

Symposium | MDD : [Symposium 13] Knowledge for good practice of mood disorders

📅 2025年9月25日(木) 14:45 ~ 16:15 🏢 Session Room 7 (Conference Room C)

[Symposium 13] Knowledge for good practice of mood disorders

Moderator: Shigenobu Kanba (Kyushu University)

[SY-13]

Knowledge for good practice of mood disorders

Shigenobu Kanba Kanba¹, Norio Ozaki², Koichiro Watanabe³, Sang-Hyuk Lee⁴, Chang Wai Leng⁵ (1. Kyushu University (Japan), 2. Nagoya university (Japan), 3. Kyorin University (Japan), 4. X (Korea), 5. NATIONAL UNIVERSITY HEALTH SYSTEM (Singapore))

[SY-13-01]

Diagnosis and Treatment of Perinatal Depression and Bipolar Disorder Patients: Insights from the Clinical Guide for Women with Mental Health Problems during the Perinatal Period

*Norio Ozaki¹ (1. Pathophysiology of Mental Disorders Nagoya University Graduate School of Medicine (Japan))

[SY-13-02]

Relationship between panic disorder and major depression

*Sang-Hyuk Lee¹ (1. CHA Bundang Medical Center, CHA University School of Medicine (Korea))

[SY-13-03]

Lithium use in psychiatric patients with end stage renal failure on dialysis

*Cheryl Wai Leng Chang¹ (1. National University Health System (Singapore))

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キーワード : Mood Disorders、Lithium、depression

Prof. Watanabe will talk about the trend of Shared Decision Making in Japan and a depression decision aid developed by Japan Society for Depression Medicine. Prof. Ozaki will talk about diagnosis and treatment of perinatal depression and bipolar disorder patients. Prof. Chang will talk about lithium use in psychiatric patients with end stage renal failure on dialysis. Prof. Leng will talk about similarities and differences between comorbidities of panic disorder and depression.

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[SY-13-01] Diagnosis and Treatment of Perinatal Depression and Bipolar Disorder Patients: Insights from the Clinical Guide for Women with Mental Health Problems during the Perinatal Period*Norio Ozaki¹ (1. Pathophysiology of Mental Disorders Nagoya University Graduate School of Medicine (Japan))

キーワード : Depression、Bipolar Disorder、Perinatal、Clinical Guide

Perinatal women experience significant physical, mental, and social changes, which heighten their risk of developing mental health issues, particularly depression and bipolar disorder. In Japan, for instance, approximately 70% of maternal deaths during the perinatal period are attributed to suicide driven by mental disorders. Recognizing the gravity of this issue, the Japanese government introduced a postpartum health checkup program in 2017, utilizing the Edinburgh Postnatal Depression Scale to assess depressive states. However, the approach to identifying women who require medical intervention and support remained ambiguous. To address this, we have identified both risk and protective factors for postpartum depression, suicidal ideation, and diminished emotional bonding between mother and child through our research in a prospective cohort of perinatal women. It is crucial to highlight that many perinatal women avoid psychiatric consultations and subsequently commit suicide despite being assessed as needing psychiatric care and receiving appropriate recommendations. One of the main reasons for their reluctance is concern over the teratogenic effects of psychotropic medications and their transfer to breast milk. Establishing a solid therapist-patient relationship, foundational during the treatment induction phase, involves listening empathetically to the patient's concerns. It is then essential for therapists to reassure the patient that their feelings are understandable given their circumstances—this process is known as "validation of perception." Achieving such validation requires an understanding of the reasons behind the worries of depressed perinatal women. In this lecture, I will discuss strategies for collaborating with various healthcare professionals, including gynecologists, to support depressed perinatal mothers. This discussion will be based on the "Clinical Guide for Women with Mental Health Problems during the Perinatal Period," developed through the cooperation of the Japanese Society of Psychiatry and Neurology and the Japan Society of Obstetrics and Gynecology.

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[SY-13-02] Relationship between panic disorder and major depression*Sang-Hyuk Lee¹ (1. CHA Bundang Medical Center, CHA University School of Medicine (Korea))

キーワード : Panic Disorder、Major Depression、Comorbidity、Genetics、Neuroimaging

The co-occurrence of panic disorder (PD) and major depression is associated with severe symptom severity, severe occupational impacts, suicidal attempts, and poorer treatment outcomes than either disorder alone. They share several risk factors (e.g., exposure to childhood trauma, information processing biases, heightened neuroticism, and anxiety sensitivity). However, their clinical courses differ, showing that panic attacks often precede depressive symptoms. In addition, cognitive behavioral therapy is more effective for reducing symptoms of PD than depressive symptoms in comorbid presentations.

Genetic studies, particularly genome-wide association studies, have revealed substantial polygenic overlap between PD and depression. This shared genetic vulnerability may stem from pleiotropic loci, such as *DCC* and *RBFOX1*, which influence neurodevelopment and synaptic regulation. Genomic structural equation modeling indicates that both disorders load onto a shared internalizing psychopathology factor, suggesting a shared genetic predisposition.

Meanwhile, neuroimaging studies have revealed structural brain differences associated with this comorbidity. Patients with PD and comorbid depression exhibit increased gray matter volume in several brain regions (e.g., posterior cingulate gyrus, medial frontal gyrus, and paracentral lobule), compared to those with PD alone. Notably, posterior cingulate gyrus volume correlates positively with both panic and depressive symptom severity, implicating that altered self-referential emotional processing within the visceromotor network as a potential neural substrate of comorbidity. Functional neuroimaging study showed that both PD and major depression can share elevated amygdala activation in response to negative facial expressions.

In conclusion, the co-occurrence of PD and depression reflects overlapping clinical, genetic, and neurobiological mechanisms, as well as distinct differences in onset patterns, brain structure, and treatment outcome. Recognizing these shared and unique features is crucial for enhancing diagnostic precision and developing targeted interventions for patients with PD, whether or not they also have depression.

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[SY-13-03] Lithium use in psychiatric patients with end stage renal failure on dialysis

*Cheryl Wai Leng Chang¹ (1. National University Health System (Singapore))

キーワード : Lithium、Kidney、Bipolar Disorder、Dialysis、Renal failure

Lithium has been implicated in causing chronic tubulointerstitial nephritis and decline in renal function. However, lithium still plays a role in stabilizing patients with bipolar disorder. I will be discussing my understanding of lithium on causing kidney injury, with an updated literature review, and my experience in using lithium in patients with end stage renal failure on haemodialysis and peritoneal dialysis.