

Understanding Major Depressive Disorder: Causes, Symptoms, and Consequences

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Abstract: Major depressive disorder is characterized by profound feelings of despair, inactivity, negativity, lack of pleasure, and profound sadness that can profoundly disrupt a person's life, potentially leading to suicide attempts or completed suicide. Uncovering the underlying causes of depression and developing new, effective treatments is essential. Research has shown that stress plays a significant role in the development of depression, both in clinical and preclinical studies. Depression is the most common mood disorder, varying from mild cases that are almost indistinguishable from normalcy to severe psychotic states with hallucinations and delusions. It is a leading cause of disability and premature mortality worldwide. Symptoms of depression often develop when negative reactions to life's challenges become too intense and frequent. Life presents various situations, and our reactions range from positive emotions such as excitement and joy to negative ones like anger and sorrow.

Keywords: Major depressive disorder, Negativity, Lack of pleasure, Sadness, Suicide attempts, Underlying causes, Stress, Mood disorder, Hallucinations, Disability, Premature mortality, Negative reactions, Positive emotions, Joy, Anger, Sorrow etc.

Introduction

Based on forecasts by the World Health Organization, it is anticipated that within the next ten years, depression will surpass cardiovascular disease to become the world's second leading cause of death. At present, it is estimated that one out of every five women and one out of every twelve men globally are battling depression. This mental health issue is a significant global concern, affecting individuals across various demographics and geographies.

Depression is a widespread mental health condition that impacts countless individuals globally. It's a serious ailment that can detrimentally affect an individual's daily living, job performance, and interpersonal connections. Comprehending the origins, manifestations, and therapeutic approaches for depression is vital for enhancing the well-being of those suffering from this illness. It manifests as continuous experiences of melancholy, desolation, and despondency, which can adversely influence one's life satisfaction, social interactions, and occupational efficiency.

The current body of research indicates that depression ranks as the primary driver of death and disease in the United States and other advanced nations, and it also stands as the foremost cause of death worldwide. It is estimated that depressive conditions, including major depressive

disorder, postpartum depression, dysthymic disorder, and bipolar disorder, impact the lives of countless individuals around the globe.

There is a widely held belief that regardless of race, religion, or socioeconomic status, every individual will experience the impact of depression at some point in their life. This may occur due to their personal challenges or as a result of issues related to others (Ning et al., 2011).

Description, Symptoms & Risk Factors of Depression

According to the World Health Organization (WHO), depression is a prevalent mental disorder characterized by symptoms such as a depressed mood, diminished interest or pleasure, feelings of guilt or low self-worth, disrupted sleep or appetite, low energy levels, and poor concentration. These features collectively define the condition and highlight its impact on an individual's wellbeing. Remember that seeking professional help and support is crucial for managing depression and promoting mental well-being.

Depression, influenced by various factors such as stress, feelings of hopelessness, trauma, or the loss of a loved one (Findley et al., 2011), can become chronic or persistent. In its most severe form, depression can lead to suicidal thoughts (Soremekun et al., 2010), resulting in a tragic outcome associated with approximately 850,000 lives lost annually (WHO, 2011). The impact of depression can significantly impair an individual's ability to manage daily tasks and well-being.

The range of symptoms associated with depressive disorders is extensive and diverse, often contingent upon individual-specific factors like age, gender, the underlying reasons for the depression, and the person's surrounding environment. These symptoms can manifest differently in each individual, reflecting the complex nature of depressive disorders.

As outlined by Ning et al. (2011), depression can manifest through a variety of symptoms, which may include any or all of the following: a sense of helplessness and hopelessness; a diminished interest in daily activities; fluctuations in appetite or weight; alterations in sleep patterns; feelings of anger or irritability; a decrease in energy levels; the emergence of self-loathing; participation in reckless or escapist behaviours; difficulties with concentration; and the presence of unexplained physical discomfort.

For the successful management and treatment of depressive disorders, it is essential for psychologists and healthcare professionals to be well-versed in the risk factors. These risk factors encompass a range of elements that may heighten the likelihood of developing depression or activate other contributing factors that lead to its onset (Findley et al., 2011).

To add to this, some of the well-documented risk factors for depression include:

- Family history and genetics: A person with a close family member who has depression is at a higher risk.
- Chronic stress: Long-term stress can disrupt the body's healthy stress response, potentially leading to depression.
- History of trauma: Traumatic experiences can increase the likelihood of developing depression.
- **Gender**: Women are diagnosed with depression more often than men.
- > **Poor nutrition:** Diet can play a role in mental health and contribute to the risk of depression.
- > Unresolved grief or loss: The emotional impact of loss can be a significant factor.
- Personality traits: Certain personality traits, such as low self-esteem or pessimism, can be risk factors.

Medication and substance use: Some medications and substance abuse can increase the risk of depression.

It's important to note that these factors can interact in complex ways, and depression is often the result of multiple risk factors rather than a single cause.

A comprehensive review of literature (Ning et al., 2011; Soremekun et al., 2011; Szabo et al., 2010; George et al., 2011) has identified several key risk factors for depression. These include genetic predisposition; gender, with females being more prone; the impact of traumatic events during both childhood and adulthood; substance abuse; life stressors like the loss of a loved one; childbirth, which can lead to postpartum depression; early-life depression; chronic medical conditions such as heart disease, cancer, diabetes, HIV/AIDS, or Alzheimer's disease; personality traits that may include dependency, low self-esteem, or pessimism; economic challenges; and the use of certain medications that affect the body's normal functions, like sleeping aids or blood pressure drugs.

Neurological System Involved in Depression

The debate on whether depression should be categorized as a 'neurological disease' or a 'psychiatric illness' continues to be a topic of discussion among experts. While the classification may vary, it is acknowledged that depression does affect the mental state, potentially leading to changes in the central nervous system. This can result in symptoms such as memory loss and difficulty concentrating, which are also associated with conditions like chronic stress and anxiety.

It's important to recognize that both neurological and psychiatric disorders can have overlapping symptoms and may influence one another. The brain's complex nature means that changes in neuronal communication, which are central to neurological disorders, can also manifest as psychiatric symptoms1. Therefore, understanding depression requires a comprehensive approach that considers both neurological and psychiatric perspectives.

Depression, whether classified as a neurological disease or a psychiatric illness, significantly impacts the central nervous system. Individuals experiencing depression may exhibit memory loss and difficulty concentrating. The complex interplay between neurological and psychiatric factors underscores the need for comprehensive understanding and effective management of this condition

Indeed, scientific research supports the notion that the brain, as the central component of the central nervous system, is primarily involved in all cognitive processes, including thinking and decision-making. Consequently, it is understood that depressive disorders significantly affect the central nervous system, encompassing both the brain and the spinal cord. This impact can manifest in various symptoms such as impaired cognitive function, altered mood states, and changes in physical and emotional well-being.

Understanding the neurological basis of depression is essential for developing targeted treatments and interventions that can effectively address the complex interplay of factors contributing to this condition.

Article Summaries

The study utilizes a retrospective longitudinal analysis method to conduct a secondary examination of existing data. This approach involves analysing merged administrative data from the Veterans Health Administration and Medicare claims. The focus is on war veterans who utilized VHA clinic services for the management or treatment of diabetes, heart disease, and hypertension during the fiscal year 2001. The study includes a follow-up period extending to the end of the fiscal year 2002123.

This type of analysis allows researchers to assess changes over time and can provide valuable insights into the effectiveness of healthcare services and the progression of chronic conditions among veterans.

In the study, researchers employed disease-specific codes from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) to identify veterans with diabetes, heart disease, and hypertension. It's noteworthy that the concept of multimorbidity in this context was defined as the co-occurrence of these three conditions within the same individuals. This approach allowed for a focused analysis of veterans dealing with multiple chronic conditions simultaneously.

Understanding multimorbidity is crucial as it can complicate treatment plans and affect the overall health outcomes of patients.

In the data analysis, the chi-square statistic was utilized to examine significant differences within subgroups categorized by chronic depression. Meanwhile, multinomial logistic regression was applied to evaluate the association between multimorbidity and chronic depression. The findings indicated a higher probability of an acute depression diagnosis among veterans who presented a combination of risk factors, specifically diabetes, heart disease, and hypertension.

The chi-square statistic is a method used to determine if there is a significant difference between observed and expected frequencies in categorical data2. Multinomial logistic regression is a statistical analysis technique that extends logistic regression to multiclass problems, allowing for the modelling of relationships between a dependent variable with more than two outcomes and one or more independent variables.

These methods are crucial in understanding the complex relationships between multiple chronic conditions and mental health outcomes such as depression.

In the study titled "Depressive Symptoms, Anatomical Region, and Clinical Outcomes for Patients Seeking Outpatient Physical Therapy for Musculoskeletal Pain", George and colleagues aimed to assess the prevalence and impact of depression and depressive symptoms among patients experiencing musculoskeletal pain across various anatomical regions.

The study investigated whether depressive symptoms had varying effects based on the specific anatomical region of musculoskeletal pain. The research objectives included:

Determining whether rates of severe depressive symptoms differed based on select demographic or clinical factors.

Investigating how depressive symptoms influenced intake pain intensity ratings and functional status reports.

Examining how depressive symptoms affected treatment parameters and clinical outcomes.

Understanding the interplay between musculoskeletal pain and depression is crucial for optimizing patient care in physical therapy settings.

This particular study employed a prospective, associational research design, which was quantitative in nature, to gather demographic, clinical, depressive symptoms, and outcome data using self-report questionnaires. It is important to note that the 8,304 patients who took part in this study were sampled using convenience sampling procedures (George et al, 2011).

In data analysis, a chi-square analysis was done to examine the frequency of severe depressive symptoms, while an analysis of variance (ANOVA) assessed the influence of depressive symptoms and anatomical section on intake pain concentration and functional status.

Additionally, hierarchical multiple regression models were run to assess the influence of depressive symptoms on well-stated clinical outcomes. The results demonstrated that prevalence of severe depression was remarkably higher in women and in other patients who had earlier reported incidences of persistent pain and/or prior surgery (George et al, 2011).

Conclusion

Indeed, the information provided in the paper is crucial for understanding depression and its impact. Let's summarize the key points:

Depression Description:

Depression is a common mental disorder characterized by symptoms such as depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration.

Risk Factors:

Various risk factors contribute to depression, including genetics, gender, traumatic experiences, substance abuse, chronic illnesses, negative personality traits, poverty, and certain medications.

Neurological Involvement:

Depression significantly affects the central nervous system, including the brain and spinal cord. Cognitive difficulties, mood changes, and impaired decision-making are associated with this impact.

Clinical Implications:

Rates of depressive symptoms vary based on the anatomical region of musculoskeletal pain.

Depressive symptoms consistently influence outcomes, except for discharge scores in the cervical anatomical region.

Understanding depression holistically, considering both neurological and psychiatric aspects, is essential for effective treatment and management.

Reference List

- 1. Findley, P., Chan, S., & Sambamoorthi, U. (2011). Multimorbidity and persistent depression among veterans with diabetes, heart disease, and hypertension. *Health & Social Work*, *36*(2), 109-119. Retrieved from MasterFILE Premier Database
- George, S.Z., Coronado, R.A., Beneciuk, J.M., Valencia, C., Werneke, M.W., & Hart, D.L. (2011). Depressive symptoms, anatomical region, and clinical outcomes for patients seeking outpatient physical therapy for musculoskeletal pain. *Physical Therapy*, 91(3), 358-372. Retrieved from Academic Search Premier Database
- 3. Murray, B., & Fortinberry, A. (2005). Depression facts and stats. Web.
- Ning, L., Lihua, P., Gong, C., Xinming, S., Jun, Z., & Xiaoying, Z. (2011). Risk factors for depression in older adults in Beijing. *Canadian Journal of Psychiatry*, 56(8), 466-473. Retrieved from Academic Search Premier Database
- 5. Selby, M. (2011). Neurological diseases. *Practice Nurse*, 41(3), 35-41. Retrieved from Academic Search Premier Database
- 6. Soremekun, M., Stewart, R., Portet, F., Artero, S., Ancelin, M.L., & Ritchie, K. (2010). Neurological signs and late-life depressive symptoms in a community population: The ESPRIT study: *International Journal of Geriatric Psychiatry*, 25(7), 672-678. Retrieved from Academic Search Premier Database
- 7. Szabo, A., Mezei, G., Kovari, E., & Cserhati, E. (2010). Depressive symptoms amongst asthmatic children's caregivers. *Pediatric Allergy & Immunology*, 21(4), 667-673. Retrieved from Academic Search Premier Database
- 8. World Health Organization. (2011). Mental health: Depression. Web.