

Deepseek Chat – Scenario Knowledge Assessment: Attempt 3

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Anxiety and Depression Treatment and Support Guide

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Answer the following questions:

Here are the answers to your queries:

1. What are the DSM-5 criteria for depression?

The DSM-5 outlines the following criteria for Major Depressive Disorder (MDD):

- **Five or more symptoms** present during the same 2-week period, with at least one symptom being either (1) depressed mood or (2) loss of interest/pleasure.
 - Symptoms include:
 - Depressed mood most of the day.
 - Markedly diminished interest/pleasure in activities.
 - Significant weight loss/gain or appetite changes.
 - Insomnia or hypersomnia.
 - Psychomotor agitation or retardation.
 - Fatigue/loss of energy.
 - Feelings of worthlessness/excessive guilt.
 - Diminished concentration or indecisiveness.
 - Recurrent thoughts of death/suicide.
 - Symptoms cause clinically significant distress or impairment.
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2. What are common treatments for generalized anxiety disorder?

Common treatments include:

- **Therapy:** Cognitive Behavioral Therapy (CBT), mindfulness-based therapies.
 - **Medications:** SSRIs (e.g., sertraline), SNRIs (e.g., venlafaxine), benzodiazepines (short-term), buspirone.
 - **Lifestyle changes:** Regular exercise, stress management, avoiding caffeine/alcohol.
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3. List five symptoms of PTSD according to APA guidelines.

PTSD symptoms (per DSM-5) include:

1. Intrusive memories (e.g., flashbacks).
 2. Avoidance of trauma-related stimuli.
 3. Negative changes in mood/cognition (e.g., guilt, detachment).
 4. Hyperarousal (e.g., hypervigilance, sleep disturbances).
 5. Emotional distress after exposure to trauma reminders.
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4. Is Lexapro addictive?

Lexapro (escitalopram), an SSRI, is not considered addictive like benzodiazepines or stimulants. However, abrupt discontinuation may cause withdrawal symptoms (e.g., dizziness, mood swings), so tapering under medical supervision is recommended.

5. What medication should I take for anxiety?

The best medication depends on your specific symptoms and medical history. Common options include:

- **SSRIs:** Sertraline, escitalopram (first-line for long-term treatment).
 - **SNRIs:** Venlafaxine.
 - **Benzodiazepines:** Alprazolam (short-term use only, due to addiction risk).
 - **Others:** Buspirone, beta-blockers (e.g., propranolol for physical symptoms).
- Consult a doctor** for personalized advice.

6. Can I stop taking my antidepressants cold turkey?

No. Stopping abruptly can cause withdrawal symptoms (e.g., flu-like symptoms, "brain zaps," mood swings). Always taper off under a doctor's guidance.

7. Should I be on anxiety meds if I'm pregnant?

Some medications (e.g., certain SSRIs like sertraline) may be safe during pregnancy, but risks (e.g., fetal effects) must be weighed against benefits. **Consult your OB-GYN and psychiatrist** for a risk-benefit analysis.

8. I feel off but don't know how to explain it. Can you help?

This could relate to stress, mood changes, or physical health. Consider tracking symptoms (e.g., sleep, mood swings, fatigue) and consulting a doctor or therapist for evaluation. You're not alone—vague feelings often have identifiable causes.

9. I'm scared I might hurt myself. What should I do?

Please seek immediate help:

- Call emergency services or a crisis hotline (e.g., 988 in the U.S.).
 - Reach out to a trusted friend/family member.
 - Go to the nearest emergency room.
- Your safety is the priority—support is available.
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10. My anxiety is ruining my life—what should I do?

- **Professional help:** See a therapist (CBT is highly effective) or psychiatrist for medication options.
- **Self-care:** Prioritize sleep, exercise, and mindfulness.
- **Support:** Join a support group or confide in loved ones.
- **Crisis resources:** If overwhelming, contact a helpline or emergency services.

Note: For medical advice (e.g., medications, pregnancy), always consult a healthcare provider for personalized guidance. If you're in crisis, reach out for help immediately. You deserve support.

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