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Introduction

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Considering depression as a chronic illness has emerged as a critical change in our thinking over the past decade. Since the time of Kraepelin, depression has been essentially regarded as a short-term illness with some tendency to recurrence, in sharp contrast with schizophrenia, which was viewed as a largely chronic condition. There is now clear evidence that, for a substantial proportion of the millions of people who suffer from major depressive disorder, the condition is often chronic or recurrent. Many of our patients require long-term maintenance treatment.

In the mid-1960s, Dave Hawkins and I were conducting some of the early studies of depressed patients in the sleep laboratory in Chapel Hill, North Carolina. As is so often the case, we made a serendipitous observation that some of the sleep electroencephalogram abnormalities associated with depression were present when the patient was asymptomatic. These observations have since been expanded upon by others, including Dave Kupfer, John Rush and their colleagues, and have given rise to an important series of studies aimed at determining to what extent there are pathological changes present in people who are vulnerable to major depressive disorder, even when they are asymptomatic. Such evidence would provide support for the hypothesis that some forms of affective illness are a chronic condition with periodic clinical manifestations, similar to hypertension or diabetes.

This change in attitude has fundamental human and economic implications. At present we have not done well in diagnosing and adequately treating what is one of mankind's major health problems. The majority of depressed patients remain undiagnosed and inappropriately treated, leading to immeasurable costs in terms of human pain, suffering, morbidity and mortality as well as huge economic losses in inappropriately applied health care and lost productivity.

One of my hopes is that we will contribute to an awareness of depression as a major medical disorder, both for our colleagues and for the general public. By improving diagnoses and treatment (including maintenance therapy) we will contribute to an improvement in the quality of life of our patients and their families.

The papers presented in this supplement are designed to contribute to the understanding of the diagnosis and treatment of depression. The first paper by Dr Paykel provides a medical history of depression, starting with the views of Kraepelin and leading to those of today. Dr Keller discusses compelling evidence that depression is a long-term illness, and that a substantial number of people suffer from chronic and/or recurrent depression. Evidence for the prevalence of depression across the life cycle, with special emphasis on the changing rates of depression in the younger population during this century, is presented by Dr Wittchen and colleagues. Dr Hirschfeld provides a summary of the usefulness of subcategories of depression in the diagnosis and treatment of depressive disorders. Dr Montgomery focuses on the long-term treatment of depression with antidepressants. Dr Fawcett discusses the clinical implications, including rate of relapse, functional impairment and suicide risk, of a partial response to treatment, and finally Dr Weissman provides evidence supporting the use of psychotherapy in this situation.

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