**Depression**

**Introduction:**

Depression is one of the most common psychiatric illnesses. It is a mood disorder.

Depression is a common psychiatric disorder, characterized by a persistence lowering of mood, loss of interest in usual activities and diminished ability to experience pleasure lasting for at least 2 weeks.

A common mental disorder that presents with depressed mood, loss of interest or pleasure (anhedonia), feeling of guilt, low self-worth, disturbed sleep or appetite, low energy, or poor concentration. **(WHO)**

**Epidemiology:**

* 280 million people around the world have depression. **(WHO, 2021)**
* The lifetime risk of depression is 8-12 % and 20-26% respectively in males and female.
* More women are affected by depression than men.
* Globally, an estimated 5% of adults suffer from depression. **(WHO, 2023)**

**Types of Depression:**

1. **Major depression:** This depression lasts for more than 2 weeks and is characterized by overwhelming feeling of sadness and grief, loss of interest or pleasure in activities previously enjoyed, feelings of worthlessness and guilt, poor sleep, altered appetite, fatigue, poor concentration, and increased risk of suicide.
2. **Persistent depressive disorder:** Also called dysthymia is a less severe but more chronic form of depression characterized by depressed mood that lasts for at least 2 years.
3. **Psychotic depression:** Psychotic depression is known as depression with psychosis characterized by having a major depressive disorder with psychotic features that include delusions and hallucinations.
4. **Postpartum depression:** Much more serious than the “baby blues” that many women experience following childbirth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth.
5. **Bipolar affective disorder:** Also called manic depressive illness or manic depression. It is not common as major depression or dysthymia. **This is a condition where the patients alternate with symptoms of depression and mania.**

**Etiology of Depression:**

It's not known exactly what causes depression. As with many mental disorders, a variety of factors may be involved, such as:

1. **Biological Theory**
2. Genetic Factors:

* The incidence of depression in first degree relatives is higher compared with general population.
* Studies of identical twins show that when one twin is diagnosed with major depression, another twin has a greater than 70% chance of developing it.

1. Neurochemicals:

* Research findings suggest that depression results when levels of norepinephrine and serotonin are decreased and dysregulation of acetylcholine and GABA.

1. Hormones Influences:

* Changes in the body's balance of hormones may be involved in causing or triggering depression. Hormone changes can result with pregnancy and during the weeks or months after delivery (postpartum) and from thyroid problems, menopause, or other conditions.
* Estrogen (Low estrogen levels often found in menopause can cause feelings of sadness and hopelessness).
* Progesterone (Abnormal levels of progesterone cause insomnia and contribute to bad moods).

1. **Environmental theory:**

* Traumatic or Stressful life events, such as physical or sexual abuse, the death or loss of a loved one, financial loss or problems, marriage, divorce, loneliness, lack of social support, unemployment.

1. **Cognitive theory:**

* Due to negative cognitions which includes:
* Negative view of self, for example, ‘I am good for nothing’.
* Negative interpretation of experiences, for example, ‘everything happening to me is bad’.
* Negative expectation of the future, for example, ‘there is no hope for me in the future too’.

1. **Psychodynamic Theories:**

* Dysfunctional interpersonal relationship
* Poor parent-child relationship
* Childhood abuse and neglect
* Rejecting or unloving parents
* Exposure to violence
* Poverty

**Other Factors:**

* Blood relatives with a history of depression, alcoholism, or suicide.
* Being lesbian, gay, bisexual or transgender in an unsupportive situation.
* History of other mental health disorders, such as anxiety disorder, eating disorders or post-traumatic stress disorder.
* Abuse of alcohol or illegal drugs.
* Serious or chronic illness, including cancer, stroke, chronic pain, or heart disease.

**Sign and Symptoms of Depression:**

* Persistent feeling of sadness
* Helpless and hopelessness
* Lowered self-esteem
* Feeling of inadequacy
* Exaggerated guilt feelings
* Death wishes and desires may be in the form of suicidal thoughts.
* Loss of interest in activities which interested the individual previously.
* Problems in interpersonal relationships
* Altered sleep patterns - insomnia or hypersomnia.
* Changes in appetite or weight
* Decreased energy and fatigue.
* Difficulty concentrating, making decisions, and memory problems.
* Decreased ability to make decisions.
* Frequent physical complaints
* Threats or actual running away from home
* Hypersensitivity to failure or rejection
* Irritability, hostility, or aggression
* Decreased sexual desire.
* Restless, agitated, irritable, and easily annoyed.

**Diagnostic method:**

These exams and tests can help rule out other problems that could be causing symptoms, pinpoint a diagnosis and check for any related complications:

* History taking
* Physical examination and psychological evaluation
* Rating Scale- Beck depression inventory, Hamilton rating scale for depression to assess severity and prognosis.
* Dexamethasone suppression test showing failure to suppress cortisol secretions in depressed patients.
* **Diagnostic criteria Based on ICD 10:**

Symptoms needed to meet the criteria for depressive episode in ICD-10.

**[A]**

* Depressed mood
* Loss of interest and enjoyment
* Reduced energy and decreased activity

**[B]**

* Reduced concentration
* Reduced self-esteem and confidence.
* Ideas of guilt and unworthiness
* Pessimistic thoughts
* Ideas of self-harm
* Disturbed sleep
* Diminished appetite

**NOTE:**

Mild depressive episode: at least **2** of **A** and at least **2** of **B.**

Moderate depressive episode: At least **2** of **A** and at least **3** of **B.**

Severe depressive episode: all **3** of **A** and at least **4** of **B.**

**Treatment:**

1. **Medications:**

Many types of antidepressant medications are available, including those below.

1. Anti-Depressants

* Selective serotonin reuptake inhibitors (SSRIs): fluoxetine, paroxetine, sertraline.
* Serotonin-norepinephrine reuptake inhibitors (SNRIs): duloxetine (Cymbalta)
* Norepinephrine-dopamine reuptake inhibitors (NDRIs): Bupropion
* Atypical antidepressants: Trazodone and mirtazapine
* Tricyclic antidepressants: imipramine, nortriptyline, amitriptyline.
* Monoamine oxidase inhibitors (MAOIs). tranylcypromine, phenelzine and isocarboxazid

1. Anti-Psychotics:

* Such as risperidone, olanzapine, haloperidol.

1. Other mood stabilizers:

* Such as Sodium valproate, carbamazepine.

1. **Electroconvulsive therapy (ECT):**

* In ECT, electrical currents are passed through the brain. Performed under anesthesia, this procedure is thought to impact the function and effect of neurotransmitters in the brain and typically offers immediate relief of even severe depression when other treatments don't work. Physical side effects, such as headache, are tolerable. Some people also have memory loss, which is usually temporary. ECT is usually used for people who don't get better with medications, can't take antidepressants for health reasons or are at high risk of suicide.

1. **Psychosocial Treatment:**
2. Psychotherapy:

* Emphasizes helping patients gain insight into the cause of their depression.

1. Cognitive therapy:

* It aims at correcting the depressive negative cognitions like hopelessness, worthlessness, helplessness, and pessimistic ideas, and replacing them with new cognitive and behavioral responses.

1. Supportive psychotherapy:

* Various techniques are employed to support the patient. They are reassurance, ventilation, occupational therapy, relaxation, and other activity therapies.

1. Group therapy:

* It is useful for mild cases of depression. In group therapy negative feelings such as anxiety, anger, guilt, despair are recognized, and emotional growth is improved through expression of their feelings.

1. Family therapy:

* It is used to decrease intrafamilial and intrapersonal difficulties and to reduce or modify stressors, which may help in faster and more complete recovery.

1. Behavioral therapy:

* It includes social skills training, problem solving techniques, assertiveness training, self-control therapy, activity scheduling and decision-making techniques.

**Nursing Management**

**ASSESSMENT:**

* Suicidal ideation or acting out, presence of suicide plan.
* Feelings of worthlessness, guilt, fearful feelings.
* Depressed mood, loss of interests or pleasure, and slowing on psychomotor activity.
* Changes in weight, disturbed sleep pattern.
* Disturbances on self-care.

**NURSING DIAGNOSIS:**

* Risk for suicide related to mood swings, feelings of worthlessness.
* Risk for injury related to impaired judgement.
* Anxiety related to disturbed thought process/ difficulty in dealing with reality or feeling of failure and unworthiness.
* Self-care deficit related to disinterest in activities of daily living as evidenced by poor personal hygiene.
* Low self-esteem related to learned helplessness as evidenced by expression of worthlessness, sensitivity to criticism.
* Disturbed sleep pattern related to emotional dysfunction and side effects of psychotropic drugs.

**NURSING INTERVENTIONS:**

* Ensure the safety of the patient and others.
* Monitor for suicidal ideas.
* Institute suicide precautions if indicated.
* Create safe environment for patient and close observation. Remove all potential harmful objects (e.g. sharp objects, belts, glass items, alcohol)
* Begin a therapeutic relationship with the patient.
* Encourage patient to participate in activities.
* Plan daytime activities according to the interest of patient.
* Include family in care if the patient chooses.
* Supervise closely during meal and medication.
* Record patients weight regularly.
* Establish adequate nutrition and hydration.
* Provide comfort measures that may promote sleep such as warm drinks, soft music etc.
* Do not allow the patient to sleep for longtime in day.
* Focus on patient strength and minimize failures.
* Give prescribed drugs in time.
* Observe the side effect of medicine and manage accordingly such as:
* Instruct patient rise slowly if patient is lying down. Should sit on side of bed for 1 full minute before rising to walk.
* Use a calorie free beverages or sugar free candy to relieve dry mouth.
* Do not drink alcohol while taking medicine.
* Instruct patient not to drive until vision is clear.
* Do not take over the counter drugs.
* Do not discontinue the medications without consulting with doctor.
* Encourage patient to verbalize and describe emotions.
* Observe non -verbal communication.