

Free research paper on depression

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Introduction

Depression is a mental disorder characterized by the 'depressive triad': 1) depressed mood and loss of the ability to experience the pleasure (anhedonia); 2) impaired thinking (negative judgments, pessimistic view of what is happening, and so on; 3) motor retardation. The depression is characterized by lowered self-esteem, the loss of interest in life and usual activities. In some cases, a person suffering from depression can begin to abuse alcohol or other psychotropic substances (Salmans, 1995).

As a mental disorder, depression is a violation of the affect. Depression can be treated, but now the depression is the most widespread mental disorder. Every ten over the age of 40 years, two thirds of which are women, suffer from this disease. Among people over 65 years depression occurs three times more often. Also, depression and depressive states occurs in about 5% of children and adolescents aged of 10-16 years. A lot of researches emphasize that greater prevalence of mood disorders in this age corresponds to the higher incidence of suicide.

At present, the classification of the depressive disorders is directed to the allocation and the nature of their current syndromological representation. By the etiological basis or origin, depressive disorders are divided into three major groups: psychogenic, somatogenic and endogenous.

The formation of psychogenic depression is a mental response to the various stressful impacts. In particular, the basis for the depressive reactions can be found for a long or short exposure to the psychosocial stressors, violation of interpersonal relationships, labor disputes. Somatogenic depressions (secondary, symptomatic) occur on a background of the organic brain

damage (traumatic brain injury, inflammation), post-intoxication states (alcohol, neurotoxic poisoning), various types of the somatic diseases (hypertension, atherosclerosis, etc.) (Salmans, 1995).

The etiology of the endogenous depression is complex and is far from being elucidated completely. Affective psychotic disorders, unipolar and bipolar, chronic mood disorders (dysthymia, cyclothymia, involuntional melancholia) are polygenic multifactorial affective disorders. Their occurrence is certainly caused by the genetic factor. Unlike other types of the endogenous mental diseases, in particular schizophrenia, affective disorders are largely caused by the external influences, particularly stressful situations. The pathogenesis of depression, viewed from the system positions, includes both morpho-functional (neuroanatomical, neurophysiological, neurochemical) and pathopsychological components.

Depression can also occur due to the poisonings, infectious diseases, drug addiction and alcoholism. In clinical practice it is often observed the so-called hidden depression, when depressive symptoms actually masked by the disorders in various organs and systems, persistent headaches, sleep disorders, endocrinopathies, and so on and is not recognized by the patients as such (Daroff, Bradley, 2012).

Causes of depression

As among the most mental illnesses, the exact cause of depression is unknown.

Psychological factors of depression are the followings. There are three types of personality, especially predisposed to depression; it is a personality, which is characterized by the exaggerated conscientiousness, diligence,

punctuality; melancholic type of person with the desire for order, constancy, pedantry, excessive demands on themselves; hyperthymic personality type, which is characterized by the uncertainty in himself and with obviously low self-esteem (Daroff, Bradley, 2012).

Such people are characterized by the lack of confidence in their own abilities; excessive secrecy and isolation; pronounced self-critical attitude towards him; expectation of support from the inner circle; developed pessimism; inability to resist the stressful situations; emotional expressiveness.

Biological factors are the followings: presence of the unfavorable heredity; somatic and neurological head injury, brain activity violated; changes in the hormonal system; chronobiological factors: seasonal depressive disorder, daily fluctuations, shortening of REM sleep; side effects of certain drugs (Salmans, 1995). Heredity and family burdened with depression play an important role in the predisposition to the disease. The researchers argue that the relatives of patients with depression are often identified with the various psychosomatic disorders.

Social factors

It is identified the following social factors that contribute to the development of depression (American Psychiatric Association, 2000): presence of commonly occurring acute stress, chronic stress; adverse family relations; adverse experiences of the early age, lack of affection from parents, abuse and sexual harassment, interpersonal losses, hard measures of education, negative memories of childhood; urbanization; significant changes in the life; migration; an increase in life expectancy.

The greatest risks for depression are the followings: constant stress; family conflicts; physical or sexual abuse (past or present); economic deprivation; inadequate social skills; inadequate problem-solving skills; inadequate skills self-control; dysfunctional thinking styles; other complicating conditions (anxiety, drug addiction, alcoholism, etc.).

Diagnosis of depression

Diagnostic structure of the depressive disorder depends on the prevalence in its clinical picture of anguish, anxiety or apathy. This option specifies the depressive syndrome. Depending on this, it is distinguished the melancholy, anxiety and apathetic depression (American Psychiatric Association, 2000).

Depressive symptoms are separated at the typical (fixed) and additional symptoms. In the presence of depression, according to ICD-10, it should be two typical symptoms and at least three additional.

Typical (main) symptoms of depression include depressed mood, which does not depend on the circumstances, for a long time (two weeks or more); anhedonia - the loss of interest or pleasure in the previously enjoyable activities; severe fatigue, 'breakdown,' which is characterized by the stability of the state (for example, within a month).

Additional symptoms are pessimism; feelings of guilt, worthlessness, anxiety, and (or) fear; low self-esteem; inability to concentrate and make decisions; thoughts about death and (or) suicide; unstable appetite, marked reduction or weight gain; disturbed sleep, insomnia or oversleeping presence (American Psychiatric Association, 2000).

According to the diagnostic criteria of ICD-10 diagnosis of the depressive disorder is determined if the duration of symptoms is at least 2 weeks.

However, the diagnosis can be made for the shorter periods if symptoms occur unusually, heavy and fast (Gabbard, 1995).

Depression in children is less common than in adults. Symptoms of depression in children include: the loss of appetite; sleep problems (nightmares); problems with grades in school, which had not been observed before; the nature of the problem: the distance, inflame or aggressiveness.

Treatment

Not every patient requires hospitalization; often the treatment is carried out on an outpatient basis. The main directions of the treatment of depression are pharmacotherapy, psychotherapy and social therapy. However, antidepressants are powerless in dealing with depression, if the person does not refuse life-style which causes depression (Gabbard, 1995).

Drug therapy includes antidepressants with predominantly stimulating action; antidepressants with mainly sedation effect; in cases of mild to moderate depression it can be used herbal preparations.

Conclusion

In depression of medium and light severity it can be used non-biological therapies. For example, it can be used the psychotherapy, without the use of the psychotropic drugs. Also, psychotherapy and pharmacotherapy can be used in combination. In severe depression it is needed the drug treatment or a combination of the pharmacotherapy and psychotherapy. According to the numerous researches, a combination of antidepressants and psychotherapy is the most versatile and effective approach for the treatment of acute depressive episodes (Gabbard, 1995).

Therefore, depression is a mental disorder, which is characterized by the depressive triad: depressed mood, loss of the ability to experience pleasure (anhedonia), impaired thinking (negative judgments, pessimistic view of what is happening, and so on) and motor retardation, and which is treated by a combination of the pharmacotherapy and psychotherapy.

Works Cited

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