



Letter to Editor

Understanding and addressing difficult-to-treat depression: a call for a new framework in psychiatric care

Walter Paganin

Psychiatrist-Psychotherapist-PhD Student in Neuroscience, Tor Vergata University, Rome, Italy



Walter Paganin

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Correspondence:

Walter Paganin
E-mail: walter.paganin@students.uniroma2.eu

Conflict of interest

The author declares that he has no conflict of interest nor that he has received compensation from third parties for the creation of this article.

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Dear Editors,

I am writing to you regarding a topic that presents a notable difficulty for physicians and healthcare professionals handling patients with depression, a field that is starting to be investigated also in Italy: Difficult-to-Treat-Depression (DTD). This clinical condition of depression, despite normal therapeutic efforts, does not exhibit complete control of symptoms, placing a notable burden on both the patients, their families, and the healthcare professionals responsible for their treatment¹. This condition markedly affects the quality of life of patients, elevating the likelihood of disability, suicide, and additional complications. The medical-scientific community has long been focused on the clinical challenge posed by treatment-resistant depression (TRD). Nonetheless, recent advancements and studies have prompted a more comprehensive approach, highlighting the potential to explore an idea that extends past simple resistance to pharmacological treatments. This broader outlook, which accounts for psychological, biological, and interactive dimensions, lays the foundation for a comprehensive approach to the therapeutic management of depression². It proposes a revised framework that also includes treatment resistance, suggesting that the heterogeneity of clinical data depression requires personalized therapeutic approaches. TRD is characterized by a lack of response to traditional drug therapies. In contrast, the concept of DTD adopts a more expansive view, recognizing the role of psychological, social, environmental, and patient care system dynamics in influencing treatment effectiveness. Factors include the patient's history of depression, the number and variability of symptoms, the occurrence of anhedonia and anxiety, psychiatric and/or medical comorbidities, substance use disorders, psychosocial dysfunction, the number, sequence, and types of received antidepressant treatments, treatment adherence and any treatment failures, family history, and the presence of childhood traumas. These factors underscore the necessity of considering various conditions within the spectrum of depression, each requiring specific therapeutic strategies not limited to pharmacological interventions. These profiles can help physicians identify patients with DTD by adopting a more proactive approach to managing their condition³. The characterization of DTD suggests a substantial cultural shift, to be incorporated into both clinical practice and treatment, highlighting the multifaceted nature of the disorder and the necessity to consider the various factors involved⁴. Managing DTD indeed requires a multidisciplinary approach (Fig. 1), that goes beyond the mere assessment of pharmacological treatments, but includes psychotherapies, neurostimulation techniques, social and occupational interventions, aimed at greater treatment adherence and efficacy, with the acquisition of symptom self-management skills and integration among healthcare personnel, patients, families, and society¹. Raising awareness among the general public, experts, and clinicians about the importance of considering these aspects in the management of DTD can contribute to reduc-

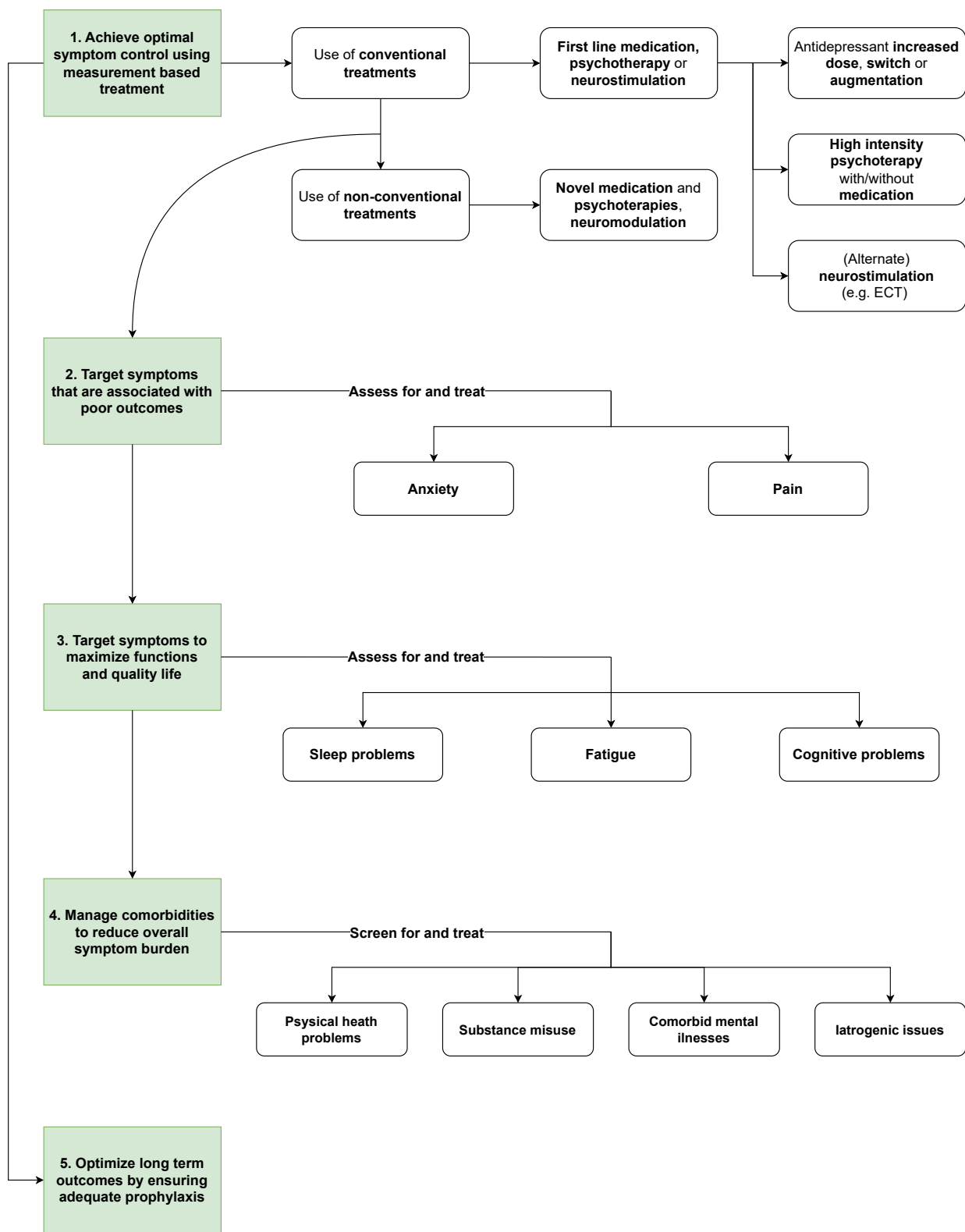


Figure 1. Management of DTD from McAllister-Williams, Arango, Blie et al., 2020 ¹.

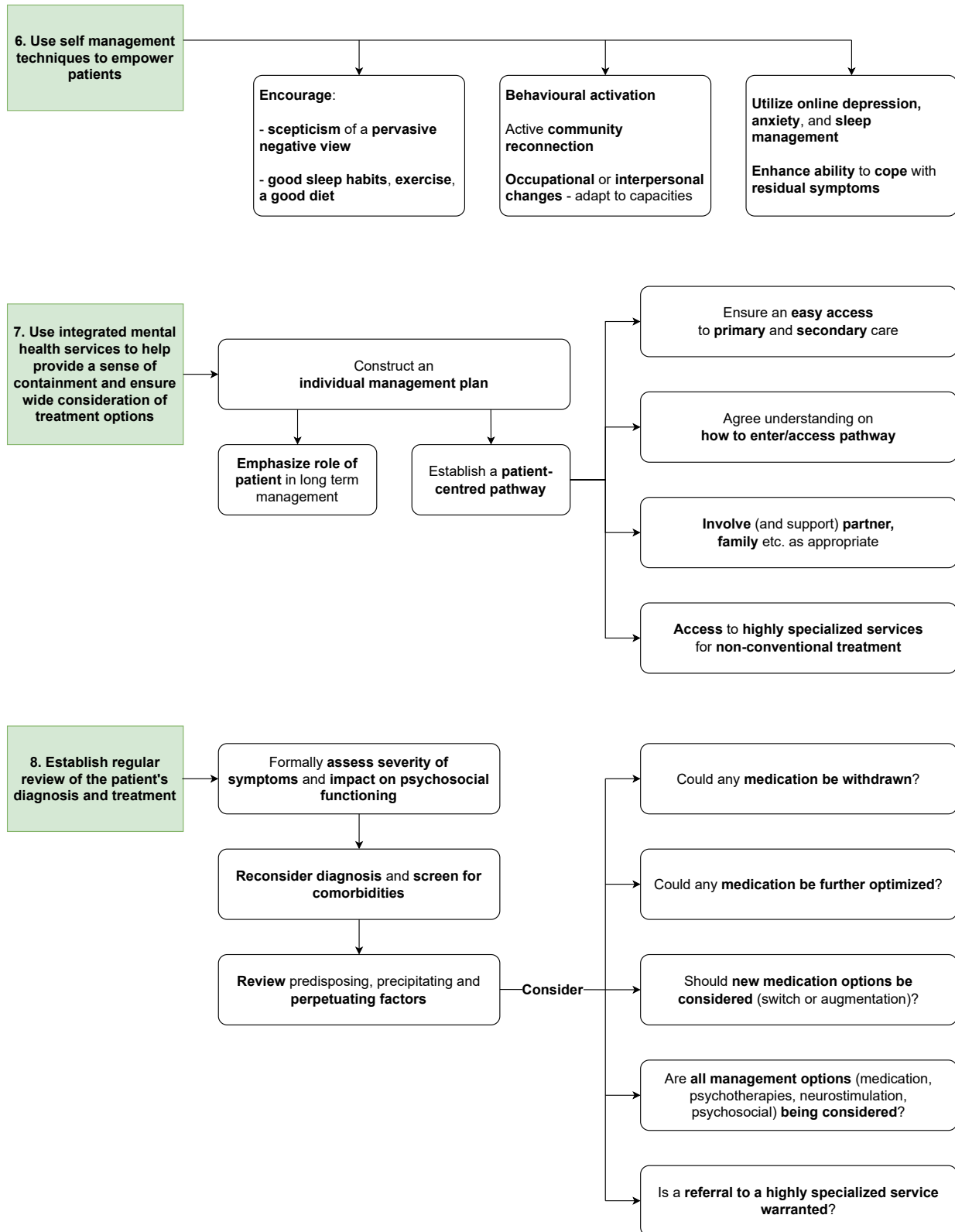


Figure 1. Cont. from page 2.

ing the stigma associated with treatment-resistant depression and improving the quality of life for patients. Clinicians should familiarize themselves with DTD and the range of treatment options available, as it poses a notable challenge for healthcare providers. Improved understanding of DTD and the necessity for treatment choices tailored to the individual patient can enhance patient outcomes significantly. Currently, the absence of a classification and taxonomy for DTD hinders clinical research, necessitating further studies to understand its long-term effects and gain deeper insights⁵. Addressing the management of DTD and refining treatments to better cater to the diverse needs of patients with depression remain critical challenges.

References

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