

Depression



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People suffering from depression experience a lasting and continuously depressed mood that interferes with the ability to function, feel pleasure, and even maintain interest in life. The occasional feeling of being blue does not usually cause a downward spiral into depression. People suffering from major depressive episodes may feel so fatigued that they cannot go to work, school, or even do the simple things we take for granted. They may sleep day and night, have problems concentrating, and feel so deeply sad and guilty. This could lead to infinite thoughts of suicide. Thus showing that depression has an effect on a person's mind and personal life.

When depression ends, most people return to a normal emotional level. In some cases, however, people rebound to the opposite state, also known as, mania. The spectrum of manic symptoms can be quite severe, ranging from cyclothymia to severe delusional mania. Cyclothymia, which usually starts in the adolescent years or early adulthood, is also known as fluctuations of mood between mild elation and depression (Daly 1997). The most common form of manic depression is the bipolar disorder. Bipolar disorder is characterized by clinically marked mood swings between mania and depression (Daly 1997). These forms of manic depression are obtained in many ways. They can be passed on generation to generation within a family. It can also be obtained through the use of drugs as well as alcohol. Yet, one of the major causes for mania is neurological lesions or other states affecting the brain (Daly 1997).

When a person is diagnosed with manic depression, he or she will have certain outbreaks and episodes that range in severity and outcome. Clinical description and diagnosis of a manic depressant may begin abruptly, over

the space of a few hours or days, or gradually over some weeks. The subjective experience of mania in its minor form usually includes heightened feelings of well being with increased alertness and drive, inflated self-esteem, and expansive sociability (Daly 1997). In addition to the increased sense, irritability may easily be evoked, and other mood states such as anxiety or sadness, brief but intensely expressed, may become apparent (Daly 1997). As mania deepens, over-activity and excessive talkativeness become more obvious. These are the signs of a true manic episode. The patient will then begin to have grandiose ideas and plans. These delusions occur more commonly than hallucinations, but ideas of reference or even experiences of possession or control, may also be seen (Daly 1997). These delusions can be a source of great distress to the family and the recovering patient.

In my own personal experiences, these delusions are true occurrences when dealing with manic depression. My uncle suffers from manic depression and has had several episodes. While in a city park, he thought that a park attendant was attacking him. He then pulled a knife on the attendant and was arrested. This incident was posted throughout the local newspapers. He felt ashamed for what he put his family as well as the rest of the family through. This had a traumatic affect on his recovery and the rest of his treatment. Now with the help of his medication, he manages to keep his depression under control.

The primary drug used when dealing with depression is Lithium. Lithium is generally used only as an augmenting agent in patients who have not had a response to antidepressant drugs alone (Price 1994). Most patients receiving

lithium have side effects, reflecting the drug's narrow therapeutic index. Many symptoms and signs of toxicity are closely correlated with plasma lithium concentrations (Price 1994). The Food and Drug Administration (FDA) banned lithium in response to the deaths of several patients in 1949 (Price 1994). There are several more side effects when dealing with lithium and the patients who use it. The most common is hand tremors, which occur in 25 to 50 percent of patients and diminishes with time and the reduction of dosage. There is also some minor memory impairment and lethargy may occur. Difficulty finding words, decreased creativity, and constriction of normal affects are also common (Price 1994).

Depressive illness is one of the most common disorders seen in primary care and is associated with high rates of chronic disability and other