

Depression disorder essay

[Psychology](#), [Personality](#)



Diagnostic and Statistical Manual of Mental Disorders (DSM) is a classification of mental disorders, that is used by mental health professionals. The American Psychiatric Association publishes it. The DSM constitutes a listing of psychiatric disorders and their diagnostic codes. The first DSM was published in 1952, other revisions includes DSM II, DSM III, DSM III-Revised, and DSM IV. The most revised version of the DSM, DSM-IV-Text revision, was published in 2000.

DSM IV has a list of 297 disorders. This version differs from the other DSM versions by including clinical significance criterion to more than half of the categories, which required causes of symptoms “ clinically significant distress or impairment in social, occupational, or other important areas of functioning” (Allen et. al. 2000).

The DSM IV classifies each psychiatric diagnosis into five axes with regard to the different aspects of disability or disorder. These axes are:

1. Axis I: Learning disorders, mental disorders and Clinical disorders. They include bipolar disorder, depression, anorexia nervosa, bulimia nervosa, anxiety disorders, and schizophrenia and autism spectrum disorders.
2. Axis II: Intellectual disabilities and Personality disorders which include the following: dependent personality disorder, obsessive-compulsive personality disorder, paranoid personality disorder, schizoid personality disorder, avoidant personality disorder, narcissistic personality disorder, and antisocial personality disorder.

3. Axis III: Physical disorders and acute medical conditions. They include injuries to the brain, HIV/AIDS, and other physical disorders, which may worsen existing diseases, or disorders.

4. Axis IV: Psychosocial stressors and environmental factors contributing to the disorder. Such as the death of a dear one, commencing on a new job, school, divorce, unemployment and marriage can have an effect on the disorders listed in axis I and II.

5. Axis V: Global Assessment of Functioning. This is the highest level of functioning on which the medical professional rates an individual's level of functioning at the present and the highest level in the prior year. The medical professional can deduce how the other four axes affect the person and what type of changes could be expected.

In axis I, I will opt to deal with the depression disorder. Depression is a syndrome that involves the body, mood, and thoughts. It affects a person's life in the way one eats, sleeps, thinks or feels and brings about sad or irritable moods that exceeds normal sadness or grief. Depression is caused by genetic factors and other external factors such as loss of a dear one, chronic illness, financial crisis, or difficult relationships. Depression has the following symptoms: crying spells, fatigue, feelings of hopelessness, persistently sad, anxious, angry, irritable, excessive guilt, loss of interest and pleasure in pleasurable activities and suicide attempts.

A mental-health professional will have to diagnose the one suspected to have depression to know the type and level of the depression and the most

effective treatment to use. There has to be a complete physical and psychological evaluation when diagnosing an individual suffering from depression. It involves interviews, physical examination and lab tests, symptoms test and a mental status test. After the diagnosis process, the doctor will be able to obtain a suitable treatment that will be dependent to his findings.

Depression is treated mainly through medication and psychotherapies. For the recurrent and severe illness, the doctor will prescribe medications such as Selective Serotonin Reuptake Inhibitors, dual action antidepressants, atypical antidepressants, monoamine oxidant inhibitors, and the tricyclic antidepressants. For extreme cases, ECT treatment will be necessary. This Electroconvulsive Therapy is where electric currents are passed through the brain to bring about controlled seizures (Allen et. al. 2000).

There are various psychotherapies to be used in the treatment of depression. Talking therapies is used to help the patients get insight and solve their problems verbally through the therapist. Interpersonal therapy will mainly focus on certain relationships of the patient that contribute or aggravate depression. Cognitive therapy will try to change one's negative styles of thinking and actions that are linked with depression. Behavioral therapy will seek to make the patient learn how to obtain satisfaction through his or her own acts. Psychodynamic therapy will endeavor to resolve the internal conflicts one has that may be rooted in his/her childhood.

In axis II, focus will be on the Obsessive Compulsive Disorder, which is also known as an anxiety disorder. It is a psychiatric disorder that is characterized

by obsessive thoughts and compulsive functions like cleaning, counting, checking or hoarding. It affects one's capability to function well socially, occupationally and educationally. A person suffering from this illness will tend to experience repeated compulsions that affects his/her capability to function socially, educationally. This disorder is likely to be caused by a chemical imbalance in the brain or a person's family history. One who suffers from this disorder becomes trapped in a pattern of repetitive behavior and thoughts that are senseless but are difficult to overcome.

To distinguish this disorder from the other similar disorders, a mental doctor will diagnose this illness through the use of a mental status examination or a self-test of screening questions to the patients. There are two approaches in treating obsessive-compulsive disorders: medication and therapies. There are two therapies to apply in this case. The cognitive behavioral therapy will seek to help the patient change his/her negative styles of thinking that are often associated with the disorder. The behavioral therapy involves the ritual prevention therapy and the exposure therapy. In the exposure therapy, the patient is exposed to situations that tend to increase his/her urge to engage in compulsions and than helping him/her to fight the strong urge. The ritual prevention urge is where one is helped to endure longer periods of resisting urge to participate in compulsive disorder (Allen et. al. 2000).

The medication used in this type of disorder is the clomipramine and the Selective Serotonin Reuptake Inhibitors (SSRIs). The Selective Serotonin Reuptake Inhibitors (SSRIs) are prescribed to help increase the amount of neurochemical serotonin in the brain, which is usually low in a person

suffering from this disorder. This medication has some side effects such as nausea, diarrhea, and insomnia.

For best results, psychotherapy treatment should be applied in equal measure with the correct medication. The medication should also be taken patiently since the treatment might take some time before having its effects on the body. If taking depressants, it is advisable never to mix drugs without consulting with a health professional.

References

Allen Frances, Avram H. Mack, Ruth Ross, and Michael B. First (2000) The DSM-IV Classification and Psychopharmacology.