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EV0410

The impact of depression on the human personality

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Depression is a common experience. We have all felt "depressed" about a friend's cold shoulder, misunderstandings in our marriage, tussles with teenage children, sometimes we feel "down" for no reason at all. However, depression can become an illness when:
– the mood state is severe;
– it lasts for 2 weeks or more and;
– it interferes with our ability to function at home or at work.
Signs of a depression includes:
– lowered self-esteem (or self-worth);
– change in sleep patterns, that is, insomnia or broken sleep;
– changes in appetite or weight;
– less ability to control emotions such as pessimism, anger, guilt, irritability and anxiety;
– varying emotions throughout the day, for example, feeling worse in the morning and better as the day progresses;
– reduces capacity to experience pleasure: you cannot enjoy what's happening now, nor look forward to anything with pleasure;
– hobbies and interests drop off;
– reduces pain tolerance: you are less able to tolerate aches and pains and may have a host of new ailments;
– changes sex drive: absent or reduced;
– poor concentration and memory: some people are so impaired that they think that they are becoming demented;
– reduces motivation; it does not seem worth the effort to do anything, things seem meaningless;
– lowers energy levels.
At the Institute, we believe that personality and temperament contribute to depression, particularly *non-melancholic* depression. Certain personality types are more at risk of developing depression than others.
Generally speaking, someone who is depressed would: have a low mood, be pessimistic, have lowered self-esteem and feel hopeless and helpless.
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EV0411

Antidepressants and sexual dysfunction: study with vortioxetina

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Introduction Antidepressant treatment, although it is effective to improve the manifestations of major depression, may also induce or exacerbate some symptoms of sexual dysfunction. Symptoms such as decreased libido, anorgasmia, delayed ejaculation, erection difficulty or dyspareunia, affect the quality of life of the subject who suffers and the self-esteem, can lead to lack of adherence to treatment and in accordingly, the relapse of depressive symptoms. Serotonergic antidepressants are frequently associated with the onset of sexual dysfunction in sexually active patients exceeding 70%. Clinicians underestimate the actual incidence of dysfunction as the technical specifications of drugs show lower levels than 25% and spontaneous reports of patients do not exceed 20-40%.
Aims Vortioxetina is a reuptake inhibitor of serotonin (5-HT) and is also an agonist of the 5-HT1A partial agonist 5-HT1B and an antagonist of 5-HT3, 5-HT1D and 5-HT7. Apparently, this molecule at doses of between 5 and 15 mg is safe and effective and does not cause sexual dysfunction. It is a well-tolerated and safe, with low incidence of sexual dysfunction.
Methods To evaluate the action we have evaluated sexual dysfunction in patients with major depression before receiving treatment vortioxetina (whether state or not previously treated with other antidepressants) and at 2, 6 and 12 months after starting treatment with the drug. So we've used the SALSex scale (Scale for measuring sexual dysfunction secondary to psychotropic drugs).
Results The results of this study are still being analyzed.
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Cognitive symptoms in mayor depression: A study with vortioxetina

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Introduction The major depression is associated with decreased cognitive functions in a range of areas, including attention, memory and executive functions. The cognitive symptoms of depression can have a profound effect on the ability of patients to keep out the tasks of daily living, and are significant factors that affect the ability to function both interpersonal and occupational level.
Aims Vortioxetina have a multimodal action acting on various serotonin receptors in addition to inhibiting serotonin reuptake. Vortioxetina, is a new therapeutic tool seems to have shown efficacy in the treatment of cognitive symptoms of depression.
Methods To evaluate this action we have evaluated the cognitive decline in patients with major depression before receiving treatment vortioxetina (whether state or not previously treated with other antidepressants) and at 2, 6 and 12 months after starting treatment with the drug. For that, we've used the Verbal Hearing Test King (RAVLT), which evaluates the auditory verbal short-term memory, the learning rate, the retention of information, and the differences between learning and recovery, and testing Digit substitution by symbols (DSST) that perform quick detection of brain dysfunctions by a conventional task.
Results The results of this study are still under analysis.
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