AN OVERVIEW ON DEPRESSION

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ABSTRACT: Depression as a disorder has always been a focus of interest of researchers in India. during the last 50-60 years, a large number of studies have been posted from India addressing various aspects of this typically regular disease. The numerous factors studied blanketed epidemiology, demographic and psychosocial risk aspect, neurobiology, symptomatology, comorbidity, assessment and prognosis, impact of depression, remedy related problems and prevention of despair further to the efficacy and tolerability of various antidepressants. right here, we assessment information on diverse aspects of despair, originating from India. Depression is a disorder of major public health importance, in terms of its prevalence and the suffering, dysfunction, morbidity, and economic burden. Depression is more common in women than men.

KEYWORDS: Clinical Features, Depression, Disorder, Regular Disease, Symptomatology.

INTRODUCTION

Depression is a disorder of major public health importance, in terms of its prevalence and the suffering, dysfunction, morbidity, and economic burden. Depression is more common in women than men. The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs), second only to ischemic heart disease [1]. In view of the morbidity, depression as a disorder has always been a focus of attention of researchers in India. Various authors have tried to study its prevalence, nosological issues, psychosocial risk factors including life events, symptom matology in the cultural context, comorbidity, psych neurobiology, treatment, outcome, prevention, disability and burden. Some of the studies have also tried to address various issues in children and elderly [2].

This review focuses on research done on various depressive disorders in India. For this, a thorough internet search was done using key words like depression, life events, prevalence, classification, cultural issues, outcome, prevention, disability and burden etc. in various combinations [3]. The various search engines like Pubmed, Google Scholar, Science direct, Search Medica, Scopus, And Med know etc. were used. In addition, thorough search of all the issues of Indian Journal of Psychiatry available online was done. Hand search of some of the

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missing issues was also attempted and this yielded a few more articles. Review articles which were felt to be not reflecting the Indian scenario to a large extent or not covering the available Indian data were excluded. Treatment issues (antidepressants) are reviewed separately by us in this compilation of annotations to be published. Data from animal studies and originating in the form of case reports and small case series, until felt necessary haven't been included. The available data has been organized under the headings of epidemiology, demographic and psychosocial risk factors, neurobiology, symptomatology, comorbidity, assessment and diagnosis, impact of depression, treatment related issues and prevention of depression [4].

DISCUSSION

Epidemiology:

Many research has expected the superiority of despair in community samples and the superiority charges have numerous from 1.7 to 74 per thousand populaces. Reddy and Chandrasekhar carried out a met analysis, which protected thirteen studies on epidemiology of psychiatric problems which consist of 33572 topics from the community and mentioned incidence of melancholy to be nine to eight. Nine in step with thousand populations and the prevalence fees have been nearly twice within the city areas. The findings with regard to prevalence in urban populace are in keeping with the findings of a survey executed at the whole person population of an industrial township, which showed that the prevalence charge for melancholy to be 19.4 according to thousand [5].

A current large populace-primarily based take a look at from South India, which screened greater than 24,000 subjects in Chennai the use of affected person fitness Questionnaire (PHQ)-12 stated ordinary prevalence of melancholy to be 15.1% after adjusting for age the use of the 2001 census information. In some other latest examine, compared the superiority of despair within the equal catchment vicinity after a period of two decades (first in 1972 and then in 1992) and mentioned that the superiority of melancholy elevated from 49. ninety-three cases according to a thousand populace to seventy-three. Ninety-seven instances per 1000 populace. studies carried out in primary care clinics/middle have estimated an incidence charge of 21-forty.45%. studies finished in hospitals have proven that 5 to 26.7% of instances attending the psychiatric outpatient clinics have depression [6].

research on the aged population, either within the community, inpatient, outpatient and vintage age homes have proven that melancholy is the most typical mental infection in aged subjects. Nandi studied psychiatric morbidity of the elderly populace of a rural community in West Bengal. There was drastically greater morbidity in populace within the age group 70-seventy-four and 80+ in comparison to normal populace. the whole intellectual morbidity charge became as excessive as 612/one thousand population. despair changed into the most typical infection of old age in this pattern, the rate being 522/one thousand population (one zero one instances out of 112 have been recognized as instances of melancholy) [7]. women had a better

fee of melancholy-704/a thousand populace. some other sizable locating turned into the excessive fee of morbidity amongst the widowed people.

An epidemiological have a look at from rural Uttar Pradesh confirmed that psychiatric morbidity inside the geriatric institution (43.32%) was better than within the no geriatric group (4. sixty-six%) and maximum not unusual psychiatric morbidity turned into neurotic melancholy, observed through manic-depressive psychosis despair, and tension state. Psychiatric morbidity become extra commonplace in folks that had been socially, economically, and educationally disadvantaged. Current network-based totally research have said an occurrence rate of 21.7% to forty-five. Nine% [8].

The profile of psychiatric disorders in aged psychiatric inpatients and pronounced that mood disorders have been the maximum common analysis (forty-six. Five%). Older studies from Gero-psychiatric clinics stated a prevalence of melancholy starting from thirteen to 22.2% [9]. A latest outpatient take a look at, which evaluated psychiatric morbidity in one hundred randomly selected elderly subjects attending geriatric medical institution, found that 29% patients suffered from psychiatric infection of which depressive problems had been the most commonplace. Medical institution-based totally studies have mentioned a prevalence price of 1.2 to 9.2% for the affective dis orders, among which unipolar depression was the commonest class in most of the studies. However, in a current study evaluating the fashion of diverse diagnoses in sanatorium population, said increase in occurrence of affective issues from 2% to thirteen. Forty-nine% in children (zero-14 years) attending the psychiatric outpatient clinics. studies performed in girls at some stage in and after being pregnant have stated prevalence of post-natal depression to be 11% [10].

Demographic and psychosocial risk factors for depression:

In terms of sociodemographic variables studies have shown that depression is greater commonplace in women younger topics, in topics from bad financial heritage and subjects with negative nutritional reputation, Muslims folks who are divorced or widowed, the ones dwelling in nuclear families and concrete regions. Research that have evaluated the subjects with overdue onset or antique age despair (first episode of despair at or after the age of 50) have also shown that depression is extra common in low social magnificence, widowed country, unemployed situation, low instructional degree, in topics dwelling in nuclear family or in those dwelling on my own. with reference to gender maximum of the research have stated that it is greater common in elderly ladies, but, some medical institution-based totally studies suggest that it's far greater common in aged adult males. It's also visible that occurrence of melancholy will increase with increasing age in aged. Studies have proven that as compared to healthful controls and subjects with schizophrenia, depressed patients have significantly extra number of existence activities earlier (6-12 months) to the onset in their illness. In phrases of type of existence events, it's far seen that depressed patients enjoy significantly better percentage of existence activities related to demise of a family member, private health associated events,

bereavement, interpersonal and social activities and decrease wide variety of life occasions inside the form of infection of own family participants as compared to patients with schizophrenia. It's also seen that in comparison to patients with moderate despair sufferers with slight and excessive despair tend to use avoidance as a coping strategies extra frequently for the worrying existence occasions, suggesting that it can be a maladaptive way to deal with the situation, which is answerable for development of depression. Research have additionally stated that parental loss before the age of 18 years, parental disharmony and eldest beginning order have a tendency to be extra commonplace in subjects with melancholy [11].

Research in aged additionally advise that lifestyles events, particularly economic problems and demise inside the family are as critical a precipitating occasion for melancholy as they're in young adult. It is also seen that annoying life events had been especially greater inside the aged females and those with decrease per capita profits. With recognize to existence activities in children and youth, Patel et al. determined that depressed adolescent girls file lifestyles events inside the form of dying of a member of the family, exchange in residence, failure in exam, quit of a relationship and severe infection. Other threat elements diagnosed to be related to depression in kids include stress at faculty and family in addition to own family history of intellectual infection. However, one of the older research did not find a link between adolescence bereavement and despair. Women as a collection have also acquired good sized interest with reference to threat elements for development of depressive problems. In an occurrence take a look at of commonplace intellectual problems, suggested that poverty (low profits and having trouble in making ends meet), being married in comparison with being single, use of tobacco, experiencing peculiar vaginal discharge and reporting a persistent physical contamination have been associated with threat of developing a not unusual intellectual disorder. Studies have additionally stated that monetary and interpersonal courting problems, associate violence, sexual coercion with the aid of the partner as the commonplace causal factors related to improvement of despair in well-known and despair for the duration of antenatal and postnatal length.

It's been shown that gender of the new child baby is a critical determinant of postnatal melancholy. A number of the mental elements, attribution fashion became proposed to predispose people to despair and keep depressive symptoms after they develop. An examine using the Attribution Style Questionnaire showed that depressed sufferers have a selected attribution style for their disasters and successes in assessment to patients with schizophrenia and scientific problems. consistent with this have a look at, patients with depression made greater inner, strong and international attributions for horrific activities when as compared to other problems. A look at evaluating the cognitive model of despair as given by Beck failed to discover assist for the causal role of cognitive errors in relapse of depressed topics as a good sized proportion of patients had been unfastened from cognitive distortions following remission. but, it became also discovered that people who had chronic cognitive distortions in the course of remission ran the risk of early relapse. It has additionally been seen that patients with neurosis, including despair, have terrible social interactions and reviews of more

interactions of ugly type and much less of satisfactory kind of social interactions compared with healthful controls. With reference to personality elements, a look at confirmed that better scores on the hardiness, a character trait, correlates with lower scores on the melancholy scale suggesting that presence of hardiness doesn't permit depressive emotions to become extra extreme.

Symptomatology:

Many studies have stated the symptom profile of topics with depressive problems. The findings of symptomatology in general may be understood with recognize to somatic signs, guilt and different depressive ideations, suicidal behavior, phenomenology of delusions and sleep structure. research has additionally as compared the symptomatology throughout specific regions of the united states of America. research has also attempted to differentiate the phenomenology in despair from bad symptoms of schizophrenia and the phenomenology in dysthymia. One not unusual subject matter with reference to symptomatology of despair, which has been said with the aid of maximum of the researchers is high occurrence of somatic signs and symptoms and a few research report that somatic signs are the maximum not unusual manifestation of melancholy in India. The stated that many Indian subjects with depression have hypochondriacally thoughts thinking about body and its functioning. research has additionally proven pain as a depressive equal symptom. studies which have as compared Indian subjects with depressed subjects from the West have also reported that somatic symptoms are more not unusual in Indian topics. however, studies on occurrence of useful somatic court cases in patients attending the psychiatric outpatient have also suggested that maximum of those instances are recognized as melancholy. It has additionally been shown that depressed topics have extra trouble in figuring out physical sensations and emotions in addition to in expressing emotions.

but, some of the research comparing depressive signs and symptoms the use of the standardized device has pronounced that other symptoms are also present quite regularly in depressed topics. One examine which assessed 100 topics with despair on HDRS stated that depressed temper and problems in paintings are present in all instances. different symptoms said in greater than 50% of subjects blanketed overdue insomnia, somatic tension, initial insomnia, psychic anxiety, suicidal ideations, retardation, loss of insight, center insomnia, genital symptoms, hypochondriasis, gastrointestinal signs and symptoms, agitation somatic symptoms in widespread and diurnal version. Depersonalization, paranoid and obsessional signs and symptoms had been mentioned very infrequently. Guilt changed into found in about half of the topics. The symptomatology of melancholy from north India and as compared it with findings from south India. extensively better range of topics from north India suggested joylessness, disruption in social functioning, loss of self-confidence, early morning awakening, loss of appetite, feeling of strain, other mental symptoms, psychomotor restlessness, mood worsening within the morning, subjective experience of memory loss, retardation and guilt feeling;

substantially higher variety of topics from south India said hypochondriasis. there was no difference in other signs and symptoms.

Attempters scored extensively better in severity of suicidal ideation, agitation and paranoid signs and symptoms whereas amongst non-attempters, hypochondriasis and fashionable somatic signs were greater common. Studies have also shown that depressed topics who attempt suicide are at better hazard of indulging in similarly suicidal behavior, compared to folks who do not strive. However, it has also been proven that presence of suicidal conduct does not expect overall poor medical outcome. Studies have said that amongst the delusions in topics with depression, delusions of persecution take place most often (sixty-seven.5%) (with persecution regarding both the patients themselves or people near them) accompanied by means of delusions of reference. Hypochondriacally, guilt and nihilistic delusions, which are taken into consideration classical in melancholy, are incredibly uncommon in Indian subjects. In phrases of sleep architecture, it's far reported that subjects with despair have lesser general sleep time, longer sleep latency, common awakenings, more wake-after-sleep onset and offset times, lesser sleep efficiency and tendency to awaken in advance than controls. topics with extreme melancholy fluctuate from sufferers with mild and moderate depression as regards to overall sleep time, night time-time sleep and sleep performance.

Research that have attempted to differentiate despair from poor signs have proven that depressed patients rating notably higher on subjective proceedings, general rating, international rankings on Scale for the assessment of bad signs (SANS), even as schizophrenia is related to notably higher scores on international score of alogia, bad eye contact, inappropriate have an effect on, and blocking off. Every other observe confirmed that anhedonia-a sociality is visible normally in each sufferer with melancholy and schizophrenia at the same time as the global ratings on affective pulling down, alogia, avolition and inattention are extensively better in subjects with schizophrenia. A have a look at which attempted to distinguish the symptomatology of persistent primary melancholy and dysthymia confirmed that symptomatically dysthymia and chronic important depression are indistinguishable. Studies have evaluated the symptomatology of despair in aged depressed topics too and feature reported that the commonplace signs in order of frequency were sadness, depressed temper, somatic signs and symptoms and signs and symptoms, suicidal thoughts, loss of power, anxiety or tension, lack of ability to nod off, early awakening, hopelessness, irritability and incapacity to revel in. Any other examine from network pattern mentioned that disturbed sleep sample is the most commonplace symptom in depressed aged subjects.

CONCLUSION

Depression is the most common psychiatric disorder reported in most of the community based studies. It is also reported as one of the most common psychiatric disorder in outpatient clinic population and in subjects seen in various medical and surgical setting. It is also reported to be the most common psychiatric disorder in elderly subjects across various settings. Studies from India have also shown that life events during the period preceding the onset of depression play

a major role in depression. Studies on women have also shown the importance of identifying risk factors like interpersonal conflicts, marital disharmony and sexual coercion. There is need for further study of factors like cost, attitude towards treatment, adherence, compliance and neurobiological correlates. There is also a need to study the course of depressive disorders in India so as to determine the need and duration of continuation treatment. Studies should also evaluate the cost-effective models of treatment which can be easily used in the primary care setting to effectively treat depression.

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