

Endo-Depression; Definition and Suggestion's Background

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ABSTRACT

Depression is classically treated by psychiatrists. Other specialties that deal with depression are family doctors and psychologists. However, there are cases that do not really belong to the specialties referred above. The surgical excision of an endocrine gland or the pharmaceutical or traumatic damage of a gland for oncologic reasons are not really treated by Psychiatric Medicine. The term ENDO-DEPRESSION was first used by the author of the article in Greece, in a workshop held in Thessaloniki, Greece, on May 2007, to describe a group of depression cases, which have more options for therapy and prevention, if the endocrine causes are taken into account, by experts in the area of hormones and hormonal therapy. Otherwise, symptomatic therapy won't treat patients but will be only supporting them as long as they will be receiving the antidepressive treatment.

This is an original article that presents what Endo-Depression is the term that might cover a large number of hormone-dependent depressive disorders, and outlines the concept of the need for non-psychiatric treatment for non-psychiatric cases of depression.

Keywords: depression, hormones, psychiatry, endocrinology, postoperative complications, pituitary gland, brain injury, Cushing's syndrome, brain-gut syndromes.

INTRODUCTION- DEFINING ENDO-DEPRESSION

Endo-Depression is the group of depressive disorders that appear in endocrine diseases or in hormone dependent syndromes occurring after the damage/excision of an endocrine gland or the neuroendocrine connections among glands, due to iatrogenic, pharmaceutical or surgical interventions, trauma, environmental causes, ageing, and other more rare causes.

The reason that Endo-Depression term is suggested to be added to the medical terminology is that all the diseases/syndromes covered at this point by the psychiatric specialty, are not psychiatric disorders in their basis, and would be better and more successfully handled by endocrinologists or endocrine surgeons.

Terminology, Prevention, Diagnosis and Treatment

The medical specialties were first founded as a way for better study, diagnosis and treatment. However, middle ground diseases were always thought as found under a constant claim among various specialties. Some diseases, like depression, are met in millions of people, who do not exactly present the same clinical findings. So, even the study of one disease became a dividable concept.

Prevention is perhaps the most difficult part for any disease. Because we should have a good knowledge of predisposing factors in order to prevent a disease successfully. Also, diagnosis needs the knowledge and experience of all possible causes. Finally, treatment should be causative and not symptomatic, if we wish to treat the patient radically.

For all the above reasons, sometimes, terminology should become the triggering factor that will lead to better prevention, diagnosis and treatment for cases that do not exactly belong to the large coffin of the "mother disease".

BACKGROUND OF SUGGESTION

Brain-Gut Syndromes

Brain-Gut Syndromes or *Functional Gastrointestinal Syndromes* are a group of diseases that have a common pathophysiological basis, which is the imbalance of brain-gut axis. More common among them is the Irritable Bowel Syndrome, which is treated successfully with antidepressive drugs. Other syndromes like these are the inflammatory bowel diseases, peptic ulcer, functional dyspepsia, gastro-oesophageal reflux, the chronic abdominal pain in childhood, and the chronic chest pain in adults, which is related to visceral pain. Brain and gut communicate via the autonomous neural system and the gastrointestinal hormones secreted by the neuroendocrine cells of the diffuse neuroendocrine system of the gastrointestinal tract. The detection of the neuropeptides of the CRH family (Corticotrophin Releasing Hormone) and selective receptors in the gastrointestinal tract has made clear the role of HPA (Hypothalamus-Pituitary-Adrenals) axis in brain-gut syndromes. The cross talk of HPA axis and Brain-gut axis and the neuroendocrine mapping of the gastrointestinal tract enhances the perspectives for novel molecular therapeutic interventions targeting the brain-gut axis. Thus, the treatment of depression found in brain - gut syndromes may be treated in the future by CRH products, and not by antidepressive drugs.

Eating disorders and Depression

Both depression and eating disorders are multidimensional and heterogeneous disorders. If we examine the nature of their relationship under the endocrine aspect, we find clinical

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