

Major depression

Business



She has moments of despair during which she is tearful and no energy. This case study will identify and define reservations of altered mood focusing on Marry disorder. Furthermore this case study will discuss the required management and interventions for Marry mental, physical, socio-cultural issues including the quality of life that affects Mary and her family members. The goal of the case study is to focus on the recovery model for Mary so that she can able to maintain her personal wellbeing and also with her family members and friends.

Clinical Depression or major depression is sometimes called as major depressive disorder (MD) or unpopular depression. For people between 12-25 age group oppression is the most common mental health problem and between 3% to 5% of the population experience depression (Mir-Cochrane, Parkway & Anisette 2010, p. 66). MAD is not just feeling a bit down, low mood or loss of interest and pleasure in routine activities but it has profound impact on daily functioning (Boundless 2014).

Most people feel sad or low mood at some point of lives but a constant sense of hopelessness and despair can be sign of clinical depression.

Major depression is marked by a low or depressed mood most of the days and last for at least two weeks . Hess symptoms interfere in a person's everyday lives, including work and social relationships. MAD can be mild, moderate or severe depending on the severity of the symptoms. MAD has six different subtypes: psychotic, catatonic, melancholic, atypical, postpartum onset and seasonal pattern (Edward et al. 2011, up. 160-170).

In Mary's case she experiences moments of despair, feels hopeless and worthless and a burden to the family. Diagnostic criteria for major depressive disorder is experiencing at least any five of the following symptoms in the prior two weeks with a marked depletion in the injunction: depressed mood, loss of pleasure in activities, marked change in weight, sleep disturbances, loss of energy, feelings of worthlessness, impaired concentration and suicidal ideation (Lynxes 2014). Mary has been most of the above mentioned symptoms which lead to diagnosis of clinical depression.

Family history may confer increased risk for major depression and given Mary's mother has suffered from depression for 35 years, Mary has biological and environmental factors which have been identified as key factors of depression and mental illness (Lynxes 2014). Furthermore, Mary's diagnosis for clinical depression may not be made until her previous episodes brought into the attention of medical staff. During her previous hospitalization Mary should be very unwell as it required five weeks for her to stabilize her condition.

Given Mary's family history of mental illness she may have experienced episodes of depression throughout her life or after the birth of children, however her diagnosis for clinical depression was made at the age of 39 years. Some reasons for the late diagnosis of mental illness can be due to the stigma associated with mental illness. Environmental factors like school, college and work place makes it easy for a person to be stigmatized (Barney et al. 2008, pp. 51-52). Globally 70% of people with mental illness do not receive any treatment for their condition from health care staff.

Studies suggest that factors which increases the probability of treatment avoidance or delay in diagnose includes lack of knowledge to recognize the mental illness, emergence to assess the treatment, having a mental illness makes an individual feel low self esteem, so the person tries to hide or unable to recognize the signs and homonyms of mental illness due to the fear of being excluded from others benders, Evans-Lack, Thornier 2013, p. 777). There are chances that family members also can be resistive in accepting that a person of their family is suffering from mental illness.

So Mary is more likely to suffer from depression for a longer period of time prior to the diagnosis. This can due to the fact that Mary was either unable to recognize what was happening to her or due to distressed or ashamed barney teal. 2008, up.

51-52). Clinical depression is classified into six different subtypes which include: psychotic, diatonic, melancholic, atypical, postpartum onset and seasonal pattern (Edward et 31. 2011, up. 169-170). Psychotic MAD includes mood-congruent delusions and hallucinations, individuals with this disorder can lose touch with real world and experience psychosis.

Catatonic MAD includes poor or no manipulation, strange posturing, movements and mannerisms.

Melancholic MAD is a severe form of depression in which most of the physical symptoms of depression exists, it also features psychometric retardation, significant loss of appetite, and weight loss. The Individual suffering from this type of depression is most likely to have depressed DOD which characterized

by loss of pleasure in everything, worthlessness and hopeless. Post-part onset MAD occurs within four weeks of a woman delivering baby.

The person suffering from Seasonal pattern MAD experiences depression in certain season of the year, with remission occurring with the change of the season Edward et al. 2011, up. 169-170; Boundless 2014).

The description of Marry moods seems to indicate the she suffers from melancholic type of major depression, which characterized by moments of despair with no energy and is tearful, loss of interest in everything, feeling of worthlessness and hopeless, she even finds it difficult to get out of bed, lacks interest to dress or eat.

This will put Marry health into risk and as well as threatens her personal and work place relationships. Furthermore reports of Marry husband that she feels worthless and hopeless, become a burden to her family, and unable to see how she can manage to get through another day indicates of severe depression which lead to possible suicidal thoughts (WebMD 2014). The goal of management for Marry case is to control her MAD to ensure she is able to live a full and fulfilling life.

Assessment enables a mental health professional to understand M condition thoroughly.

Specific assessment for depression includes assessing the type of depression, its severity, duration of depression, previous episodes, impact of depression on daily functioning, cause of particular events behind depression, resources and coping strategies. Depression rating scales

provides an aid to diagnosis and monitor treatment effectiveness (Edward et al. P. 170).

A physical assessment should be performed as some conditions may mimic depression, while other physical conditions or chronic illness are associated with depressions. Mental State Examination (MESS) is the foundation of psychiatric assessment, it supplements the history by distinguishing the presence of depressive signs, changes in cognition, alteration in psychometric activity, thinking process, speech and suicidal thoughts (Pop-Hang Lu 2014).

Risk assessment should be performed it helps to understand risk to self, risk to others, and accidental harm, including neglect.

It is essential to assess all MAD patients specifically about suicidal ideation and behavior, as the greatest risk factor for suicide is the presence of a mood disorder. Any positive response or risk assessed should prompt us to think about the nature of the ideation, plans and actions. Risk factors for the suicide should be assessed which includes the previous history of any suicide attempts, co-morbid mental and general medical illnesses, and family history suicidal behavior (Scriber & Clapper 2014).

Mary self manages her care with collaboration with GAP. She was taking Catalonian in past, but stopped taking for last 12 months since she thought she may need it anymore.

Catalonian is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs) which are used to treat depression (UNSEEMLINESS

014). Its common side effects include weakness, drowsiness, anxiety, insomnia, altered vision, loss of appetite, GI disturbances, nausea and etc (Motionlessness). Hough it is unreported may be these side effects could have stopped Mary from taking her medication. Mary husband says she often talks feeling worthless and hopeless and a burden to everyone, though she may not have any suicidal ideation if left untreated it may lead to suicidal thoughts. Individuals with major depression may benefit from psychiatric treatment, yet they may refuse such treatment sometimes because of their depression. In Marry case she refuses to take her medications and seek any medical attention, her family is reluctant to go against her Niches.

In this event Marry GAP can talk to her and advice her to continue medication and to further medical assistance. According to mental health act 2009, if a consumer Ninth mental illness who is at risk of harm to themselves or to others, who require immediate medical treatment, refuses or is incapable to consenting can be made an involuntary client (South Australian Legislation 2009). Under this act if Marry condition deteriorates and if she is at risk of harming herself or harming others, Marry GAP can act in behalf and refer Mary to seek medical attention (Swindled 2010, up. 68-870; setter Health Channel 2014). Ere management goal for the depressed client is symptom remission, restoring baseline functioning, reduce the distress, prevent harm and improve coping skills.

Management requires skilled nursing care and implementation tot evidence based therapies (Edward et al. 2011, up. 173-174). Choice of treatment for clinical depression depends on the severity of the symptoms, based on

assessment. Major depression can be categorized between mild to moderate major depression.

Mild to moderate major depression is manifested by (a) either no suicidal or homicidal ideation or behavior (b) No psychotic features and (c) little or no aggressiveness. Studies have indicated that in treatment of mild to moderate major depression combination of pharmacotherapy and psychotherapy is more efficacious than either pharmacotherapy alone or psychotherapy alone (Acton & Socioeconomic 2014).

Pharmacotherapy makes up a lot of the treatment plan in the stages following diagnosis of major depression.

Common medications used to treat depression are antidepressants and second generation antidepressants used to treat major depression includes selective serotonin reuptake inhibitors, Serotonin- nonrecurring reuptake inhibitors, atypical antidepressants, serotonin modulators and first generation antidepressants include Tricyclic antidepressants (ETC) and monoamine oxidase inhibitors (MAOIs). SSRIs are the most widely prescribed class of antidepressant to treat mild to moderate depression (Acton & Socioeconomic 2014).

Most depressed patients require continuous treatments and furthermore they may need maintenance treatment as indicated by the mental health professional. There is no evidence produced to prove the one antidepressant is superior to other in preventing relapse and recurrence. Selection of antidepressant depends on various factors such as : safety, side effect

profile, patients response to prior depressive episodes, co-morbid illness, drug to drug interactions, family history, patient preference and cost.

Mary was prescribed Catalonian previously which do have any drug drug interactions, but considering Marry age and sexual life she could have been given prescribed dopamine eruptive inhibitor which has less effect on sexual dysfunction. (Goldenberg et al. 2010, up. 113-115). In Marry case it is not indicated if she has any regular reviews with a psychiatrist or with mental health professional.

So while Mary holds down her Job, lives in a supportive environment and relationship and is in her community but Mary still exhibits manifestations of clinical depression.

It is highly recommended that mental specialist involvement may help to identify triggers for these depressive episodes. Mental health professional can also provide counseling for Mary and her family members laying out a plan to manage these stress. Psychological treatments can be employed in Marry case Inch can improve the results together with pharmacopoeia.

Common psychotherapy that is used Cognitive behavior therapy which helps to promote positive cognitive thinking.

In cognitive therapy the therapist will help Mary to identify and correct distorted, inappropriate belief (Elbow 2013).

In Marry case a family focused treatment will be more useful, a family assessment will facilitate Marry treatment in several ways. This will assist the mental health professional to gain collateral information that Mary may be

withholding intentionally or not. Family focused treatment is most appropriate for families who have pronounced difficulty in managing depression of their loved ones. So in this case it will not only assist Mary in coping with her condition but also will help her family members as they will have a better understanding about Mary's illness and they will be able to provide better support and care to her.

Family therapy is usually an adjunct to pharmacopoeia and individual psychotherapy for treating depression. However, family therapy may be indicated as a stand-alone treatment if the depressive syndrome is not severe but in Mary's case she might be experiencing mild to moderate major depression, so it would be beneficial if family focused therapy is provided adjunct with warmheartedly (Skitter 2014). Major depressive disorders are potentially a long term illness or lifelong illness for significant proportion patients, with high rates of chronic and recurrence.

The maintenance therapy is designed to prevent relapse in with major depression who have achieved remission. Patients who have residual symptoms, ongoing psychosocial stress or comorbid illnesses should be treated with maintenance treatment (Keller & Dunne 2007, pp. 214-223).

So in order to determine if Mary needs a maintenance treatment her physical, spiritual and psychosocial factors all need to be analyzed and managed. If all these needs or factors are not met Mary may have a life of being both mentally and physically unwell with an uncontrolled mental illness (Keller & Dunne 2007, pp. 14-223). Individuals who have poor physical health may tend to have poor control of their mental disorder and

habits like smoking, drinking or substance abuse may worsen the outcomes of the treatment. Furthermore those unhealthy or bad mindset and poor networks are more likely to suffer from obesity, hypertension and other chronic illnesses. It is not only due to poor diet and lack of exercise but it is also due to anxiety and stress Pancakes & Leered 2012, up.

60-75). Currently Mary is physically well with no known medical conditions. She does not consume Alcohol, smoke or use illicit drugs.

However her physical health needs to be regularly and thoroughly monitored and in Mary case there is no indication of medical checkups nor tests done to identify and manage any underlying health risks. As identified that Mary during her depressive episodes she either forget to eat or does not have the energy to eat.

Depending on the frequency of these lapses Mary may be at the risk of nutritional factors which may have great impact on her physical health. Spirituality plays a vital role in sustaining mental health, it comprehends qualities like resilience, religion, pragmatism and empathy.

Resilience is defined as mental strength of mind or character which enables to get through difficult times. Pragmatism allows an Individual to be more realistic which assists a person to decide what can be done and what cannot be done. Religion allows an individual to share their beliefs with a group of people and which feels being accepted and involved into society.

Empathy allows an individual to connect with other individuals who are in similar situation. All Hess characters will help an individual with Major

depression to view their illness optimistically and be positive (Baleen, Abate & Bowen 2013, up. 25-232). In Marry case she belongs to a local church and attends weekly mass, this will support her spiritual health and empowers her to develop skills to manage her illness. Furthermore the support mechanism of the fellowship and friendships developed Nail provide Mary with empathy and support needed for her recovery (Miller et al.

2012, up. 89-94). Mary has achieved all her developmental milestones on the basis of her education and position she holds. Given Mary works in an accounts department she may face challenges in her job and there could risk of stress which can trigger near depressive episodes.

Psychosocial doctors play a important role in treating major depression. In an unsupported social environment a person has little support or relationships with others which will result in negative thoughts and actions.

Besides Ninth a supportive social environment where an individual has supports, contacts and relationships have positive thoughts and actions, which will assist with the treatment and better control of the mental illness (Casey, Pepper & Clarke 2012, up. 52-55). Marry greatest support comes from her husband.

But her children may or may not understand Marry illness, it is not mentioned if there has been family counseling, both for the care of their mother nor for the identification and addressing of their risk factors, both environmental and biological (Casey, Pepper & Clarke 2012, up. 52-55).

The management of Mary's mental illness was successful however it is not optimal as she presents with depressive episodes. Even though Mary is currently physically well, but a chronic medical illness can always be associated with a concurrent mental illness. To ensure effective management of her physical health

Mary must undergo regular checkup and to be constantly reviewed to identify risk factors. Furthermore to cope with Mary's mental health needs she needs to be regularly reviewed by a mental health specialist or team. In addition the support offered by her family, work place and social and community participation need to be nurtured and included as integral part for a successful outcome of mental illness.

Mary should be motivated to continue with her employment which she likes and encouraged to involve in the church activities which will help her to get spiritual supports as well to gain resilience and empathy.