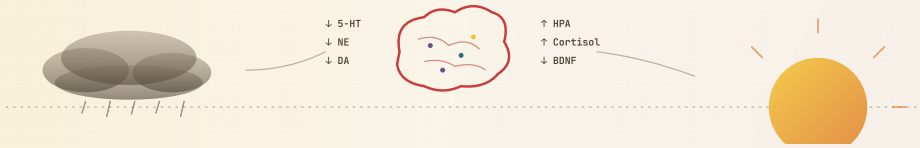
MENTAL HEALTH · MOOD DISORDERS · 2026 NCLEX TEST PLAN

Major Depressive *Disorder*

MDD · ICD-10 F33
PSYCHOSOCIAL INTEGRITY
PHARMACOLOGICAL THERAPIES

An eight-section clinical reference for NCLEX-RN preparation — definition, pathophysiology, recognition, prioritization, pharmacology, exam pitfalls, education, and memory anchors.



1 Definition & Overview

WHAT IT IS · WHY IT MATTERS

- **MDD** is a mood disorder defined by ≥ **2 weeks** of persistent **depressed mood** and/or **anhedonia** (loss of interest/pleasure) accompanied by neurovegetative, cognitive, and functional impairment.
- One of the **leading causes of disability worldwide**; affects ~1 in 6 adults across the lifespan. Twice as common in women; peak onset late 20s.
- **Highest priority concern: suicide risk.** MDD carries a lifetime suicide risk of 5–15%. **Safety always supersedes mood improvement.**

2 Pathophysiology (Simplified)

MECHANISM · CAUSE & EFFECT

1. **Genetic vulnerability + psychosocial stressor** (loss, trauma, chronic illness) trigger neurobiologic cascade.
2. **Monoamine deficiency** → ↓ Serotonin (5-HT), ↓ Norepinephrine (NE), ↓ Dopamine (DA) in limbic synapses.
3. **HPA axis dysregulation** → sustained ↑ cortisol → neurotoxic effect on hippocampus.
4. **↓ BDNF** (brain-derived neurotrophic factor) → reduced neurogenesis & synaptic plasticity in prefrontal cortex + hippocampus.
5. Result → **depressed mood, cognitive slowing, anhedonia, neurovegetative symptoms** (sleep/appetite/energy disruption).

3 Signs & Symptoms

DSM-5 · 5+ SYMPTOMS · ≥ 2 WEEKS

DSM-5 criteria: 5 or more symptoms during the same 2-week period; **must include** depressed mood **OR** anhedonia. Use the **SIG E CAPS** mnemonic.

- **S** **Sleep changes** — insomnia (early morning awakening classic) or hypersomnia
- **I** **Interest loss** — anhedonia, withdrawal from previously enjoyed activities
- **G** **Guilt / worthlessness** — excessive, inappropriate self-blame
- **E** **Energy ↓** — fatigue, lethargy, "leaden paralysis"
- **C** **Concentration ↓** — indecision, slowed thinking, memory complaints
- **A** **Appetite / weight change** — > 5% body weight change in a month
- **P** **Psychomotor** agitation or retardation (observable, not subjective)
- **S** **Suicidal ideation** — passive death wish → active plan/intent/means

Early / Mild

- Low mood, tearfulness
- Sleep disturbance, fatigue
- Reduced interest, social withdrawal
- Subtle weight / appetite shift

Late / Severe

- Psychomotor retardation / agitation
- **Active suicidal ideation with plan**
- Psychotic features (mood-congruent delusions/hallucinations)
- Catatonia, refusal to eat/drink, mutism

RED FLAGS — IMMINENT SUICIDE RISK: giving away possessions · sudden calm or improved mood after deep depression (decision made) · acquiring means (firearm, stockpiled meds) · finalizing affairs · saying goodbye · command auditory hallucinations.

4 Priority Nursing Interventions

ABCS · SAFETY · NCLEX PRIORITIZATION

#1 Safety First — Suicide Precautions

- **Ask directly** every shift: "Are you thinking of killing yourself? Do you have a plan?"
- Remove means: **no sharps, shoelaces, cords, belts, glass, plastic bags**
- Initiate **1:1 continuous observation** if active SI with plan
- **No-self-harm contract is NOT evidence-based** — rely on assessment + supervision

ABCS Physiologic Needs

- **Monitor** nutrition, hydration, elimination, sleep, hygiene
- **Assess** for refusal to eat/drink → IV fluids, nutrition consult
- Sit with patient at meals; offer finger foods if low energy
- Monitor for medication side effects & suicide risk shift

Therapeutic Communication

- **Open-ended, reflective, validating** — sit in silence if needed
- Avoid: false reassurance, "cheer up," judging, "why" questions
- "*I can see this is painful. Tell me more.*"
- Acknowledge feelings without reinforcing hopelessness

Activity & Structure

- **Small, achievable goals** (one task per shift)
- Structured daily schedule; gentle, brief engagement
- Promote attendance at group therapy when tolerated
- Encourage exercise (30 min, 3–5×/wk) as tolerated

⚠ **HIGHEST-RISK PERIOD:** the first 10–14 days after starting antidepressants — and any time energy returns before mood lifts. Patient now has the **energy to act** on persistent suicidal thoughts. **Intensify, do not relax, monitoring.**

5 Pharmacology

ANTIDEPRESSANT CLASSES · ONSET 2–6 WKS

SSRIs — *sertraline, fluoxetine, escitalopram, citalopram, paroxetine* FIRST-LINE

Mechanism: blocks serotonin reuptake → ↑ 5-HT at synapse. **SEs:** GI upset, headache, sexual dysfunction, insomnia, weight change, ↑ suicidal ideation in < 25 yr (black box). **Nursing:** teach 2–6 wk onset; do not stop abruptly (withdrawal); monitor for *serotonin syndrome* — fever, agitation, hyperreflexia, clonus, diaphoresis.

SNRIs — *venlafaxine, duloxetine, desvenlafaxine*

Mechanism: ↑ serotonin *and* norepinephrine. **SEs:** ↑ BP (esp. venlafaxine), sweating, nausea. **Nursing: monitor BP**; useful when SSRIs fail or with neuropathic pain.

Atypicals — *bupropion, mirtazapine, trazodone*

Bupropion: ↑ NE/DA; **no sexual SE, no weight gain**; **↓ seizure threshold** — avoid in seizure d/o, eating disorders. **Mirtazapine:** sedating + ↑ appetite (good for low weight, insomnia). **Trazodone:** used for sleep; warn re: priapism.

TCAs — *amitriptyline, nortriptyline, imipramine* CAUTION

Mechanism: ↑ NE & 5-HT (also blocks ACh, H1, α). **SEs:** anticholinergic ("can't see/pee/spit/poo"), orthostatic hypotension, sedation, **cardiotoxic in overdose** (lethal). **Nursing:** avoid in suicidal patients; obtain baseline ECG; dispense limited supply.

MAOIs — *phenelzine, tranylcypromine, isocarboxazid, selegiline patch* LAST-LINE

Mechanism: blocks monoamine oxidase → ↑ all monoamines. **Critical risk: hypertensive crisis** with **tyramine-rich foods** (aged cheese, cured meats, wine, soy sauce, draft beer, fava beans) or sympathomimetics. **Nursing:** strict diet teaching; **2-week washout** before/after SSRI to prevent serotonin syndrome.

Augmentation & Rapid-Acting — *lithium, atypical antipsychotics, esketamine, ketamine*

Esketamine (Spravato): intranasal NMDA antagonist; rapid effect within hours for treatment-resistant MDD; given in REMS-certified clinic; monitor BP & sedation 2 hr post-dose.

ECT — Electroconvulsive Therapy RAPID

Indications: severe/treatment-resistant MDD, suicidal urgency, psychotic depression, catatonia, pregnancy. **Pre:** informed consent, NPO 6–8 hr, remove dentures/jewelry, void, baseline VS, atropine + short-acting anesthetic + succinylcholine. **Post:** position on side, monitor airway/VS, reorient (**short-term memory loss is expected**), resume diet when alert.

6 NCLEX Test Traps

WRONG VS RIGHT · COMMON CONFUSIONS

✕ TRAP
"Don't worry, things will get better. Cheer up!"

✓ CORRECT
"This sounds painful. Tell me more about what you're feeling." *(open-ended, validating)*

✕ TRAP
"Don't ask about suicide directly — it might plant the idea."

✓ CORRECT
Always ask directly. Direct questioning *decreases* risk by opening communication. Asking does NOT increase risk.

✕ TRAP
Patient suddenly cheerful and energetic after weeks of severe depression → discharge / ↓ monitoring.

✕ TRAP
"You'll feel better in a few days once the antidepressant starts working."

✓ CORRECT

✅ CORRECT
HIGHEST-risk window. Sudden calm = decision made; new energy = ability to act. **Increase** observation. Ask directly.

Antidepressants take **2–6 weeks** for full mood effect. **Energy returns first** — a vulnerable window for suicide.

❌ TRAP
Patient feels better — stop the antidepressant.

✅ CORRECT
Continue for **6–12 months** after remission to prevent relapse. **Taper** if discontinued — never stop abruptly.

❌ TRAP
Patient giving belongings away = generous / preparing for transfer.

✅ CORRECT
Imminent suicide warning sign. Initiate immediate safety assessment and 1:1.

❌ TRAP
Therapeutic interaction = sit and reassure with "I understand exactly how you feel."

✅ CORRECT
You can't know exactly. Use **silence + reflection**: "It sounds like you've been carrying a lot." Sit *with* the patient.

7 Patient & Family Education

EMPOWER · ADHERE · RECOGNIZE WARNING SIGNS

Medication Adherence
- **Take daily as prescribed** — even when feeling well
- Full effect in **2–6 weeks**; energy returns first, then mood
- **Never stop abruptly** — taper to avoid withdrawal/rebound
- Avoid alcohol & CNS depressants; check OTC interactions

Warning Signs to Report
- **Worsening or new suicidal thoughts** — call 988 / ER
- Serotonin syndrome: fever, sweating, tremor, agitation, confusion
- For MAOIs: severe HA, ↑ HR/BP → hypertensive crisis
- Mania/elevated mood, racing thoughts (bipolar switch)

Lifestyle & Self-Care
- **Sleep hygiene**: consistent schedule, limit screens, reduce caffeine
- **Exercise**: 30 min, 3–5×/wk — proven to ↓ depressive symptoms
- Balanced nutrition; sunlight exposure; structured routine
- Limit isolation — re-engage social supports gradually

Therapy & Crisis Resources
- **CBT** & **IPT** are first-line psychotherapies for MDD
- Combined therapy + medication > either alone for moderate–severe MDD
- **988 Suicide & Crisis Lifeline** (call or text) — 24/7
- Crisis Text Line: text HOME to **741741** · ER for imminent risk

Family teaching: recognize warning signs, secure firearms & medications at home, attend follow-up appointments, avoid minimizing ("just snap out of it"), and know that *recovery is gradual, not linear.*

8 Memory Boosters & Mnemonics

PATTERN RECOGNITION · QUICK RECALL

SIG E CAPS — DSM-5 Criteria
Sleep · **I**nterest · **G**uilt · **E**nergy · **C**oncentration · **A**ppetite · **P**sychomotor · **S**uicidality. Need ≥ 5 for ≥ 2 weeks; must include depressed mood or anhedonia.

SAD PERSONS — Suicide Risk
Sex (♂) · **A**ge (<19/>45) · **D**epression · **P**rior attempt · **E**tOH/drugs · **R**ational thinking loss · **S**ocial support lacking · **O**rganized plan · **N**o spouse · **S**ickness.

"Energy First, Mood Second"
Antidepressants restore **energy before mood**. The patient who suddenly looks better may be the patient most likely to act on suicidal thoughts. **Tighten observation** in the first 10–14 days.

SSRI Side Effects — 3 S's
Sleep disturbance · **S**exual dysfunction · **S**tomach upset. Bonus: **S**erotonin syndrome = **HARM** (Hyperthermia, Autonomic instability, Rigidity, Myoclonus).

MAOI — "Tyramine = Time Bomb"
Avoid **aged cheese, cured meats, wine, draft beer, soy sauce, fava beans, smoked fish**. Combine with SSRI → **serotonin syndrome**. Allow **2-week washout** when switching agents.

Bupropion — "Boost · Bedroom · Beware"
Mood **boost**; no **bedroom** issues (no sexual SE), no weight gain, may aid smoking cessation — but **beware**: ↓ seizure threshold. Avoid in seizure d/o, eating disorders.

ECT — Pre/Post Essentials
Pre: consent · NPO 6–8 hr · void · baseline VS · remove dentures/jewelry · atropine + succinylcholine + anesthesia. **Post:** side-lying · airway · reorient · expect transient short-term memory loss.

"2 + 2 + 6 + 12" by the Numbers
2 wks of symptoms for diagnosis · **2**-wk MAOI washout · **2–6** wks for antidepressant effect · **6–12** months continuation after remission.