

An Overview on Depression

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ABSTRACT: *Researchers in India have long been interested in depression as a disease. A large number of studies from India have been published in the last 50-60 years, addressing various aspects of this widely prevalent disorder. Major depression is a mental illness marked by feelings of inadequacy, despair, reduced activity, pessimism, anhedonia, and sorrow, which significantly disrupt and negatively impact a person's life, sometimes to the point that suicide is tried or occurs. The quest for a deeper knowledge of the causes of depression, as well as the discovery of new effective therapies, is crucial. Stress seems to be a significant mediator in the pathophysiology of depression, according to clinical and preclinical research.*

KEYWORDS: *Anti-depressants, Depression, Neurotransmitters, Stress, Treatment.*

1. INTRODUCTION

According to WHO, depression will become the world's second most common disease in terms of morbidity in another decade, with one out of every five women and one out of every twelve men already suffering from depression. Not only adults, but 2% of schoolchildren and 5% of teenagers suffer from depression, with the majority of cases going undiagnosed. Although the general public believes that all psychological problems are depression, depression has been the most common reason for people to visit a psychiatrist. The misconception about depression is what most sufferers believe. People still believe that it is caused by a personality flaw, that it can be self-cured, or that medication is simply sedatives that last a lifetime[1]–[4].

All of these are myths, most of which were created for personal gain by faith healers, unqualified counsellors, and non-medical experts, as well as by people who were largely unaware of society. The main reason for the increase in the number of patients, not necessarily an increase in prevalence, has been increased awareness and approach to psychiatrists. Treating depression has become easier thanks to newer medications and better facilities, and most people respond well to treatment and quickly return to normal functioning. Depression may be classified into many categories:

Like many other disorders, depression manifests itself in a variety of ways:

- Major depression is characterized by a set of symptoms that make it difficult to work, sleep, eat, or enjoy previously pleasant activities. These incapacitating bouts of despair may happen once, twice, or many times during one's lifetime.
- Dysthymia, a milder form of depression, is characterized by long-term, chronic symptoms that do not incapacitate you but prevent you from working at full capacity or feeling happy. Dysthymia may lead to severe depressive episodes in certain individuals.
- Manic-depressive disease, often known as bipolar disorder, is not nearly as common as other types of depression. Cycles of sadness and exhilaration, or mania, are involved. The mood shifts may be dramatic and quick, but they are usually gradual. When someone is depressed, they may experience any or all of the symptoms of a depressive disorder. Any or all of the symptoms mentioned under mania may be experienced throughout the manic

cycle. Mania has a negative impact on thinking, judgment, and social behavior, which may lead to severe difficulties and humiliation.

1.1 Depression symptoms include:

Every symptom of depression or mania is not experienced by everyone who is sad or manic. Some people may only have a few symptoms, while others may have several. In addition, the intensity of symptoms may differ from person to person[5]–[10].

- Depression is characterized by a continuous sad, anxious, or empty feeling.
- despair, pessimism, and other negative emotions
- a sense of shame, inadequacy, and helplessness
- lack of interest or pleasure in previously liked hobbies and activities, such as sex,
- insomnia, early morning awakenings, or excessive sleep,
- hunger and/or weight loss, or overeating and weight gain
- lack of energy, weariness, and sluggishness
- Suicide attempts, thoughts of death or suicide.
- agitation, irritation
- inability to concentrate, recall, or make choices,
- physical symptoms that continue after therapy, such as headaches, stomach problems, and chronic pain

1.2 Depression Caused by the Environment:

Stress, traumatic experiences, and childhood problems are all examples of environmental causes of depression. These are occurrences that may happen to anybody at any time, and they occur in our daily lives. They are elements that are not under our control. Because these occurrences constitute a "meeting" or "combination" of events that occur in society and the function and workings of the human mind, some academics refer to them as sociological or psychosocial variables. For a long time, researchers have recognized that the experiences (events) we encounter in our life may and can have an impact on our mental health. People's thoughts, feelings, and behaviors are affected by their previous life experiences. Previous relationships, early growth, and past catastrophes are examples of these experiences. The way some individuals respond to different environmental reasons or variables in their daily lives seems to be the key to the development of clinical depression.

- *Stress:*

There seems to be a complicated connection between stressful circumstances, the individual's mind and body's response to stress, and the onset of clinical depression. Most experts think that there is a direct link between a stressful incident and the development of depression in certain individuals. It's worth noting that this tension may be either harmful or beneficial. Loss of a loved one, loss of a job, loss of a relationship, and divorce are all examples of negative stress.

- *Traumatic Experiences:*

Many individuals have been through a terrible incident before getting depression, and this is a reality. Loss of a loved one, a severe physical condition, the end of a marriage, or substantial financial loss are all traumatic occurrences in people's life. These kinds of occurrences may shatter a person's feeling of control and stability, resulting in emotional anguish.

- *Difficulties in Childhood:*

It has long been recognized that individuals who had significant problems as a kid are more likely to develop clinical depression. Sexual, emotional, or physical abuse, a dysfunctional upbringing, parental separation, and mental illness in one or both parents are among the most prevalent childhood problems. Separation or death of a parent before the age of eleven is one of the most painful emotional experiences a kid may face. Children who have seen this incident are more likely to suffer depression later in life.

- *Synthetic chemicals:*

Every day, we are exposed to synthetic chemicals from all over the world. Preservatives, chemicals, and hormones are discovered and added to many of our meals, as well as pesticides sprayed and pollution of the air and water. According to studies, pollution in the air and water may cause cancer and other illnesses. Synthetic chemicals and contaminants are increasingly being investigated more carefully as possible causes of depression and major depressive episodes.

- *Pollution due to noise:*

Aggression, hypertension, higher stress levels, tinnitus, hearing loss, and sleep disturbances have all been related to noise pollution. Tinnitus, in particular, has been related to severe depression, panic attacks, and amnesia. Noise pollution has also been related to cardiovascular disease and high blood pressure in those who are exposed to it on a regular basis. With continuous, extended exposure to noise pollution, a person with potential depressed tendencies will become even more vulnerable to depression.

➤ *Treatment:*

Medication or psychotherapy are both effective treatments for mild depression. Depression that is moderate to severe may need a combination of medication and psychotherapy.

- *Treatment with drugs:*

The initial antidepressant works for 50-65% of individuals. In terms of effectiveness or time to respond, no one antidepressant outperforms the others. Matching patients' complaints to side effect profiles, the existence of medical and psychiatric co morbidities, and previous responsiveness may all help guide treatment decisions.

Relative costs may also be taken into account (e.g., generics). Fluoxetine (generic) and citalapram are the recommended agents at UMHS. Patients using antidepressants should be carefully monitored for signs of depression or suicidality, particularly at the start of treatment or when the dosage is increased or decreased.

- *Initial Visits on a Regular Basis:*

Early in therapy, patients need regular visits to evaluate treatment response, suicidal thoughts, side effects, and psychological support networks.

- *Continuation Therapy*

Continuation treatment (9-12 months after acute symptoms have subsided) reduces the risk of major depression recurrence. Patients with a history of relapse and other clinical characteristics should be evaluated for long-term maintenance or life-long medication treatment.

- *Education/Support:*

The importance of patient education and assistance cannot be overstated. The issue of social stigma and patient reluctance to the diagnosis of depression persists.

1.3 Prolonged Treatment Side Effects:

Antidepressants are essential for treating depression episodes in the acute phase, when symptoms are at their most severe. Long-term usage, on the other hand, causes the brain to compensate for the drug's effects via a process he calls oppositional tolerance. When a system of the body's regular functioning is disrupted, the brain attempts to re-establish its normal balance of neurotransmitter synthesis, release, and reuptake. The theory is that if a drug raises the brain's level of serotonin or norepinephrine artificially, the system's neurobiology responds by lowering its own synthesis of the neurotransmitter. To put it another way, if you take an antidepressant for a long time, your brain will develop a mechanism to counteract its effects. It's possible that taking antidepressants is the source of the issue.

Specific neurobiological responses may be to blame for the development of greater degrees of treatment resistance. Furthermore, there is evidence that discontinuing antidepressants in individuals who no longer react to them may result in symptom reversal as the brain adjusts once again for the medication withdrawal. Stopping the medicine, on the other hand, has no impact for some individuals. They are still depressed on a regular basis. These individuals may acquire a persistently recurrent disease if antidepressant medication is resumed as a reaction. This is a condition known as tardive dysphoria.

1.4 Alternative Depression Treatments:

In the treatment of moderate to severe depression, there is no evidence that any alternative therapy or home cure is helpful. Some individuals with moderate depression, on the other hand, may benefit from home treatments by relaxing more. Depressive symptoms may be alleviated by relaxation. It may also assist with some of the factors that contribute to depression, such as sorrow, worry, shifting roles, and even physical discomfort. If you experience depression and are thinking about trying an alternative type of treatment, you should consult with your doctor first.

Acupuncture, Aromatherapy, Biofeedback, Chiropractic treatments, Guided imagery, Herbal remedies, Hypnosis, Massage therapy, Meditation, Relaxation, Yoga, and other alternative therapies are examples.

An altered state of consciousness is a term used to describe meditation. It's a kind of relaxation that, unlike sleep, is actively sought for. Meditation is typically done on a daily basis for at least 10 minutes. The mind is cleansed while the body is at rest by concentrating on a single idea — often a word, a phrase, or a specific scene.

2. DISCUSSION

Depression is a kind of mood illness characterized by a continuous sense of sorrow and a lack of interest. It affects how you feel, think, and act and may lead to a range of mental and physical issues. It's also known as major depressive disorder or clinical depression. Sadness is a melancholy state of mind. Loss of interest or pleasure in previously liked activities. Appetite changes – weight loss or increase that is unrelated to dieting. Sleeping problems or sleeping too much. According to research, depression isn't caused by having too much or too little of specific brain chemicals. Depressive disorders may be caused by a variety of factors, including poor

mood regulation by the brain, genetic susceptibility, stressful life events, medicines, and physical issues. The majority of individuals with depression benefit from medication and counseling. Medications may be prescribed by your health care physician or a psychiatrist to alleviate symptoms. However, visiting a psychiatrist, psychologist, or other mental health expert may help many individuals with depression.

3. CONCLUSION

Depression is a severe medical disease that affects a large number of people. Although depression is likely to develop as a result of a combination of factors, understanding the disorder's effects, potential triggers, and treatments is critical for promoting the well-being of those who are affected. There is also a need to research the progression of depressive illnesses across the globe in order to identify the need for and length of follow-up therapy. Studies should also look at cost-effective treatment approaches that may be readily implemented in primary care to successfully treat depression.

REFERENCES:

- [1] R. A. Remick, A. D. Sadovnick, R. W. Lam, A. P. Zis, and I. M. L. Yee, "Major Depression, Minor Depression, and Double Depression: Are They Distinct Clinical Entities?," *Am. J. Med. Genet. - Semin. Med. Genet.*, 1996, doi: 10.1002/(SICI)1096-8628(19960726)67:4<347::AID-AJMG6>3.0.CO;2-J.
- [2] K. Rechenberg and D. Humphries, "Nutritional interventions in depression and perinatal depression," *Yale J. Biol. Med.*, 2013.
- [3] S. Dieguez, F. Staub, L. Bruggimann, and J. Bogousslavsky, "Is poststroke depression a vascular depression?," 2004, doi: 10.1016/j.jns.2004.09.012.
- [4] R. Marion-Veyron, M. Saraga, and F. Stiefel, "Depression... but which depression?," *Rev. Med. Suisse*, 2015.
- [5] K. Keenan, X. Feng, A. Hipwell, and S. Klostermann, "Depression begets depression: Comparing the predictive utility of depression and anxiety symptoms to later depression," *J. Child Psychol. Psychiatry Allied Discip.*, 2009, doi: 10.1111/j.1469-7610.2009.02080.x.
- [6] U. Halbreich and L. S. Kahn, "Atypical depression, somatic depression and anxious depression in women: Are they gender-preferred phenotypes?," *Journal of Affective Disorders*. 2007, doi: 10.1016/j.jad.2006.09.023.
- [7] T. Rahim and R. Rashid, "Comparison of depression symptoms between primary depression and secondary-to-schizophrenia depression," *Int. J. Psychiatry Clin. Pract.*, 2017, doi: 10.1080/13651501.2017.1324036.
- [8] Y. Du and X. Wang, "Postnatal depression. [Postnatal depression.]," *Chinese Ment. Heal. J.*, 2003.
- [9] S. Royant-Parola, "Insomnie et dépression = Insomnia and depression," *Ann. Med. Psychol. (Paris)*, 2012.
- [10] M. Ghous, S. Gul, F. A. Siddiqi, S. Pervaiz, and S. Bano, "Depression ; Prevalence Among Depression ;," *Prof. Med. J.*, 2015.