



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 8.4
IJAR 2022; 8(3): 301-304
www.allresearchjournal.com
Received: 18-01-2022
Accepted: 25-02-2022

Anjana Kumari
Research Scholar, Department
of Psychology, Radha Govind
University, Jharkhand, India

Dr. Smritikana Ghosh
Head, Department of
Psychology, Radha Govind
University, Jharkhand, India

Corresponding Author:
Anjana Kumari
Research Scholar, Department
of Psychology, Radha Govind
University, Jharkhand, India

An overview of Major Depression Disorder (MDD) diagnosis and treatment

Anjana Kumari and Dr. Smritikana Ghosh

Abstract

Depression is a type of mood illness characterised by a continuous sense of melancholy and a loss of interest. It affects how you feel, think, and behave and can lead to a variety of emotional and physical problems. It's also known as major depressive disorder or clinical depression. You may find it difficult to carry out day-to-day tasks, and you may feel as if life isn't worth living. Depression is more than just a case of the blues, and it isn't something you can "snap out of." Depression may necessitate long-term therapy. Don't be discouraged, though. Medication, counselling, or both help most people with depression. The problem of Major Depressive Disorder (MDD) is affecting a growing population on a daily basis. It has resulted in a considerable number of premature deaths, as well as a significant drain on national resources through treatment and loss of personnel. Several epidemiological studies and clinical trials on the course, outcome, symptoms, and therapy of MDD have been conducted by various researchers to date.

Keywords: Major depression, stress, suicidal ideation, therapy

Introduction

A persistent sensation of hopelessness and despair is a hallmark of serious depression, often known as clinical depression. It may be difficult to work, study, sleep, eat, and enjoy friends and hobbies if you are suffering from significant depression. Some people experience clinical depression only once in their lives, whereas others experience it multiple times. Major depression can often be passed down from generation to generation in families, but it can also strike people who have no family history of the condition. Major depressive disorder is a syndrome characterised by recurrent episodes of low mood manifested by profound sadness, decreased psychomotor activity, guilt feeling, self blaming, as well as feelings of hopelessness, helplessness, and worthlessness, suicidal ideation, poor sleep, and loss of appetite (Freedman 2002). In reaction to severe life situations, we all experience a wide spectrum of profound emotions. Such emotions can appear at various stages in life without any discernible stressful situation. Sadness is, of course, a natural human emotion that is unavoidable in the face of stressful and demanding life circumstances. Normal sadness, on the other hand, waxes and wanes over time and generally lasts for a short period of time, and people are usually able to come to terms with it. Major depressive disorder (MDD), also known as depression, is a major mental condition with enormous societal and therapeutic implications. The lifetime occurrence rate is roughly 20%, with a normal global frequency of 5:2 women to men ratio. Furthermore, twin studies based on heredity reveal a 50–60% chance of depression during one's lifetime. Adopted children's studies also provide some insight into the role of genes in depression, indicating a lower risk of disease progression. The significance of genes in depression is apparent, but we must not overlook the effects of environmental factors such as early childhood trauma and stress.

Depressed episodes: Duration and Severity:

DSM-IV and ICD-10 have provided a collection of symptoms required for the diagnosis of a depressive disorder, which includes the rating scale dimension to a great extent. As a result, the specific symptom should be present for the majority of the day and practically every day during a single episode. According to Kendler and Gardner (1998), the risk of developing a new major depressive episode is the same for patients who have depression symptoms for 5-13 days as it is for those who have symptoms for 14-59 days.

In the study, Kendler and Gardner (1998) also found that patients with subthreshold depression symptoms (i.e., just below five of the nine DSM-IV symptoms listed in table 1 of Annexure 1) have the same risk of suicide.

Symptoms of various types

It is common practise to categorise depressive symptoms into two groups.

1. Psychiatric Symptoms
2. Physical Symptoms

Psychological Signs and Symptoms

- i. Sadness or a depressed mood
- ii. Abandonment of Interest or Pleasure
- iii. Fatigue or loss of energy
- iv. Distractibility
- v. Suicidal ideation vi) Guilt/Worthlessness/Pessimism
- vi. Perceptual anomalies, such as hallucinations or delusions.

Symptoms of the Body

- Sleep deprivation
- Appetite loss
- Muscle exhaustion
- Retardation in psychomotor development
- Irritable bowel syndrome
- Menstrual issues
- Sex desire loss
- Excitement (state of restlessness)
- Other symptoms such as headaches, backaches, and so on.

Other types of depression include:

1. Reactive depression (stress depression): A type of depression in which there is an obvious external adverse factor causing depression.
2. Endogenous depression (endo means inside and genous means origin): A type of depression that occurs within the body. There is no obvious external source producing depression in this case.
3. Neurotic depression: A type of depression that is mild to moderate and lasts for a short period of time. A long period of time with prominent bodily symptoms
4. Psychotic depression: A severe form of depression with significant symptoms. Physiological deterioration, a strong suicidal proclivity, and a general association with Delusions and hallucinations are examples of psychotic symptoms.
5. Masked Depression: Up to 50% of major depressive episodes go unnoticed because depressed mood is less visible than other symptoms of the disorder. The inability to articulate emotions verbally can draw a patient's attention to something else. Physical signs of depression include insomnia, fatigue, and difficulties concentrating. Focusing, oblivious to the fact that I am depressed this is also covered in Laughing Depression and Smiling Depression are terms used in literature to describe depression.
6. Dysthymic Disorder: Dysthymia is Greek for "bad temper." Dysthymic disorder is a persistent, non-episodic depression that lasts at least two years. It is often milder than Major Depressive Disorder (MDD).
7. Anxiety-Depressive Disorder: Anxiety and depression symptoms frequently co-occur. Kendler *et al.* (1986)

discovered very strong genetic connections between MDD and GAD. Anxiety symptoms are typically seen in depressive syndromes, and MDD is usually observed in conjunction with anxiety disorders.

8. Resistant Depression: A small percentage of patients suffering from depression do not recover to any significant extent despite receiving the best qualitative treatment options for a reasonable period of time. This type of depression is known as resistant depression.

Factors linked to the prevalence of depression

Stress is the primary cause of depression. Stress may be defined as an incident or condition that occurs in a person's life that forces him to make substantial changes in his life situation in order to adapt to the changing and tough situation. Stress can be caused by a variety of factors, including:

1. **Social stress: This is stress caused by various social factors such as**
 - a) **Economic stress** is the stress caused by elements that necessitate regular adjustment in order to accomplish objectives. This causes a great deal of anxiety and unease. Furthermore, when a family grows, financial needs grow while resources remain constrained. This is a major source of anxiety in economically disadvantaged countries.
 - b) **Work-related stress:** As a result of industrialization and consumerism, work-related stress is on the rise. As a result, an individual must show himself over and over again, working hard to improve and generate more and more to satisfy the ever-increasing aim.
 - c) **Family stress:** when joint family structures break down, more and more families are becoming nuclear. This has resulted in stress connected to family management, such as daily housework, money management, kid education, and shouldering all household responsibilities.
 - d) Furthermore, as individual members of the family's level of education, work, and financial solvency have increased, new stresses such as quarrels and increased marital relationship disintegration have begun to develop in families. Again, mourning due to the death of a close relative or other life events causes immense stress, which leads to depression.
 - e) **Migration and minority stress:** People who migrate from one habitat to another face tremendous stress. As a result, the individual transferred to the new location assumes, at least temporarily, a minority social position. It creates a sense of uneasiness and a sensation of being less privileged, which can lead to sadness.
2. **Alcohol and drug addiction:** It has been conclusively demonstrated that long-term abuse of alcohol and other psychoactive drugs increases the likelihood of depression and suicide.
3. **Social isolation:** Most elderly people nowadays live alone because their children are pursuing academic or professional careers away from home. This causes despair and a sense of uneasiness, which is accurately referred to as the "empty nest syndrome."

Although depression might strike only once in a lifetime, most people have several episodes. Symptoms may occur most of the day, virtually every day, during these periods, and may include:

- Sadness, weeping, emptiness, or a sense of hopelessness
- Even over little issues, angry outbursts, impatience, or frustration might occur.
- Loss of pleasure or interest in most or all usual activities, such as sex, hobbies, or sports
- Insomnia or sleeping too much are examples of sleep problems.
- Tiredness and a lack of energy cause even minor chores to require extra effort.
- Reduced appetite and weight loss vs. increased food desires and weight gain
- Anxiety, agitation, or agitation
- Slowing of thought, speech, or movement
- Feelings of worthlessness or remorse, ruminating on past failures or blaming oneself
- Having difficulty thinking, concentrating, making judgments, and remembering things.
- Suicidal thoughts, suicide attempts, or suicide are all examples of frequent or recurring thoughts of death.
- Physical issues that are unexplained, such as back discomfort or headaches.

Many persons with depression have symptoms that are severe enough to interfere with daily activities such as job, school, social activities, or relationships with others. Some people may be typically dissatisfied or unpleasant without knowing why.

Symptoms of depression in children and adolescents

Common depression signs and symptoms in adolescents and teenagers are similar to those in adults, although there may be some variances.

1. Depression symptoms in younger children may include melancholy, impatience, clinginess, concern, aches and pains, refusal to attend school, or being underweight.
2. Sadness, irritability, feeling negative and worthless, anger, poor performance or poor attendance at school, feeling misunderstood and extremely sensitive, using recreational drugs or alcohol, eating or sleeping excessively, self-harm, loss of interest in normal activities, and avoidance of social interaction are some of the symptoms that teens may experience.

Depression symptoms in the elderly

Depression is not a normal aspect of ageing and should never be underestimated. Unfortunately, depression in older individuals frequently goes undiagnosed and untreated, and they may be hesitant to seek help. Depression symptoms in elderly persons may be different or less noticeable, such as:

- Memory problems or personality changes
- Aches and pains in the body
- Fatigue, loss of appetite, sleep issues, or loss of desire in sex – these are not symptoms of a medical illness or medication.
- Frequently preferring to stay at home rather than going out to mingle or try new things
- Suicidal thoughts or impulses, particularly among elderly males

When should you see a doctor?

If you are sad, schedule an appointment with your doctor or a mental health expert as soon as possible. If you are

hesitant to seek treatment, talk to a friend or loved one, a health care professional, a spiritual leader, or another person you trust.

What Causes Severe Depression

The following are some of the most common triggers or causes of serious depression:

- The death, divorce, or separation of a loved one
- Social isolation or a sense of deprivation
- Moving, graduating, changing jobs, and retiring are all major life events.
- Relationship difficulties, whether with a significant other or a superior
- Abuse can be physical, sexual, or emotional.

Major Depressive Disorder Treatment

Major depression, often known as clinical depression, is a serious but treatable disorder. Depending on the severity of your symptoms, your primary care doctor or a psychiatrist may recommend antidepressant prescription treatment. They may also advise you to get psychotherapy, commonly known as talk therapy, in order to treat your emotional state. Other medications may be given to the antidepressant to increase its effectiveness. Certain medications work better for certain people than others. To decide which treatment works best for you, your doctor may need to try multiple drugs at varying doses. If medicines are ineffective or symptoms are severe, alternative treatment options for clinical depression, such as electroconvulsive therapy, often known as ECT or shock therapy, might be utilised. Intranasal ketamine or transcranial magnetic stimulation are two further treatments for difficult-to-treat depression (TMS)

Prevention of major depression

Once you've experienced a major depressive episode, you're at a high risk of having another. The best strategy to avoid another bout of major depression is to be aware of the triggers or causes of major depression (as discussed above) and to continue taking the recommended medication. It is also critical to understand the symptoms of serious depression and to consult your doctor as soon as possible if you experience any of these symptoms.

The Function of Gene Therapy

"Gene therapy" refers to the scientific practise of modifying genes or their expression in order to prevent certain diseases. In the future, medical practitioners should consider treating depression using a specific gene responsible for it. In theory, it works by targeting defective genes that cause depressive behaviour in patients and replacing them with more favourable ones. This gene therapy technique uses a vector to deliver a gene to specific cells where gene alteration is required. After a successful gene insertion, the gene is handled by the cells, which is followed by protein synthesis. Proteins synthesised or synthesised in this manner obey the commands of certain genes within cells as specified by our body's programming.

Conclusion

It is critical to rule out depressive disorder caused by another medical condition, substance/medication-induced depressive disorder, dysthymia, cyclothymia, bereavement, adjustment disorder with depressed mood, bipolar disorder,

schizoaffective disorder, schizophrenia, anxiety disorders, and eating disorders when evaluating for MDD. Depressive episodes in major depressive disorder can persist 6 to 12 months if left untreated. Approximately two-thirds of people with MDD consider suicide, and 10 to 15% commit themselves. MDD is a chronic, recurring condition; the recurrence rate after the first episode is approximately 50%, 70% after the second episode, and 90% after the third episode. Approximately 5 to 10% of MDD individuals will eventually develop bipolar disorder. Major depressive disorder (MDD) was classified as the third leading cause of disease burden worldwide by WHO in 2008, with the disease anticipated to rank first by 2030. It is diagnosed when a person has a persistently low or depressed mood, anhedonia (loss of interest in pleasure activities), feelings of guilt or worthlessness, a lack of energy, poor concentration, appetite changes, psychomotor retardation or agitation, sleep difficulties, or suicidal thoughts. This activity examines the assessment and management of major depressive disorder, one of the leading causes of disability worldwide, and emphasises the importance of the interprofessional team.

References

1. Malhi GS, Mann JJ. Depression. *Lancet*. 2018;392(10161):2299-2312. [PubMed]
2. Bradley RG, Binder EB, Epstein MP, Tang Y, Nair HP, Liu W, *et al*. Influence of child abuse on adult depression: moderation by the corticotropin-releasing hormone receptor gene. *Arch Gen Psychiatry*. 2008;65(2):190-200. [PMC free article] [PubMed]
3. Green JG, McLaughlin KA, Berglund PA, Gruber MJ, Sampson NA, Zaslavsky AM, *et al*. Childhood adversities and adult psychiatric disorders in the national comorbidity survey replication I: associations with first onset of DSM-IV disorders. *Arch Gen Psychiatry*. 2010;67(2):113-23. [PMC free article] [PubMed]
4. Sullivan PF, Neale MC, Kendler KS. Genetic epidemiology of major depression: review and meta-analysis. *Am J Psychiatry*. 2000;157(10):1552-62. [PubMed]
5. Pedersen CB, Mors O, Bertelsen A, Waltoft BL, Agerbo E, McGrath JJ, *et al*. A comprehensive nationwide study of the incidence rate and lifetime risk for treated mental disorders. *JAMA Psychiatry*. 2014;71(5):573-81. [PubMed]
6. Lyness JM, Niculescu A, Tu X, Reynolds CF, Caine ED. The relationship of medical comorbidity and depression in older, primary care patients. *Psychosomatics*. 2006;47(5):435-9. [PubMed]
7. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003;41(11):1284-92. [PubMed]