

Depression treatments

[Health & Medicine](#), [Mental Health](#)



College Writing II 13 September 2012 Depression Treatments Depression is a mental illness affecting millions of people, not just in the United States, but also the world. According to Marcia Clemmitt, it's "loosely defined as a mental and emotional disorder with symptoms of constant sadness, lethargy, irritability and a loss of interest and pleasure" (575). Depression can be linked to stressful life events, such as family issues, sexual assault, or losing a loved one.

Liubov Kavaliauskiene, Virginija Adomaitiene, and Rimantas Peciura add that depression "disrupts the working capacity of the ill person for a long time, complicates the lives of his/her family members and requires additional money for social care services" (92). If left untreated, depression may lead to irrational violence, drug and alcohol abuse, and suicide. Depression treatment options have become widely available over time, ranging from medicine to Web-based therapy. However, issues with treatment costs have erupted since many depression patients relapse (Kavaliauskiene et. l. 92). Situations like these make determining the best way to treat depression unclear. The CQ Researcher article "Treating Depression" was written by Marcia Clemmitt and published on June 26, 2009 as Volume 19, Issue 24. Clemmitt, a former high school teacher, has worked for "The Scientist" and "Medicine & Health". She has earned degrees from St. John's College, Annapolis, and Georgetown University. She currently writes social policy articles on CQ Researcher, such as "Public Works Projects" and "Preventing Cancer".

The second article, titled "Medication Rationality in treating depression", was found using Academic Search Complete. The study was published by Acta

Medica Lituanica as Volume 18, No. 2 in 2011, and written by Liubov Kavaliauskiene, Rimantas Peciura, and Virginija Adomaitiene. All three work for the Lithuanian University of Health Sciences, but they're part of different departments. Peciura and Kavaliauskiene are affiliated with the Department of Drug Technology and Social Pharmacy, while Adomaitiene's affiliated with the Department of Psychiatry. "Treating Depression" introduces depression, discussing symptoms, causes and effect on society. It also explains limits depression patients face in finding help for their disorder. In 2008, Congress passed a law resulting in a rise in insurance coverage and access to mental-health services (Clemmitt 573). However, some depression patients haven't benefited since they lack insurance and rely on scarce public-health care programs. Psychiatric help and reliable antidepressants are also scanty since people are different and take different medications.

Despite the fact, Clemmitt insists treatment options have improved since "most primary-care physicians screen for depression and prescribe medications (581)." It's great news, but if patients don't improve after being examined and treated the first time, it's likely they won't try another way to improve their condition. The first modern antidepressants, tricyclics, were created in the 1950's (Clemmitt 588). They supposedly made a patient happier and allowed them to be successfully treated as an outpatient by helping their brain's chemical balance function properly.

However, the drug's considered controversial due to questionable side effects. Clemmitt notes that safer options, like selective serotonin reuptake inhibitors and cognitive behavioral therapy are available. The article shows that depression needs to be treated aggressively with quality treatment and

the importance of preventing future cases. “ Medication Rationality in treating depression” covers depression treatment methods used by Lithuanian doctors. Costs of treating depression patients have been burdensome since many of them have relapsed, as mentioned before.

The study has had a goal to “ evaluate the use of anti-depressants according to the opinions of three groups of specialists (family doctors, psychiatrists, and pharmacists)” (Kavaliauskiene et. al. 92). The specialists’ opinions were evidently used to determine several different options for managing depression treatment costs better. This may have been begun like this since family doctors, psychiatrists, and pharmacists all have different professions in the medical field. Therefore, it’s assumed they’ve different thoughts on using anti-depressants.

Several findings could be drawn from the study with use of critical data on depression cases and information gathered from interviews with Lithuanian “ specialists”. Kavaliauskiene et. al. noted a combination of individually selected medicines and psychological help is needed to treat depression, not just medicine (96). Also, they suggest that even though depression treatments are “ handled differently by different professionals (96),” psychiatrists and family doctors should review causes of depression, work with pharmacists, and learn about new antidepressants (96).

Doctors need to be trained to correctly recognize depression and to know when to send patients to a psychiatrist (96). If all of these conditions are properly met, treating depression patients is manageable. Looking at the two articles, quite a few conflicts and commonalities appear between them. Kavaliauskiene et. al. mention that “ relapse rates in depression may range

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from 20% to as high as 44%... with a maintained use of selective serotonin reuptake inhibitors. In contrast, with tricyclic antidepressants, relapse during the ongoing treatment to maintain remission is relatively rare" (93).

This conflicts with Marcia Clemmitt's suggestion that SSRI's could be more effective than the tricyclics drugs, because the latter has questionable side effects, such as " increased heart rate, blurred vision, and weight gain" and " could be fatal in overdoses" (590). At the same time, however before mentioning the side effects, Clemmitt mentioned how the tricyclic drug effectively fixed chemical imbalances in the brain to make patients feel better. This indicates an ambiguity with the sources on the topic of treatments.

An instance of a commonality between the sources relates to a depression patient's motivation to get treated. If a depression patient doesn't improve with the first round of treatment, they will likely never seek another way to be cured, according to Marcia Clemmitt's data. (581). This is supported with a solution presented by Kavaliauskiene and his colleagues, saying to treat relapsing patients more attentively and to act quickly if no signs of improvement are present. They may have been given the wrong diagnosis or wrong type of medication (96).

It seems from these examples that the sources are more similar than they are different. Though they agree on certain topics, the perfect depression treatment is still unknown. Additional research may help one understand what the best approach to properly treat depression patients is. Works Cited Clemmitt, Marcia. " Treating Depression. " CQ Researcher 19. 24 (2009): 573-96. CQ Researcher. Web. 6 Sept. 2012. Kavaliauskiene, Liubov, et. al. " <https://assignbuster.com/depression-treatments/>

Medication Rationality in treating depression" Acta Medica Lituanica 18. 2 (2011): 92-96. Academic Search Complete. Web. 6 Sept. 2012.