Depression:

What is:

Depression, also called major depressive disorder or unipolar depression, is a psychiatric disorder capable of causing numerous psychological and physical symptoms. Its most known symptom is a deep and prolonged sadness, which does not mean that all sadness is necessarily related to a picture of depression.

Major depressive disorder is an extremely common chronic psychiatric disorder characterized by a change in the patient's mood that leaves him sad beyond normal, discouraged, devoid of energy, low self-esteem, and having difficulty coping with his personal and professional life.

More than just an attack of sadness, depression is not a weakness or lack of discipline, nor is it something that the patient can simply solve with his own will. For the depressed, to stop being sad is not that even the smoker who wants to stop with the cigarette; It is not a matter of making the decision and staying true to it. Depression is a chronic disease that usually requires long-term treatment, such as diabetes or hypertension. Just as no one stops being diabetic just with willpower and positive thinking, depression also needs medical help to be controlled.

Differences between sadness and depression:

The term depressed is often used as a synonym for sad. Sadness and depression are different things. In fact, sadness is usually one of the symptoms of depression, but it alone is not enough for its diagnosis.

Sadness is a normal and expected reaction to many situations, such as the death of a loved one, the end of a love relationship, loss of employment, etc. It is quite normal for the individual to spend a few sad days or weeks after loss situations. This is not considered a major depressive disorder.

To be depressed, the picture of sadness has to be prolonged and above normal, enough to interfere with a person's daily activities, reducing the ability to take care of oneself, disrupting relationships, impairing their professional assignments, etc. If you lose a relative and feel sad for weeks, this is normal. But

if this sadness is so intense that weeks after the loss you still have not been able to resume your life on basic issues like working, maintaining personal hygiene, taking care of the home, this can be depression.

In sadness, the individual usually presents improvement periods throughout the day, managing to forget for a moment the cause of his sadness, such as during a visit of a loved one. In depression, the feeling is continuous and does not relieve with the help of others. Depression often causes a sense of guilt, but for no apparent reason. The depressed feels a heavy guilt, but can not explain why.

It is good to point out that the depressed patient does not always present to friends and family that classic behavior of excessive sadness. Depressive disorder may be more subtle, manifesting as loss of interest in previously enjoyable activities, lack of plans for the future, changes in sleep patterns, social isolation or low self-esteem. To be depressed you do not have to spend all day in bed crying.

Sadness always has a cause, depression does not. Obviously, the death of a close person can trigger a depressive disorder, but not always sad situations need to occur for the individual to start a picture of depression.

History:

In the history of medicine, the identification of depression, as its own pathology, is relatively recent, dating back to the eighteenth century.

Until then, his symptoms were identified as aspects of melancholy, which was thus explained by Hippocrates if fear and sorrow last for a long time, such a state is melancholy.

At the same time, the American Psychiatric Association has developed a manual listing various species of mental disorders known as DSM (Diagnostic and Statistical Manual of Mental Disorders, 1952). Subsequently, as a basis for this classification, the World Health Organization (WSO) included in its International Statistical Classification of Diseases and Related Health Problems (ICD), mental disorders as morbid entities.

Currently, ICD-10 relates mental and behavioral disorders in Chapter V, including species between codes F00-F99.

Thus, only in the modern age, depression came to be seen as a pathology with its own characteristics. From the analysis of its main characteristics, the Anglo-Saxon psychiatric school initially denominated it as affective disorder, which later underwent a new reformulation with the substitution of the term "affective" for "humor", the From the American Psychiatric Association.

Depression is commonly classified as mood disorder, comprising its modalities of codes F30-F39, ICD-10.

Causes:

As with many psychiatric illnesses, there is no single cause for depression. The disease seems to be provoked by the interaction of several factors, be they physical or psychological.

1- ORGANIC FACTORS RESPONSIBLE FOR DEPRESSION

Depression does not just come from emotional or psychological problems. Several risk factors and organic causes have been recognized for major depressive disorder.

1.1 - Genetics

People who have family members with depression are at increased risk of developing the disease, indicating that there is a vulnerability to depression that can be genetically inherited. In fact, having close relatives with other psychiatric illnesses, such as panic syndrome, affective disorders or even alcoholism, are also risk factors for depression.

Despite intense studies in the area, the genes responsible for vulnerability to depression have not yet been identified.

Although genetic inheritance is apparently an important factor, it alone is not enough to trigger the disease. This is easily proven by studies of identical twin siblings, where it was found that there is agreement in only 40% of cases. Therefore, factors other than genetics are necessary for the depressive disorder to arise.

1.2 - Neurotransmitters

The human brain is a highly complex structure whose functioning depends on hundreds of chemical mediators. We now know that most psychiatric illnesses are related to at least 5 of these neurotransmitters: noradrenaline, serotonin, dopamine, gamma aminobutyric acid (GABA), and acetylcholine.

The abundance or lack of some of these neurotransmitters in certain parts of the brain can trigger severe psychiatric and neurological disorders. Examples: A lack of dopamine in certain areas of the brain base causes Parkinson's disease. Alzheimer's disease appears to be related to low levels of acetylcholine in the brain.

Depression originates in the abnormal functioning of some of these neurotransmitters, such as dopamine, serotonin, noradrenaline and GABA. Among these, serotonin seems to play the most relevant role, being usually at reduced levels in patients with depression.

1.3 - Use of drugs or alcohol

Dependent diseases are also under the influence of these neurotransmitters cited above. Drugs and alcohol exert their effects by increasing the release of dopamine in the brain, which causes euphoria and a pleasant sensation. The problem is that repeated use of drugs or alcohol desensitizes the dopamine system, causing it to become accustomed to the presence of these substances. Therefore, addicted people need more and more drugs or alcohol to reach the same degree of satisfaction, and may leave them depressed when they are out of the effect of these substances. The brain is accustomed to living with ever-increasing levels of stimulating neurotransmitters, causing normal levels to become insufficient to control the mood of the individual.

1.4 - Brain changes

In addition to reducing the concentration of neurotransmitters, patients with chronic depressive disorder also exhibit changes in the anatomy of the brain, such as volume reductions of the frontal lobe and hippocampus.

Neuroimaging studies also show changes in the functioning of various brain areas in people with depression. Researchers have discovered an area of the prefrontal cortex with abnormally decreased activity in patients with this disorder. This region is related to the emotional response and has generalized connections with other areas of the brain responsible for the regulation of humoral neurotransmitters such as noradrenaline, dopamine and serotonin.

1.5 - Brain diseases

The link between stroke and the onset of depression is increasingly accepted. We know today that the depression that arises after a stroke is not only caused by psychological distress due to the perceived consequences of stroke, such as motor or speech sequelae. Direct stroke injury to the brain itself increases the risk of onset of depression, even though the consequences of stroke do not have a major psychological effect on the patient. In addition to stroke, several other neurological diseases increase the risk of depression, including Parkinson's, Alzheimer's, multiple sclerosis, brain tumors and cranial trauma.

1.6 - Chronic diseases

Patients with chronic diseases are also more vulnerable to the onset of depressive disorder. The most common are: diabetes, heart disease, hypothyroidism, AIDS, cirrhosis, inflammatory bowel disease, lupus, rheumatoid arthritis, fibromyalgia, among others.

2- PSYCHOLOGICAL FACTORS ASSOCIATED WITH DEPRESSION

Emotional stresses are an important trigger for the onset of depression. Often, a traumatic event is a missing factor for an individual likely to develop a depressive process.

2.1 - Trauma in childhood

Trauma acquired in childhood is an important risk factor for the development of depression. Among the traumas are abuses, absence of the father, death of a near entity, aggressions or lack of affectivity on the part of the parents.

Problematic relationships with parents, siblings, and colleagues are common in children and adolescents with depression. Depressive adults also often report poor parental involvement and maternal overprotection during early childhood.

Children who have been bullied are also at greater risk of becoming depressed.

2.2 - Emotional stresses

Although depressive disorder may arise without any precipitating emotional factor, personal stresses and losses certainly increase the risk. Losses of loved ones are important risk factors in younger individuals. In the elderly with long marriages, the loss of the spouse or wife is also often a trigger event of depression.

Chronic pain, chronic illness, disability and diseases that leave sequelae can also lead to depression.

Social isolation, excessive criticism and collection by the family, persistent economic difficulty, separation of marriage or low self-esteem are also common factors.

Having close and frequent contact with someone who is depressed also increases the risk of depression.

2.3 - Postpartum depression

Postpartum depression is a kind of depressive disorder that some women develop after giving birth. Most women with postpartum depression begin to experience symptoms in the first month of their baby's life, but some take up to 12 months to develop depressive symptoms. About 10% of mothers suffer from postpartum depression.

In the first 2 or 3 days after having a baby, many women often have a mild type of postpartum depression, called postpartum sadness or postpartum melancholia. This condition affects up to 80% of mothers and is characterized by moodiness, irritation, difficulty concentrating, insomnia and crying crises.

Postpartum melancholy occurs due to hormonal changes that occur with termination of pregnancy and psychological stresses caused by the responsibility of caring for a newborn, associated with the physical fatigue that the task causes. In most cases, postpartum sadness disappears in 2 to 3 weeks.

Postnatal depression is a more important picture than postpartum melancholia, lasting longer and presenting more severe symptoms. Women with a history of depression are more likely to have postpartum depression than women who have never been depressed.

Women with postpartum depression often can not sleep, even when their babies sleep. In addition, they are very irritated, unable to take care of the baby, with a serious feeling of guilt and a feeling of having no affective ties with the new child.

Postpartum depression may lead the mother to have thoughts of hurting herself and the baby, in most cases, however, the mother can recognize the absurdity of the idea, being able to control this strange thought.

Postpartum depression may disappear spontaneously, but medical help is important because in some cases the depressive disorder does not improve over time and there are risks for the mother to inflict harm on the child.

Symptoms:

Moments of discouragement and sadness occur to everyone and are part of life. The problem arises when this feeling of emptiness is hard to disappear, disrupting his usual activities, taking away the pleasure of living; Social activities and friends no longer interests you as before, you are exhausted all the time, you feel useless and the simple wait for the day becomes intolerable. If this permanent dislike is familiar to you, you may be experiencing symptoms of depression.

For the verification of depression it is essential to look for the symptoms presented, among which can be listed:

(A) a lowering of mood;

(B) reduction of energy and decrease of activity;

(C) alteration of the ability to experience pleasure;

(D) loss of interest for activities;

(E) decreased ability to concentrate on work practice;

(F) fatigue above what is observed regularly for minimum efforts;

(G) sleep problems;

(H) decreased appetite;

(I) decreased self-esteem and self-confidence;

(J) ideas of guilt and / or unworthiness;

(K) loss of interest or pleasure;

(1) morning wake-up at pre-normal hours;

(M) significant psychomotor slowness;

(N) agitation, loss of appetite;

(O) weight loss;

(P) loss of libido;

(Q) allusion to suicide.

Not all symptoms outlined, however, necessarily present themselves concomitantly. On the contrary, the verification is verified by the simultaneous

presence of a significant number of them, which contextualized, indicate that this is depression.

Types:

Depression is a disease that can manifest itself in different ways and with different severities. There are several types of depression, the most common being so-called major depression (major depression) and chronic depression, also known as dysthymia. Other common types of depression are bipolar disorder, seasonal depression, reactive depression, atypical depression, postpartum depression, and minor depression.

- Major depression:

Major depression is the most common type of depression, characterized by a combination of symptoms that interfere with the patient's ability to relate to others, work, sleep, study, eat, and enjoy activities that were previously considered enjoyable.

We all go through moments of sadness, discouragement and loneliness, especially after losses, as in the death of relatives or the end of relationships. Depression, however, is distinguished from these situations by being persistent and disabling. Depression also does not need a sad fact to emerge, the patient can go on to present depressed mood for no apparent reason.

- Signs of Major Depression Severity

People with severe major depression have one or more of the following characteristics:

• Suicide or homicide plans.

• Psychotic symptoms, such as delusions or hallucinations.

• Catatonia, which is the inability to move or speak normally.

• Ability to judgment affected, putting yourself and others at risk.

• Inability to care for oneself, including refusal to eat liquids or food.

People with severe major depressive disorder often need hospitalization for psychiatric treatment.

- Dysthymia:

Dysthymia is a mild form of depression, but prolonged, present for at least 2 years. Sometimes the patient is only diagnosed after many years of illness, with the symptoms of dysthymia being confused with the personality of the individual. This fact is very common in children. In the adult, it is common for the patient not to remember when it was the last period in which he was without a depressed mood.

Depressive mood in dysthymia is present for most of the day, for several days throughout the month. The dysthymic patient spends more days with depressed mood than with normal mood. In addition to prolonged soreness, dysthymia is usually accompanied by two or more of the following symptoms:

1- Appetite decreased or increased.

2- Insomnia or excessive sleep.

3- Lack of energy.

4- Low self-esteem.

5- Difficulty concentrating.

6- Discouragement or lack of perspective in life.

In dysthymia the symptoms are not as numerous and intense as in major depression. Periods free of symptoms may occur but are short. 10% of patients with dysthymia end up developing into major depression.

- Relative Depression:

Reactive depression, also called adaptive disorder, is a condition that occurs in response to identifiable emotional stress. The stressful fact may be unique, such as the ending of a relationship, or multiple, as daily pressures of life or work.

Reactive depression is a disorder that causes anxiety and depressed mood, but does not present criteria for the diagnosis of major depression. Therefore, the name adaptation disorder is more appropriate than reactive depression.

Adaptive disorder is different from the sadness that occurs in mourning.

The characteristics of the adaptation disorder are as follows:

- Depressed mood that occurs in response to an identifiable stressor in the last three months.

- Excessive depressive mood, beyond what would be expected by the nature of the stress factor.

- Impaired social, academic or professional functioning.

- Resolving the symptoms within a period of six months after the end of the stressful event.

It is important to note that a major depression picture can be triggered by an emotional event. To be considered adaptive disorder, the patient may not meet criteria for other psychiatric problems, such as dysthymia or major depression.

- Bipolar disorder:

People with bipolar disorder, formerly called manic-depressive psychosis, have periods of mania (feeling overly euphoric, impulsive, irritable, or irrational) and periods of major depression.

Diagnosis:

Most adults with a depressive disorder are never evaluated by a psychiatrist, as their symptoms are often not properly recognized. This confusion occurs even among physicians not accustomed to dealing with mental health problems. Studies show that more than half of the patients with depression attended by general practitioners because they present physical symptoms of depression, such as pain, insomnia or chronic fatigue, end up not being recognized as such. The correct diagnosis ends up emerging only after months or years of symptoms and several consultations with different physicians.

The diagnosis of depression is preferably made by the psychiatrist and is based on the symptoms, duration and overall effects they cause in the patient's life. There is currently no laboratory or imaging test that identifies depression,

although some blood tests may be done to rule out other diseases with similar symptoms, such as hypothyroidism, for example.

The diagnosis of major depression requires that the symptoms be severe enough to interfere with the patient's daily activities and the ability to care for oneself, maintain relationships, participate in work activities, etc. The diagnosis also requires that the symptoms are occurring daily for at least two weeks.

After the diagnosis it is important to try to identify suicidal thoughts, so that the appropriate treatment is instituted as fast as possible.

Treatment:

Initial treatment for major depression should include antidepressant medications and psychotherapy, which can be done with a psychiatrist or psychologist.

Studies show that combined treatment (drugs + psychotherapy) is more effective than single treatment with only one of two options. Psychotherapy and antidepressant medications are equally effective, but psychotherapy has a more relevant effect in the long run as it helps the patient to develop new coping ways of symptoms as well as a greater ability to rationalize and adapt to life's problems.

Antidepressant medications

There are dozens of drugs with antidepressant action in the market. Currently, the most used classes are:

• Selective serotonin reuptake inhibitors (SSRIs or SSRIs) - eg Citalopram, Escitalopram, Fluoxetine, Paroxetine and Sertraline.

• Selective serotonin and noradrenaline reuptake inhibitors (SSRIs or SNRIs) - eg Venlafaxine, Duloxetine, Milnacipran and Desvenlafaxine.

• Atypical antidepressants - eg Mirtazapine, Bupropion, Trazodone and Nefazodone.

Monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (eg seleginine, amitriptyline, nortriptyline, and imipramine) are older drugs that are currently poorly used in the treatment of depression because they have many side effects.

Doctors usually start treatment of depression with a selective serotonin reuptake inhibitor (SSRI or SSRI) because it is a safe class of antidepressants with a low rate of side effects. Selective serotonin and noradrenaline reuptake inhibitors (SSRIs or SNRIs) are also a good alternative for initiating treatment.

There is no ready-made prescription that can be applied to all patients with depression. The medicine to be chosen depends on the clinical characteristics and financial conditions of the individual. For example, if the patient has difficulty sleeping in addition to depression, drowsiness drugs such as mirtazapine may be the best choice.

Antidepressants may take time to achieve their full effect, many people only start to feel better after two weeks. However, to feel the full effect of the drug, the patient may take up to 6 to 12 weeks. Still, if the patient does not report relief of their symptoms after four weeks of treatment, the psychiatrist may increase the dose, add a new medication or simply replace the previous one. It is important to keep in mind that the response to antidepressants is individual and that the treatment may take weeks to adjust.

The occurrence of side effects may be a reason for drug substitution. Some side effects disappear over time, but others do not. Finding the right medication or combination of medications in the right doses sometimes takes time and requires a little trial and error. The important thing is not to be discouraged.

Seek help !!

When applied properly and inserted into a recovery program have a positive effect on overcoming depression. However, sometimes some of the people feel that there are ways, treatments, therapies and even some medicines that their energy decreased, irritability increased, general pleasure negatively affected, demotivation for the usual tasks, excessive negative

thoughts, Low self-esteem, deep sadness, make the terrible mistake of not seeking psychological help. Perhaps because of lack of knowledge, or because of bad experiences or because of professional disbelief, what is certain is that they resist the search for a solution, dragging their situation to an alarming zone for their life. Arising in the vast majority of cases, the ultimate question: Why can not I be happy?

If you or any of your family members are in the same situation as described, consider the situation, pay attention to it, and seek information to make it clearer.

Test - Feel, think and act

To know the complete test, just go to:

Http://DoYouNeedTherapy.com.

The following is the abbreviated version covering ten disorders. To do so, mark all the statements that apply to you:

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