Introduction
New Strategies for Improving the Treatment of Depression

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Several types of depression may be encountered by a clinician. The depression may be a primary uncomplicated disorder, a single episode, recurrent, chronic, or dysthymic. Similarly, depressions can be comorbid with other disorders, either occurring after the onset of an established psychiatric disorder, such as panic disorder, obsessive-compulsive disorder, or substance abuse, or complicated by psychiatric or even medical conditions. Thus, the choice of treatment available for a clinician is largely predicated on the simplicity or complexity of the presenting depression and the prior treatment history of the patient. Input from patients regarding their wishes for certain treatments should be discussed. The patient's health care provider may also have a limited formulary and constrain treatment choices.

The treatments available for depression include psychotherapy, medication, and physical treatments. Newer psychotherapies have been developed into focused and specific treatments for depression. Data support the use of certain psychotherapies for depression, including the so-called "brand-name psychotherapies" such as cognitive-behavioral therapy (CBT), interpersonal psychotherapy (IPT), and a newly developed therapy for chronic depression, cognitive-behavioral analysis system of psychotherapy (CBASP).

Medications available for depression include older tricyclic medications and monoamine oxidase inhibitors, newer medications including the selective serotonin reuptake inhibitors (SSRIs), and the latest generation of medications including those with novel mechanisms of action and different side effect profiles than the SSRIs. These newer medications include bupropion, venlafaxine, nefazodone, mirtazapine, and reboxetine.

Additional medical treatments for depression include electroconvulsive therapy, especially for patients with treatment-resistant or psychotic depression. There are ongoing studies to determine if newer physical treatments such as rapid transcranial magnetic stimulation or vagal nerve stimulation are effective for antidepressant treatment. Thus, the clinician has both a multitude of diagnostic complexities and a multitude of treatment options.

This supplement reviews strategies for clinicians to help them gain an edge in the treatment of depressive patients. The faculty provide a balanced approach toward basic and clinical interests. Dr. DeVane reviews the pharmacology of the various antidepressants available and discusses mechanisms of action and the pharmacologic basis of side effects and drug interactions. Drs. Kornstein and McEnany discuss differential effects of gender in the response to treatments for depressed patients and how clinicians can enhance treatment effects based on gender issues.

Dr. Rothschild discusses management of sexual side effects. Although our treatment guidelines propose longer treatment, a frequent cause of treatment disruption or discontinuation on the part of a patient who is doing well is sexual side effects. Dr. Thase discusses sleep changes in depression and how they can be modified by treatment. Certainly, persistent insomnia is a common reason for individuals to stop long-term treatment or to necessitate use of sedatives or hypnotics.

Weight gain due to antidepressants is a complicated issue; it occurs more with some medications than others. Dr. Fava reviews data from the depression center at Harvard and discusses weight gain related to antidepressant medications and how to manage this clinical problem.

Dr. Kocsis discusses treatment strategies for chronic depression and presents data regarding combined efficacy of psychotherapy (CBASP) and pharmacotherapy for the treatment of patients with chronic depressive illnesses. Lastly, Dr. Schatzberg discusses expansion of current Food and Drug Administration indications for our currently available antidepressants. The advantage of studying medications in disorders is that the clinician can learn the dosing characteristics related to a particular compound for a specific condition. Since many depressions are comorbid, data regarding the use of antidepressants for nondepressive conditions will be of considerable help for clinicians dealing with complex and complicated mood disorders.

We have not perfected ways to classify and diagnose mood disorders, and there is no evidence that one treatment for depression stands above all others in efficacy and safety. These articles and the accompanying discussion review contemporary issues regarding treatment selection for patients with mood disorders.

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