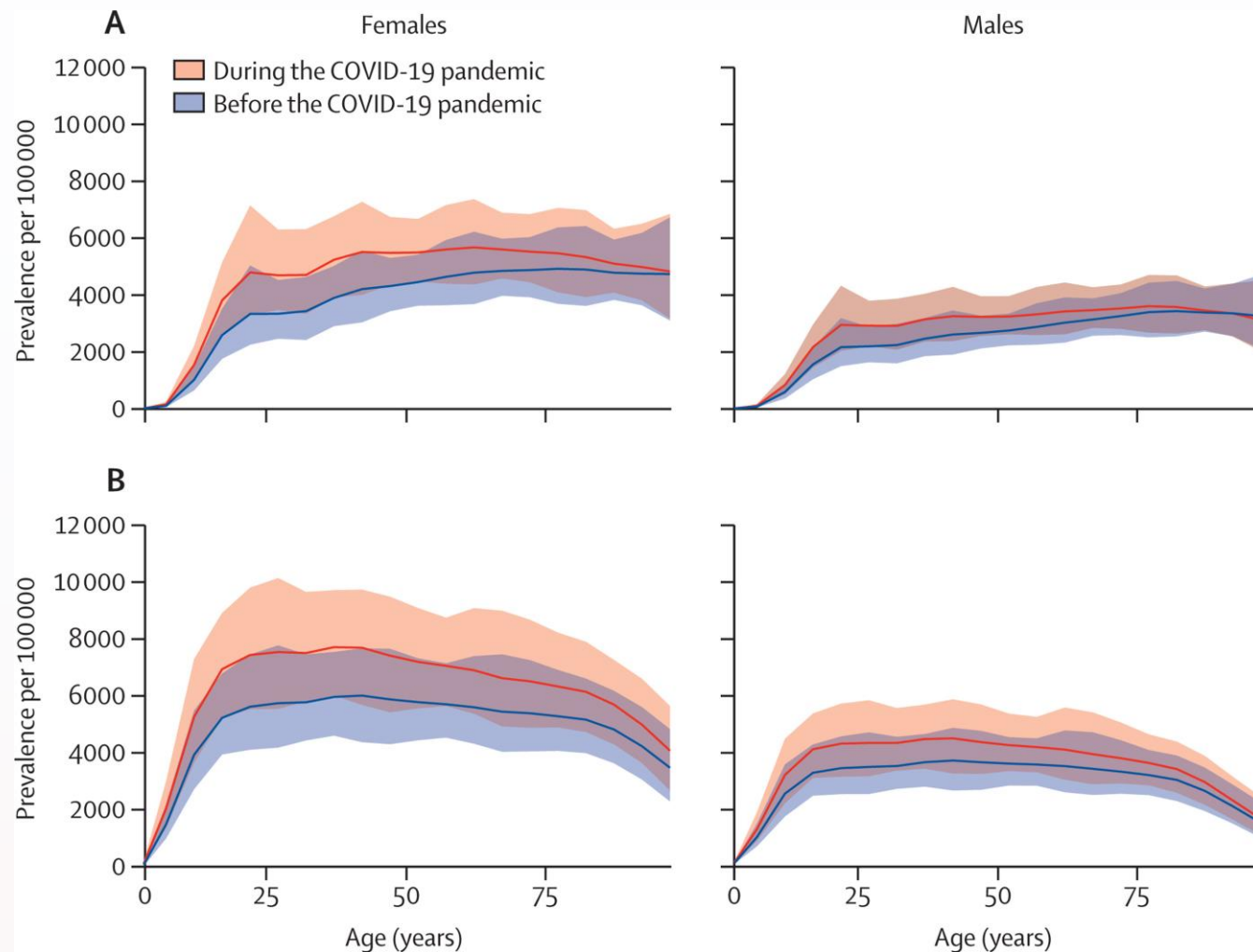
Published Online  
October 8, 2021  
[https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7)

See Online/Comment  
[https://doi.org/10.1016/S0140-6736\(21\)02221-2](https://doi.org/10.1016/S0140-6736(21)02221-2)

\*Listed at the end of the Article

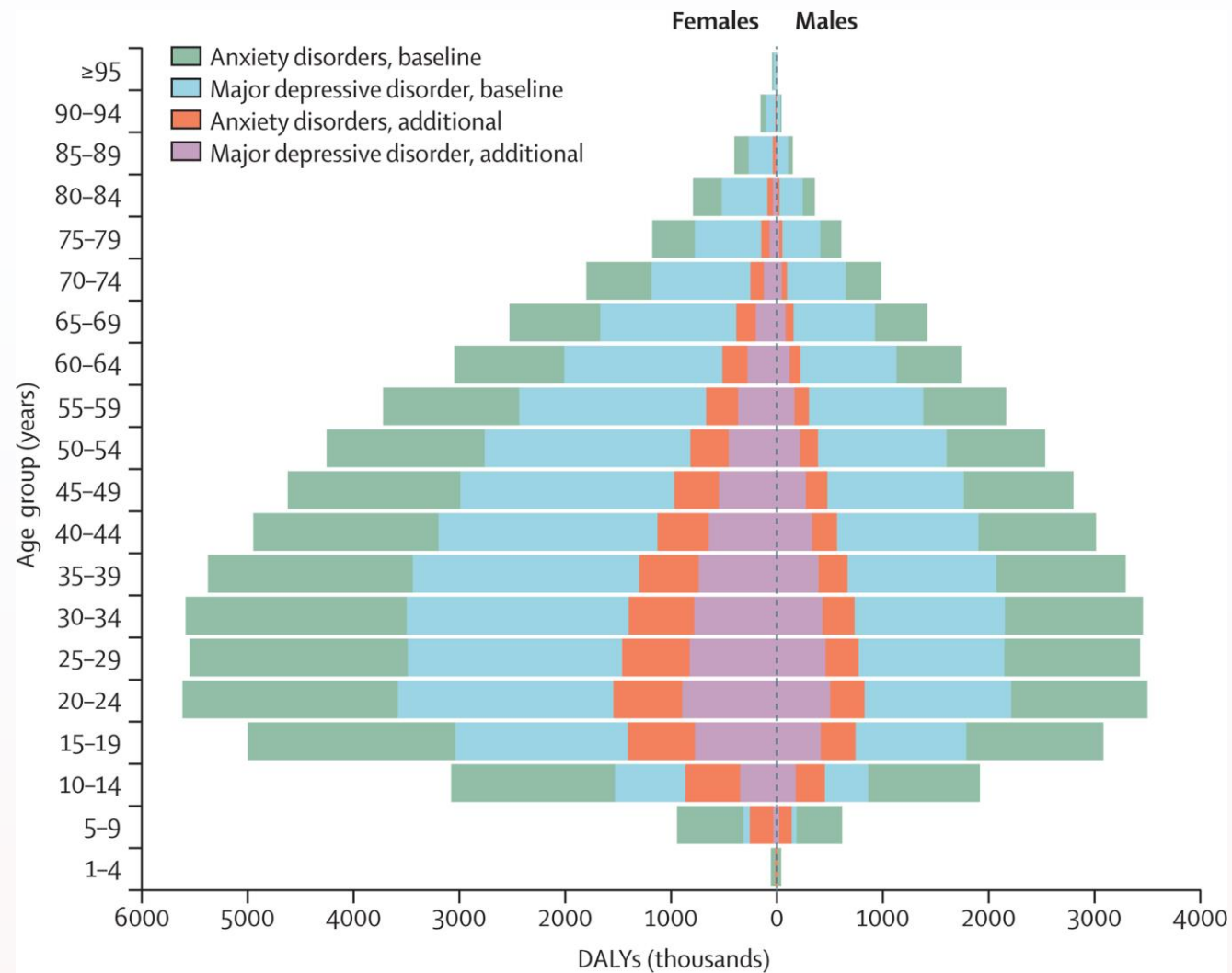
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Zp Švab 4.11.2021



**Figure 1: Global prevalence of major depressive disorder (A) and anxiety disorders (B) before and after adjustment for (ie, during) the COVID-19 pandemic, 2020, by age and sex**





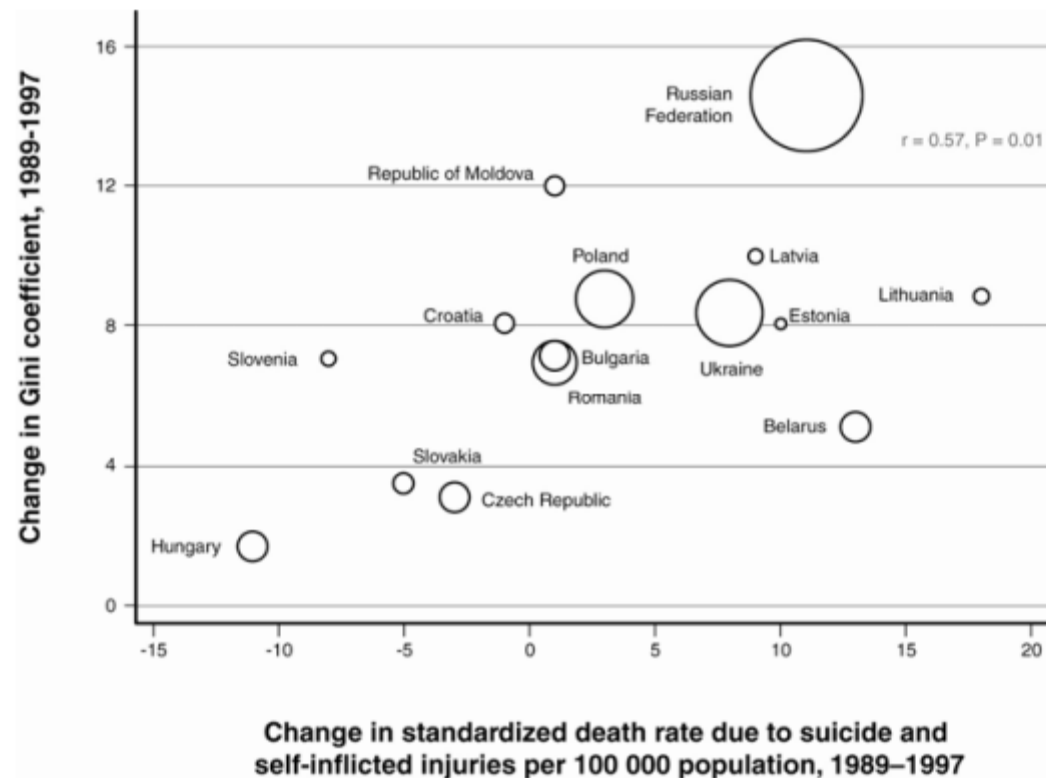


# SOCIALNO EKONOMSKI VZROKI





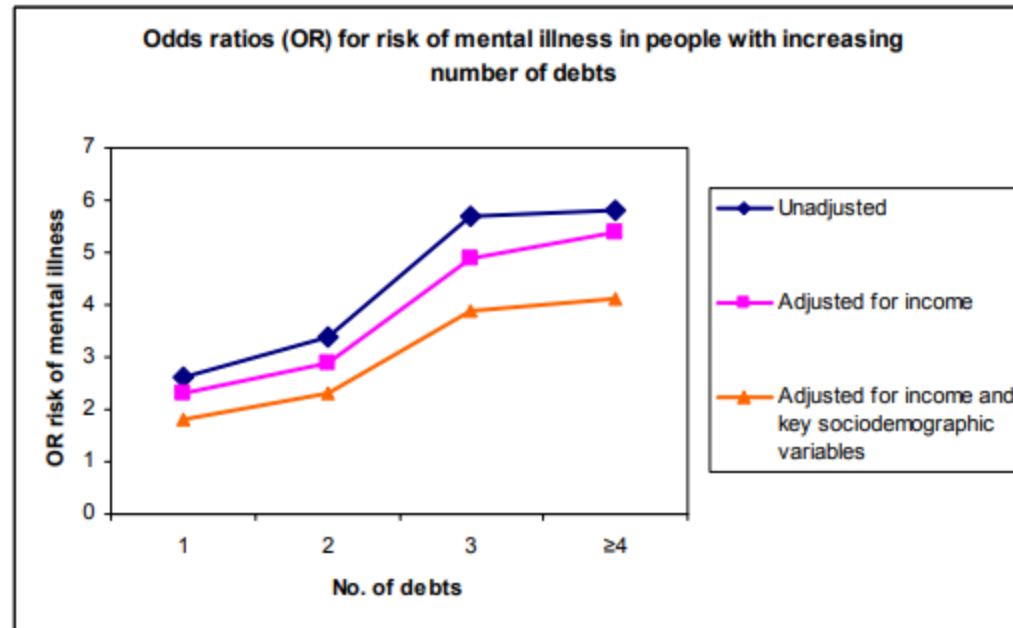
Fig. 2. Association between change in suicide rates and income inequality (Gini coefficient) in selected countries in the WHO European Region



[https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/13499/9/e94837.pdf](https://www.euro.who.int/__data/assets/pdf_file/0008/13499/9/e94837.pdf)



Fig. 3. The more debt people have, the worse their mental health



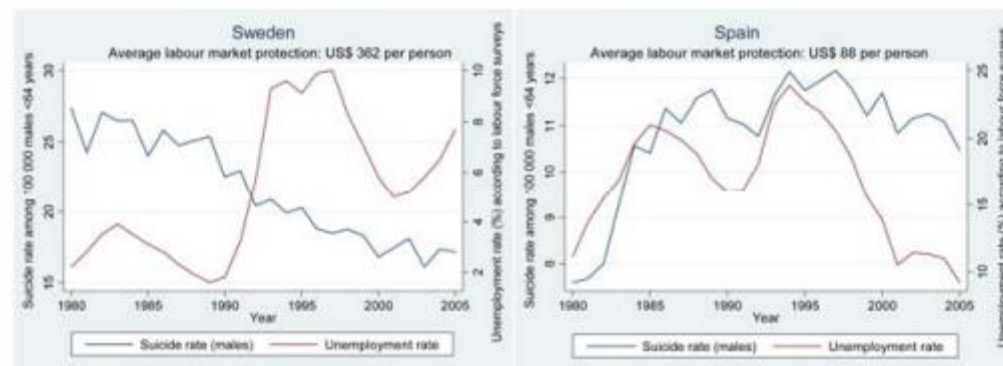
The data were derived from a nationally representative sample of 8600 people living in the United Kingdom. Key sociodemographic variables used for adjustment were age, ethnicity, marital status, household size, household tenure, education, social class, employment status, urban or rural, and region.

Source: Jenkins et al. (51).



An example is the suicide rates in Sweden and Spain from 1980 to 2005. In the early 1990s, Sweden underwent a severe bank crisis, resulting in a very rapid rise in unemployment, but suicide rates were unaffected, falling steadily over this period. This contrasts with the situation in Spain, with multiple banking crises in the 1970s and 1980s. As unemployment rates rose, suicide rates increased; when unemployment fell, suicide rates fell too (Fig. 6). Although there are many differences between Sweden and Spain, one argument is that a major differentiating factor was the extent to which resources were budgeted for social protection, such as family support, unemployment benefits and health care services.

Fig. 6. Unemployment rate and suicide rates per 100 000 males in Sweden and Spain, 1980–2005



Source: Stuckler et al. (3).



## Sodobno raziskovanje kaže, da so učinki ekonomske krize na duševno zdravje odvisni od 5 ključnih področij:

1. Aktivni programi zaposlovanja
2. Programi za pomoč družinam
3. Kontrole dostopa do alkohola preko cen
4. Obravnave oseb z visokim tveganjem za duševne motnje na primarni ravni zdravstvenega in socialnega varstva
5. Programi za obvladovanje zadolženosti.



**Table 1**

Mean depression scores and standard deviations (S.D.) of total dataset and of men and women, and difference in mean depression scores between men and women ( $\Delta$ ). ESS-3, 2006–2007.

	N	Total		Men		Women		$\Delta$ ; sig.
		Mean	S.D.	Mean	S.D.	Mean	S.D.	
Total	36,435	5.90	4.11	5.40	3.84	6.34	4.29	0.94; 0.000
<i>Western Europe</i>								
Austria	2038	5.22	3.71	4.94	3.48	5.44	3.87	0.50; 0.002
Belgium	1551	5.42	4.18	4.74	3.81	6.04	4.40	1.30; 0.000
France	1739	5.32	4.13	4.71	3.55	5.90	4.53	1.19; 0.000
Germany	2482	5.84	3.58	5.59	3.48	6.10	3.67	0.51; 0.000
Netherlands	1659	4.99	3.58	4.44	3.26	5.50	3.79	1.06; 0.000
Switzerland	1558	4.54	3.22	4.21	3.05	4.82	3.33	0.61; 0.000
<i>Northern Europe</i>								
Denmark	1296	4.73	3.30	4.50	3.07	4.95	3.50	0.45; 0.014
Estonia	1310	6.63	3.87	6.23	3.64	6.95	4.01	0.72; 0.001
Finland	1617	4.91	3.26	4.79	3.12	5.04	3.40	0.25; 0.138
Ireland	1359	4.71	3.54	4.66	3.54	4.75	3.55	0.09; 0.622
Norway	1523	4.17	3.08	3.97	2.99	4.38	3.16	0.41; 0.009
Sweden	1678	4.92	3.83	4.46	3.40	5.38	4.17	0.92; 0.000
United Kingdom	2001	5.52	4.06	5.07	3.81	5.92	4.24	0.85; 0.000
<i>Southern Europe</i>								
Cyprus	869	5.05	3.45	4.34	2.98	5.67	3.71	1.33; 0.000
Portugal	1854	7.22	4.18	6.33	3.71	7.83	4.37	1.50; 0.000
Slovenia	1217	5.61	3.71	5.22	3.22	5.93	4.06	0.71; 0.001
Spain	1535	5.41	4.19	4.84	3.92	5.96	4.36	1.12; 0.000
<i>Eastern Europe</i>								
Bulgaria	1190	7.60	4.65	7.09	4.66	7.93	4.62	0.84; 0.002
Hungary	1274	8.15	4.78	7.73	4.81	8.47	4.73	0.74; 0.005
Poland	1486	6.55	4.74	5.90	4.36	7.18	5.00	1.28; 0.000
Russian Fed.	2050	7.62	4.32	6.82	4.22	8.18	4.29	1.36; 0.000
Slovakia	1467	7.22	3.88	7.03	3.77	7.40	3.97	0.37; 0.065
Ukraine	1682	8.06	4.69	7.49	4.60	8.51	4.72	1.02; 0.000

Sample: the European social survey, 2006/2007



Glede na evropsko poročilo sklepamo, da so ljudje z dobrim socialno ekonomskim statusom manj podvrženi depresiji, ne glede na njihov spol.

Depresije je manj pri ljudeh z višjimi dohodki, ne glede na spol;

Manj depresije je tudi med ljudmi z višjo izobrazbo in med tistimi, ki so študentje ali imajo plačano delo;

Povezava med višjo izobrazbo in boljšim duševnim zdravjem je večja pri ženskah, kot pri moških ( $p < 0.001$ ).

Učinek nezaposlenosti ali dolgotrajne bolezni na depresijo je pomemben pri obeh spolih;

( $p < 0.05$ )

Skrb za gospodinjstvo in za otroke ali druge pa je različen po spolu ( $p < 0.001$ ).

Upokojeni moški so pogosteje depresivni kot tisti, ki so zaposleni

To pa ne drži za upokojene ženske



Lani je v Sloveniji zaradi samomora umrlo 432 oseb, od tega je bilo 338 moških in 94 žensk.





## Spretnosti za zdravo življenje Osmi forum EPUO

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# ZDRAVLJENJE

Denarna podpora:



REPUBLIKA SLOVENIJA  
MINISTRSTVO ZA IZOBRAŽEVANJE,  
ZNANOST IN ŠPORT



Sofinancira program  
Evropske unije  
Erasmus+





# O ANTIDEPRESIVIH

1. selektivni zaviralci privzema serotonina: citalopram (Cipramil), escitalopram (Cipralex, Ecytara), fluoksetin (Prozac, Fluval, Portal, Salipax), paroksetin (Paroxat, Parogen, Seroxat), sertralin (Asentra, Zoloft),
2. selektivni zaviralci privzema serotonina in noradrenalina: duloksetin (Cymbalta), venlafaksin (Alventa, Faxiprol),
3. inhibitorji privzema noradrenalina in dopamina: bupropion (Welbutrin),
4. zaviralci monoaminooksidaze: moklobemid (Aurorix),
5. selektivni inhibitorji privzema noradrenalina: reboksetin,
6. triciklični antidepresivi (starejši antidepresivi): amitriptilin (Amyzol, klomipramin (Anafranil), doksepin (Sinequan), maprotilin (Ladiomil), mianserin (Tolvon),
7. ostali: tianeptin (Coaxil), mirtazapin (Mirzaten), agomelatin (Valdoxan).

# 0 ANTIDEPRESIVIH 2



## Newer generation antidepressants and withdrawal effects: reconsidering the role of antidepressants and helping patients to stop

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### Abstract

In England, the prescribing of antidepressants, primarily the newer generation antidepressant classes, has steadily increased over recent years. There is ongoing debate about how the efficacy of these drugs is viewed, their place in therapy and the harms associated with stopping them. Much of the evidence of their efficacy comes from short-term placebo-controlled trials which tend not to include outcomes that are of greatest relevance to patients, such as social functioning or quality of life, but rather restrict outcomes narrowly to symptom measures. On such measures these studies do not demonstrate clinically significant differences from placebo for depression. A range of adverse effects are also recognised, often greater in naturalistic studies of long-term antidepressants users than those measured in short-term efficacy studies, including emotional numbing, sexual difficulties, fatigue and weight gain. There is increasing recognition that withdrawal symptoms from antidepressants are common and that these symptoms can be severe and long-lasting in some patients. Recent guidance on how to stop antidepressants in a tolerable way has been presented by the Royal College of Psychiatrists. We believe that increasing awareness about the difficulty that some patients have in stopping antidepressants should lead to more cautious prescribing practice, with antidepressants given to fewer patients and for shorter periods of time. This article discusses the perceived benefits and harms of antidepressant use.

### Key learning points

- ▶ There continues to be considerable uncertainty about the benefit of antidepressant use in the short- and long-term.
- ▶ There is increasing recognition of the possibility of severe and long-lasting withdrawal symptoms from antidepressants.
- ▶ In light of the uncertain balance of benefits and harms, we should revisit widespread—and growing—prescribing of antidepressants.
- ▶ New guidance on how to stop antidepressants in a tolerable way has been produced by the Royal College of Psychiatrists, though these methods require further research, especially regarding the optimal approach for a given individual.

### Introduction

The prescribing of antidepressants, primarily the newer generation antidepressant classes—selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs)—has steadily increased over recent years, and it is estimated that 7.8 million patients received at least one prescription for an antidepressant in 2019/20 in England.<sup>1</sup> This represents prescription of an antidepressant to one in six

acknowledged.<sup>9</sup> Indeed, one reason for the increasingly long-term use of antidepressants is likely to be the difficulty that patients have in stopping these medications.<sup>10</sup> Here we consider some of the issues relating to the evidence of efficacy of antidepressants and discuss the problems associated with withdrawing from antidepressant treatment.

first published as 10.1136/dtb.2020.000080 on 20 December 2021. Downloaded from <http://dtb.bmj.com/> on December 28, 2021 by guest. Protected by copyright.

4,4 ali manj

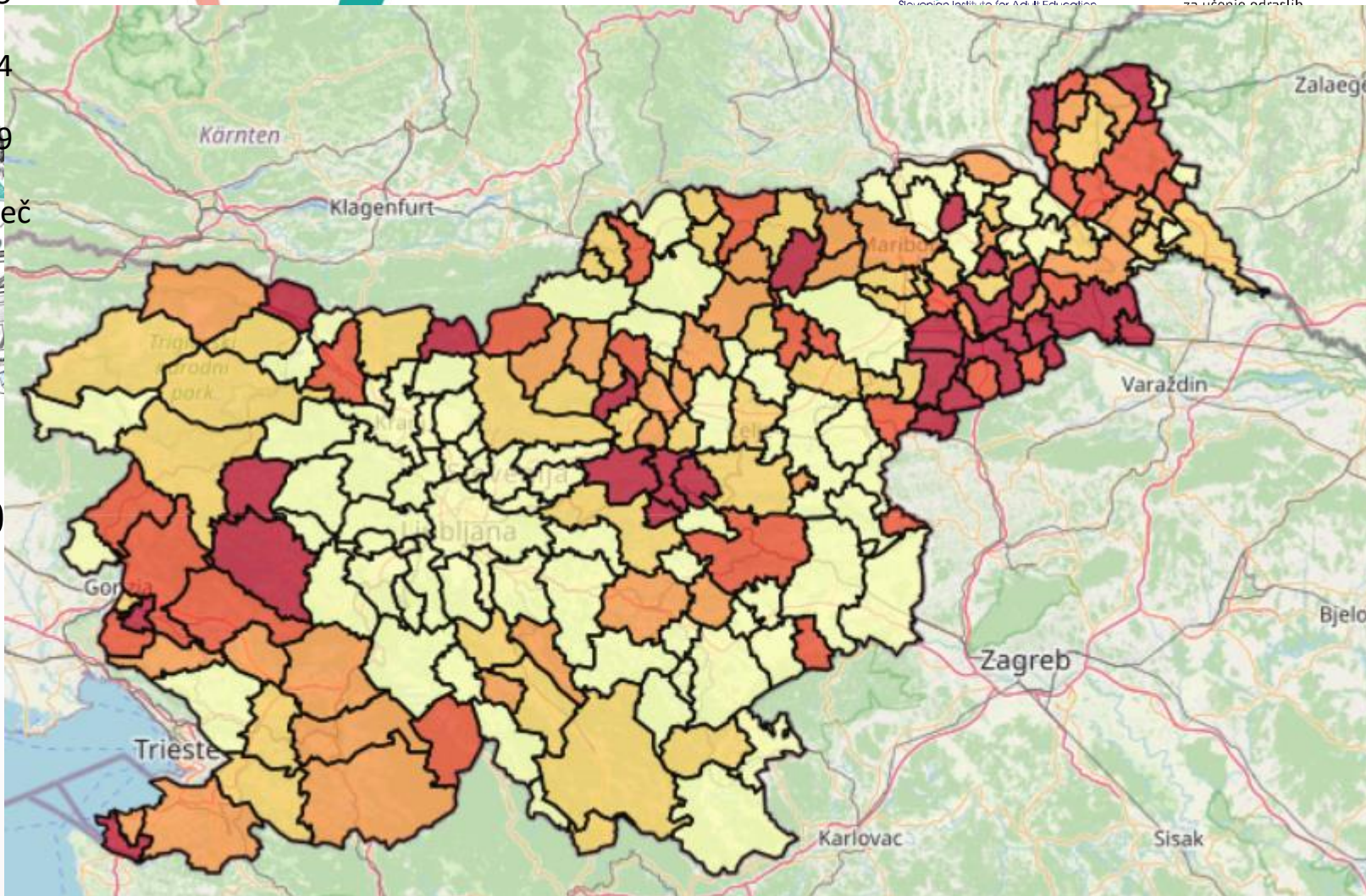
4,5 – 4,9

5,0 – 5,4

5,5 – 5,9

6,0 ali več

2010



# Predpisovanje AD



4,4 ali manj

4,5 – 4,9

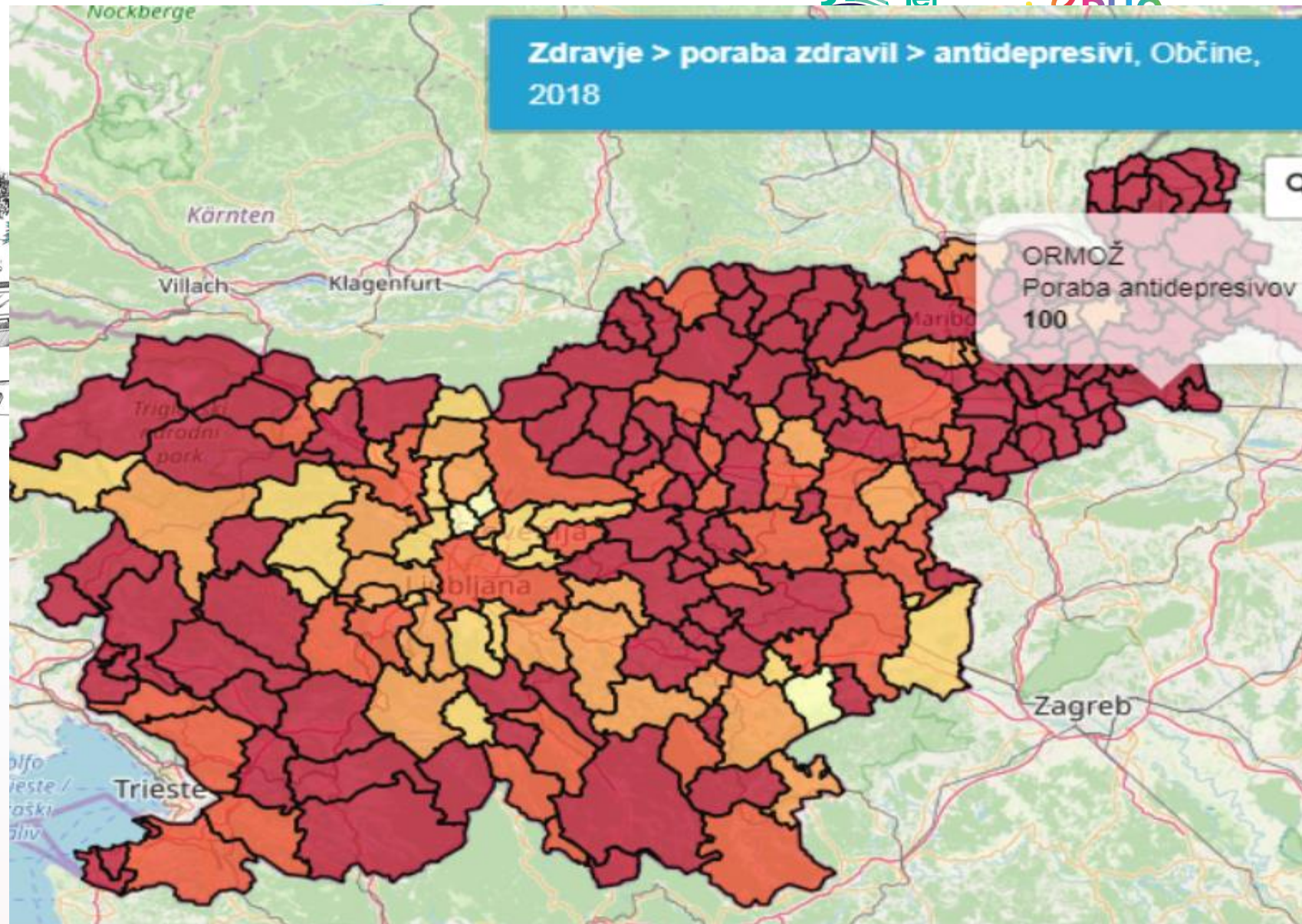
5,0 – 5,4

5,5 – 5,9

6,0 ali več



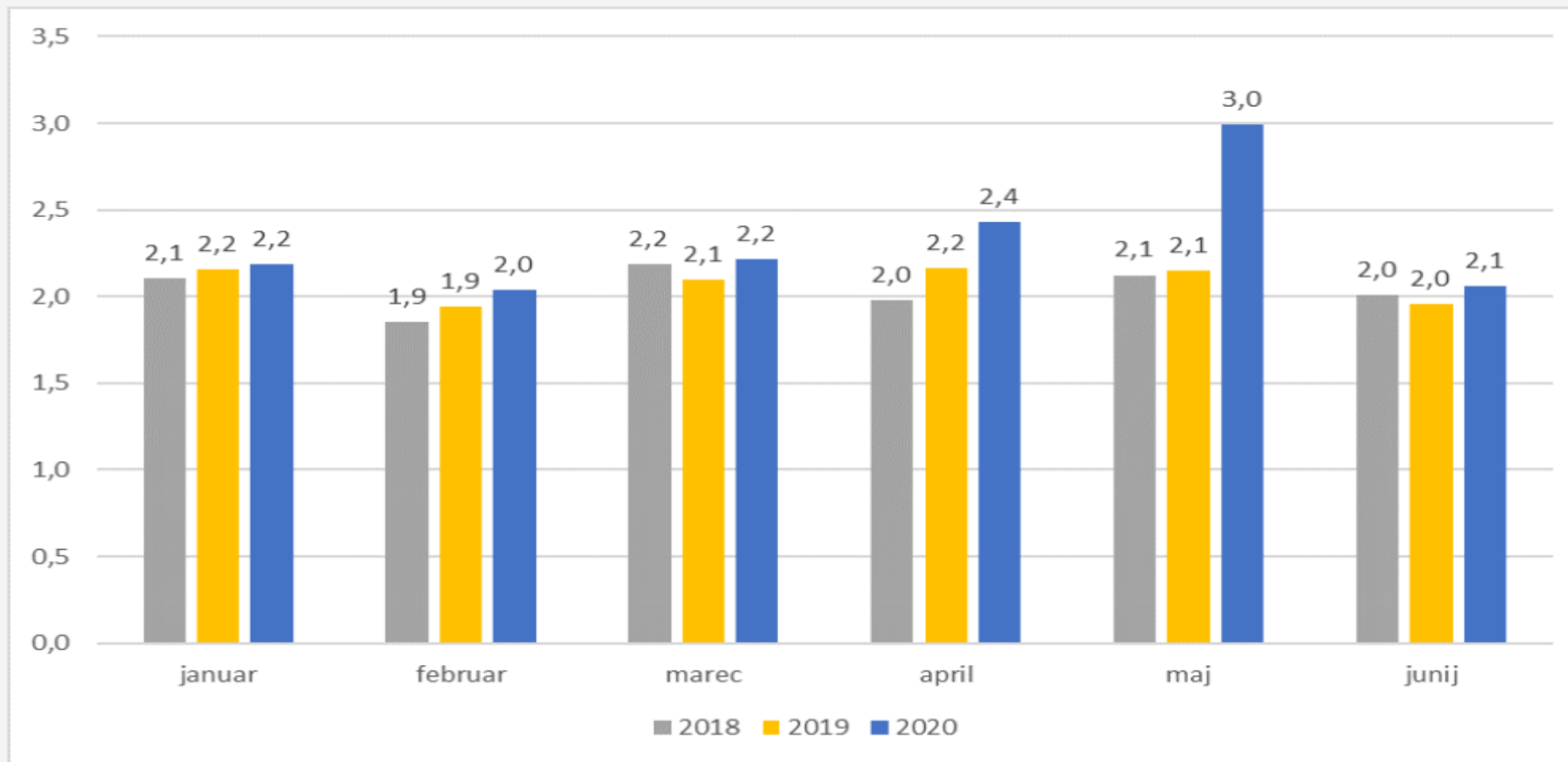
2018





# O ANTIDEPRESIVIH 3

Odstotek prejemnikov antidepressivov (N06A) po mesecih leta 2020 v primerjavi z leti 2019 in 2018



# O DRUGIH OBLIKAH



- VKT: razumeti, vplivati na mišljenje, uravnavati čustva
- Psihodinamska PT: razumeti vzroke, vplivati na vzroke
- Suportivna PT: zmanjšati posledice, občutek varnosti
- Zdravljenje s počitkom in svetlobo – posebej pri sezonskih oblikah
- Transkraniialna magnetna stimulacija 20min, 20 tednov, obnovitve
- Globoka možganska stimulacija
- EKT
- Športna dejavnost





# Treating Major Depression with Physical Activity: A Systematic Overview with Recommendations

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**Abstract.** The purpose of this systematic overview was to determine the most effective mode and dose of physical activity (PA) for treating major depressive disorder (MDD), and to suggest guidelines and recommendations for clinicians. The selection process consisted of a comprehensive search that was conducted up until April 2014 in the following databases: PsycINFO, Medline, PubMed and Scopus. The inclusion criteria were: (1) a randomized controlled trial (RCT) design, (2) complete description of intensity, duration and frequency of the PA, (3) the participants had to be diagnosed with MDD according to Diagnostic Statistical Manual 4 th edition (DSM-IV) or International Classification of Disease tenth Revision (ICD-10) criteria (4) if the controls received any treatment, it had to be specified, (5) published after 1990, (6) consist of aerobic or anaerobic treatment PA, and (7) not be a pilot preliminary study. A quality assessment of each study was conducted independently by two reviewers; this stringent selection process resulted in 12 reviewed studies. Conclusion: individually customized PA, for at least 30 minutes, preferably performed under supervision and with a frequency of at least three times per week is recommended when treating MDD. These recommendations must be viewed in light of the relatively few studies matching the inclusion criteria. *Key words:* depression; physical activity; treatment; major depression; RCT.

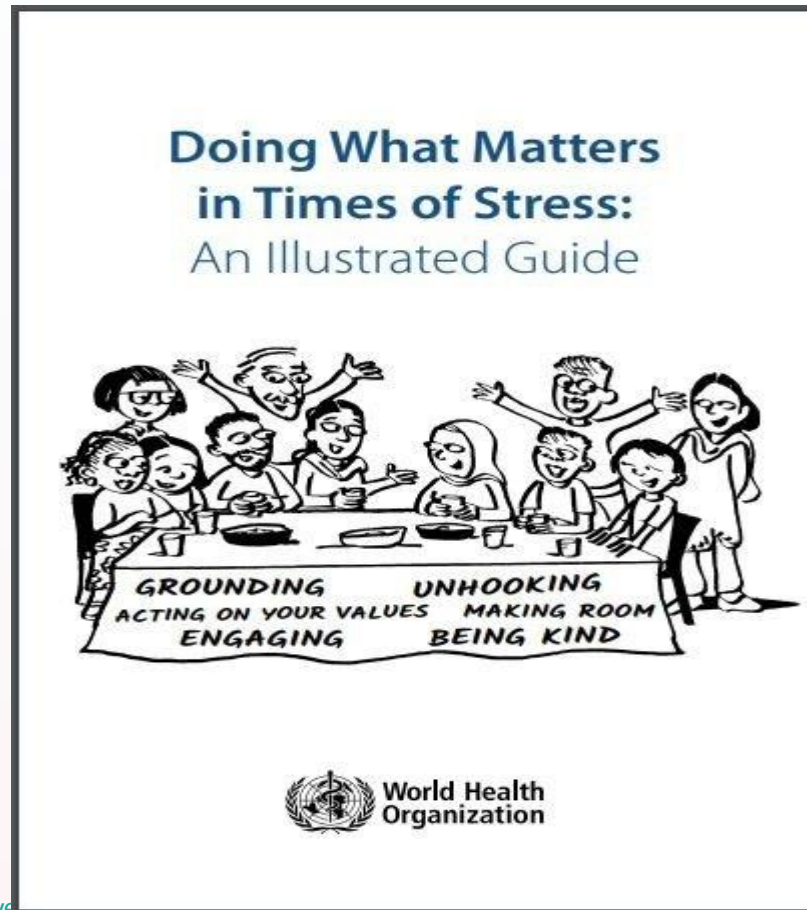
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# O SAMOPOMOČI



- Medsebojna pomoč, in podpora pomagajo (izkušnje COVID 19)





“I need help.”

