

DEPRESSION

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ABSTRACT:

Depression is a wide spread mental health problem affecting many people. The lifetime risk of depression in male is 8-12% and in female is 20-26% .Depression occurs twice as frequently in women than in men.

Definition: *Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feeling of guilt or low self worth, low energy and concentration. It is a persistent feeling of sadness.*

The highest incidence of depressive symptoms has been indicated in individuals without close interpersonal relationships and in persons who are divorced or separated. Prevalence of suicide shows a large peak in the spring and a lowest one in October.

Key Words: Depression, prevalence, mental disorder, suicide.

ABOUT THE AUTHOR:



The author Mrs. Annie P. Alexander is masters in Nursing specialized in Mental Health Nursing (RNRM). She is a registered psychiatric nurse and has 16 years of teaching experience. She worked as Associate Professor and HOD of Mental Health nursing Department at Bishop Benziger College of Nursing, Kollam. Presently she is doing her Doctorate in Faculty of Nursing (Ph.D) and currently working as Associate Professor and HOD in S.S.N.M.M College of Nursing, Varkala.

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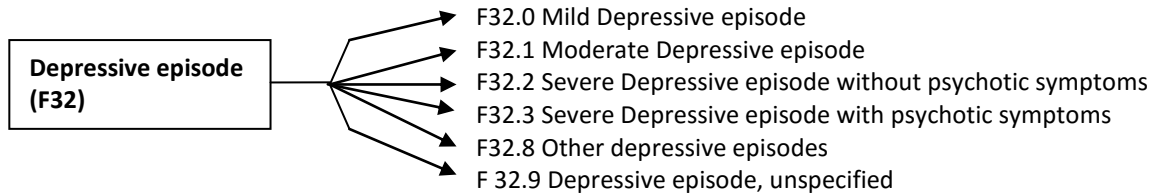
DEFINITION

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feeling of guilt or low self worth, low energy and concentration. It is a persistent feeling of sadness.

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CLASSIFICATION OF DEPRESSION (ICD 10)



CAUSES OR ETIOLOGY

1. Biological Theories

a). Genetic or Heredity

Heredity might predispose individuals to develop depression. Major depressive disorders occur more often in first degree relatives.

b) Biochemical Theories

Depression results when levels of norepinephrine and serotonin are decreased and due to dysregulation of acetylcholine and GABA.

c) Neuroendocrine Theories

Endocrine function is disturbed in depression,

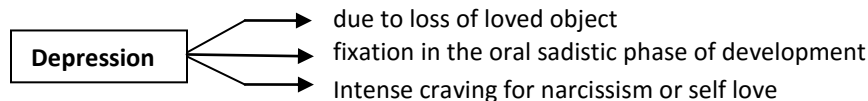
- with cortisol hypersecretion,
- non-suppression with Dexamethasone suppression test,
- blunted TSH (thyroid-stimulating hormone) response to TRH (thyroid releasing hormone) and
- blunted growth hormone production during sleep

d) Circadian Rhythm Theories

Circadian rhythms are responsible for the daily regulation of wake-sleep cycles, arousal and activity patterns and hormonal secretions associated with these regulatory mechanisms. In depressed individuals, these are altered which leads to decreased REM latency (i.e; the time between falling asleep and the first REM period is decreased) and sleep disturbances such as insomnia and frequent awakenings occur.

2. Psycho-social Theories

a) Psychoanalytic Theories



b) Behavioural theory

This theory of depression connects depressive phenomena to the experience of uncontrollable events. According to this model, depression is conditioned by repeated losses in the past.

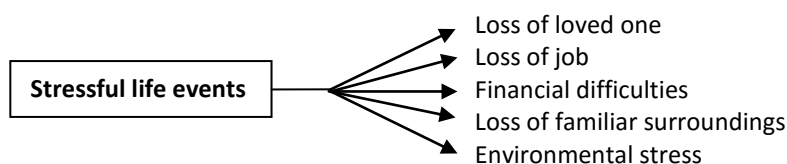
c) Cognitive theory

Depression is due to negative cognitions which include:

- Negative expectations of the environment
- Negative expectations of the self
- Negative expectations of the future.

These cognitive distortions cause the individual to feel inadequate, worthless and rejected by others.

d) Stress



Before the onset of disease or relapse have an effect

CLINICAL MANIFESTATIONS

- The typical depressive episode is characterised by the following features (which should last for at least two weeks for a diagnosis to be made.)

Depressed mood

The most important feature is sadness of mood or loss of interest and pleasure in almost all activities (pervasive sadness) and present throughout the day (persistent sadness).

• Depressive cognition / Ideation

Sadness of mood is associated with pessimism, which can result in three common types of depressive ideas. These are —

- Hopelessness (there is no hope in the future)
- Helplessness (no help is possible now)
- Worthlessness (feeling of inadequacy & inferiority)
 - ➔ Self-reproach
 - ➔ Guilt feelings
- Other features
 - ➔ Difficulty in thinking, concentration
 - ➔ Subjective poor memory
 - ➔ Lack of initiative and energy
- Suicidal ideas may be present. In severe cases delusions or nihilism may occur.

• Psychomotor activity

- In younger patients (< 40 yrs) —————➔ Psychomotor retardation is common
- older patients —————➔ Agitation is common

• Psychotic features

- ➔ Delusions & Hallucinations
 - ➔ Mood-congruent
 - ➔ Mood incongruent

• Somatic symptoms of depression

- ➔ Significant decrease in the appetite or weight
- ➔ Early morning awakening, at least 2 or more hours before the usual time of waking up
- ➔ Diurnal variation (being worst in the morning)
- ➔ Loss of interest and loss of reactivity to pleasurable stimuli
- ➔ Psychomotor agitation or retardation

• Suicide

- Suicidal ideas in depression should be taken very seriously.
- Presence of certain factors increases the risk of suicide:
 - a) Presence of marked hopelessness
 - b) Males: Age > 40; unmarried, divorced / widowed
 - c) Written/ verbal communication of suicidal intent and/ or plan
 - d) Early stages of depression
 - e) Recovering from depression
 - f) Period of 3 months from recovery

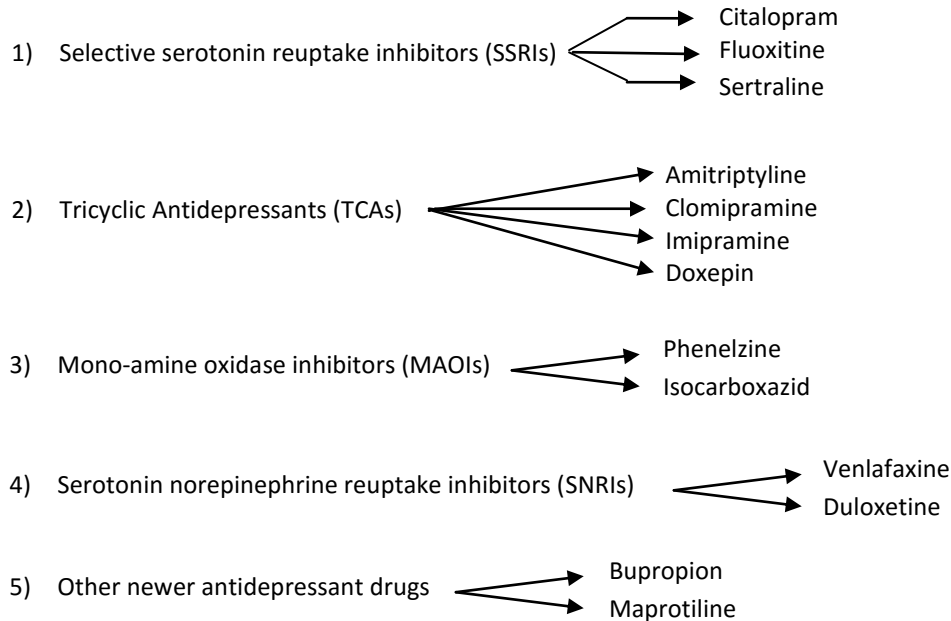
TREATMENT

1. Psychopharmacology
2. Electro Convulsive Therapy
3. Psychosocial Treatment

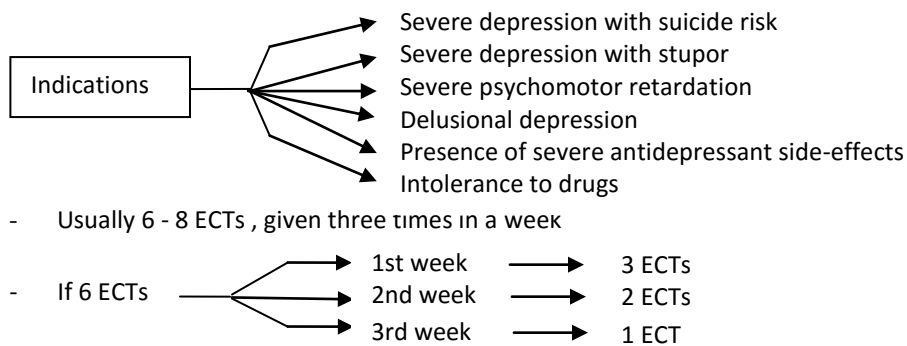
Psychopharmacology

Antidepressants are the treatment of choice for vast majority of depressive episodes.

Major categories of antidepressants are:—



Electro Convulsive Therapy (ECT)



Psychosocial Treatment

- Cognitive behaviour therapy
- Interpersonal therapy
- Behaviour therapy
- Group therapy
- Family therapy

Important points to make positive way of life

- Start each day with optimistic thinking.
- Believe in God and regain self confidence.
- Foresee the problems going to be happened in life and Yoga, meditation, relaxation training etc will also help to face the challenges of life.

ARTICLES

- Listen to songs
- Read spiritual or religious books or other books with good messages
- Sleep well
- Don't be alone.
- Have a well balanced diet and be regular in taking food
- Be fresh always.
- Be engaged in recreational activities like games, sports, reading newspapers etc.
- Enjoy the beauty of the nature
- Do Yoga and meditation
- Engage in gardening activities

CONCLUSION

A depressive disorder is an illness that involves the body, mood, and thoughts. It interferes with the daily life, normal functioning, and causes pain for both the person with the disorder and those who care about him or her.

REFERENCE

1. Townsend MC. Psychiatric mental health nursing, concepts of care in evidence based practice. 7th ed. New Delhi: Jaypee Brothers medical Publishers; 2010.
2. Stuart G.W. Principles and practice of Psychiatric nursing. 10th ed. New Delhi: Elsevier publishers; 2013
3. Ahuja. N. A short Textbook of Psychiatry. 7th ed. New Delhi: Jaypee Brothers Medical Publishers; 2011.
4. Keltner N L, Schwecke L H, Bostrom C E. Psychiatric nursing. 5th ed. Philadelphia Elsevier publishers; 2007
5. Shives L R. Basic Concepts of psychiatric mental health nursing. 6th ed. Philadelphia: Lippincott Williams and Wilkins Publishers; 2005