“Sneaky Depression Triggers” – what to look out for as a GP

By Dr Kerryn Armstrong
Psychiatrist
Akeso Clinic Milnerton (Cape Town)
drkarmstrongreception@gmail.com

Depression is a highly prevalent Psychiatric condition associated with significant personal, social and occupational dysfunction. It has been ranked the third most prevalent moderate and severe disabling condition globally by the World Health Organisation (WHO). Symptoms may become chronic with ongoing functional impairment, especially if inadequately treated.
Despite being common, Depression often goes undetected and untreated by Medical Professionals. Only about half of individuals with Major Depression are identified by their GP. Studies have shown the diagnosis of Depression in primary care has a sensitivity of approximately 50% and specificity of 81%. GPs may be good at ruling out those who don’t have Depression, but may need to be more cautious in considering cases where Depression may be present.

Depression results from a complex interaction of processes across a biopsychosocial continuum. Certain factors have been linked to precipitating episodes of Depression. These ‘sneaky triggers’ may serve as red flags for Depression, indicating the need for further exploration of symptoms in these individuals, particularly if there’s a personal or family history of Depression.

**Biological triggers**

**General medical conditions**

Medical conditions may lead to Depression as a result of Stress of illness and effects on the brain, hormonal and inflammatory pathways.

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**Disorders associated with Depression include:**

- Neurologic – Chronic Pain, Cerebrovascular Disease, Multiple Sclerosis, Parkinson’s Disease, Alzheimer’s Disease, Epilepsies, Traumatic Brain Injury
- Infectious – HIV/AIDS, Neurosyphilis
- Cardiac – Ischaemic Heart Disease, Cardiomyopathy, Cardiac Failure
- Endocrine and Metabolic – Hypothyroidism, Diabetes Mellitus, Vitamin deficiencies including Vitamin B12 and Vitamin D, Parathyroid Disorders
- Inflammatory – Collagen-Vascular Diseases, Irritable Bowel Syndrome
- Neoplastic – CNS Tumours, Paraneoplastic Syndromes

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**Hormonal changes**

Females are at increased risk for Depression at times of hormonal changes. Fluctuations in estrogen levels during puberty, pregnancy, post-partum and perimenopause may contribute to the development of Depression during these phases.

**Medications**

A wide range of medications have been linked to Depression, possibly through alteration of neurotransmitter and cellular messenger systems.

**Drugs of concern encompass:**

- Corticosteroids
- Interferons
- Benzodiazepines
- Stimulants
- Anticonvulsants
- Dopamine agonists/levodopa
- Hormone-altering drugs
- Antihypertensives
- H2 blockers

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**Substance abuse**

While the relationship between Depression and Substance Use Disorders is complex, multiple substances of abuse have been associated with Depressive symptoms during intoxication and withdrawal phases and with chronic use.

**It’s important to consider the following substances:**

- Alcohol
- Nicotine
- Stimulants
- Opioids
- Cannabis
Psychological triggers
Recent stressful life experiences appear related to onset of Depression in many cases. While methodological difficulties may influence research results, studies have shown up to a six-fold increase in adverse life events in the period preceding Depression. The impact of these adverse experiences may be particularly relevant in those who have suffered previous adversity or have low levels of resilience.

Significant amongst Psychological Stressors are:
- Losses – bereavement, loss of function, role identity or occupation, loss of significant relationships, anniversary of losses
- Trauma – especially involving humiliation or entrapment

Social triggers
Social factors such as isolation, poor relationships, conflict with family members and Depression in family, friends and neighbours may lead to the development of Depression.

There is evidence that:
- Lack of social support and social isolation contributes to Depression
- Family dynamics with high ‘expressed emotion’, that is, involving negative and critical evaluations or emotional overinvolvement increases risk for Depression
- Depression may spread in social networks – participants in the Framingham Heart Study were more likely to be Depressed by a factor of 93% if a person they were directly connected to was Depressed, by 43% if a person at two degrees separation (eg. friend of a friend) was Depressed, and by 37% if a person at three degrees separation (eg. a friend of a friend of a friend) was Depressed

The diverse nature of these ‘sneaky triggers’ indicates the tortuous biopsychosocial etiology of Depression. While not pathognomonic, the presence of any of these factors should prompt careful and sensitive discussion around possible Depression. In patients presenting with Depressive symptoms, assessment for these triggers may help guide appropriate investigations, diagnosis and management.

References on request