Depression

- depression is not always easy to diagnose or differentiate from sadness and a recognition that many of life’s expectations can no longer be realised
- may be present but can be masked by the progression of the disease and physical changes, and exacerbated by communication difficulties.
- diagnosis and treatment of depression, if present, is likely to have a positive effect on ability to cope (MND Australia 2014).

Miller and others 2009b

What pharmacologic interventions reduce depression?

- The prevalence of depression in ALS ranges from 0 to 44%, although systematic studies suggest 10% in advanced ALS (Class III).

  **Conclusion**
  - There have been no controlled trials of treatment for depression in ALS.

  **Recommendation**
  - There are insufficient data to support or refute specific treatments for depression in ALS (Level U).

  **Clinical context**
  - There is consensus among experts that depression should be treated in patients with ALS; however, there are no controlled studies of benefit or harm.

Averill and others 2007

In summary, of those studies employing structured interviews to assess for depressive diagnoses, the average percentage of patients with current major depression is 5.5% across all stages of the disease. This prevalence rate is almost identical to that found in the general population. The weighted means of those studies using either the BDI or the HADS correspond to a level of depression that falls in the minimal range on either inventory. These findings suggest that depressive symptoms do occur in ALS, but that major, clinically significant depression per se affects a small minority of patients. The assessment of depressive symptomatology remains important, however, because major depression can have a negative impact on both quality of life and disease course.