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The Grey Drizzle of Horror- Depression



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ABSTRACT

Depression as a disorder has always been a focus of attention of researchers in India. Over the last 50-60 years, large number of studies has been published from India addressing various aspects of this commonly prevalent disorder. The various aspects studied included epidemiology, demographic and psychosocial risk factor, neurobiology, symptomatology, comorbidity, assessment and diagnosis, impact of depression, treatment related issues and prevention of depression in addition to the efficacy and tolerability of various antidepressants. Here, we review data on various aspects of depression, originating from India.



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INTRODUCTION

Depression

In the language of clinical psychology, depression is a syndrome, a cluster of emotional, physical, and behavioural symptoms characterized by sadness, low self-esteem, loss of pleasure, and sometimes, difficulty functioning. If these problems persist for more than two weeks, cause real suffering, and interfere with the business and pleasure of daily life you may have a clinical depression. In everyday conversation people say they are depressed when they are feeling unhappy, down, blue, sad, or hopeless. Almost everyone has experienced these emotions, and many people eventually suffer some adversity or loss that could give them reason to be anxious or depressed at time. These feelings are just one part of everyday life for most people. However, if the feelings are overwhelming or persistent, you may benefit from psychological evaluation and treatment. Depression of this type can be effectively reduced or even eliminated with treatment that is often relatively simple. Professional intervention in serious depression can reduce suffering and improve the quality of life. [1-5]

Causes of depression

Scientific research proves that the mother's depression and her anxiety during pregnancy can be inherited and can cause anxiety and depressive disorders in the newborns [6].

It is estimated that the people, whose first-degree relatives suffer from depression are 1.5 to 3 times more likely to develop depression. According to some studies, depression can be associated with genes occupying a fixed position can be associated with genes occupying a fixed position on chromosome 8, 15 and 17 [7].

Social factors and lifestyle

This can include family problems, traumatic experiences, all kinds of stress, addiction, being overwhelmed with daily duties, insomnia, etc.

Influence of family

Here, it is both the relationships between parents them-selves, as well as their relation with children. There might be conflicts, divorce, alcoholism in the family, including the mental health disorders and domestic violence of a sexual or moral nature. According to an article published by Journal of the American Academy of Child and Adolescent Psychiatry in 2004,

a family history of susceptibility to depression and the level of parental education has a significant impact on the occurrence of depressive symptoms among adolescents. They are at three-fold higher risk of developing depressive symptoms [8].

Sociocultural Factors

Factors such as education, religion, value systems, social conditions, behavioural patterns also play a significant role in the development of depression [9].

Other factors

Changing the place of residence, school, as well as the sense of hopelessness and meaninglessness of life are also predisposing factors for developing depression. Also, this-rings true for other issues related to sexuality, somatic disorders, trauma.

It has been proven that more than two-fold higher depressive symptoms affect young people implicated in bullying, both in the concept in the concept of the perpetrator and the victim. The consumption of psychoactive substance by adolescents seems to be also a significant problem. [10]

Diagnosis

The diagnosis of anxiety disorders is made by symptoms, triggers, and a person's personal and family histories. There are no objective biomarkers or laboratory tests that can diagnose anxiety [11].

It is important for a medical professional to evaluate a person for other medical and mental causes of prolonged anxiety because treatments will vary considerably.[11]

Numerous questionnaires have been developed for clinical use and can be used for an objective scoring system. Symptoms may vary between each sub-type of generalized anxiety disorder. Generally, symptoms must be present for at least six months, occur more days than not, and significantly impair a person's ability to function in daily life. Symptoms may include: feeling nervous, anxious, or on edge; worrying excessively; difficulty concentrating; restlessness; and irritability. [11][13]

Differential diagnosis

Anxiety disorders differ from developmentally normal fear or anxiety by being excessive or persisting beyond developmentally appropriate periods. They differ from transient fear or

anxiety, often stress-induced, by being persistent (e.g., typically lasting 6 months or more), although the criterion for duration is intended as a general guide with allowance for some degree of flexibility and is sometimes of shorter duration in children.[11]

The diagnosis of an anxiety disorder requires first ruling out an underlying medical cause.[14][15][16]

Diseases that may present similar to an anxiety disorder include certain endocrine diseases (hypo- and hyperthyroidism, hyperprolactinemia),[17][14][18] metabolic disorders (diabetes),[14][19] deficiency states (low levels of vitamin D, B2, B12, folic acid),[14] gastrointestinal diseases (celiac disease, non-celiac gluten sensitivity, inflammatory bowel disease),[20][21][22] heart diseases,[23][14] blood diseases (anaemia),[14] and brain degenerative diseases (Parkinson's disease, dementia, multiple sclerosis, Huntington's disease).[14][24][25][26] Several drugs can also cause or worsen anxiety, whether through intoxication, withdrawal, or chronic use. These include alcohol, tobacco, cannabis, sedatives (including prescription benzodiazepines), opioids (including prescription painkillers and illicit drugs like heroin), stimulants (such as caffeine, cocaine, and amphetamines), hallucinogens, and inhalants. [17][11]

Prevention of diagnosis

Focus is increasing on the prevention of anxiety disorders.[27] There is tentative evidence to support the use of cognitive behavioural therapy. [27]

and mindfulness therapy.[28][29] A 2013 review found no effective measures to prevent GAD in adults.[31] A 2017 review found that psychological and educational interventions had a small benefit for the prevention of anxiety.[31][32]

Research indicates that predictors of the emergence of anxiety disorders partly differ from the factors that predict their persistence.[29]

Treatment of diagnosis

Treatment options include therapies, medications and lifestyle changes. There is no clear evidence as to whether therapy or medication is most effective; the specific medication decision can be made by a doctor and patient with consideration for the patient's specific circumstances and symptoms.[33]

If, while on treatment with a chosen medication, the person's anxiety does not improve, another medication may be offered.[33]

Specific treatments will vary by sub-type of anxiety disorder, a person's other medical conditions, and medications.

Role of antidepressants

Antidepressants are drugs used for the treatment of major depressive disorder and other conditions, including dysthymia, anxiety disorders, obsessive compulsive disorders, chronic pain, neuropathic pain and in some cases, dysmenorrhoea, snoring, migraine, attention-deficit hyperactivity disorder (ADHD), substance abuse and sleep disorders. They can be used alone or in combination with other medications but only when prescribed.

The most important classes of antidepressants are the selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), tetracyclic antidepressants (TECAs), and noradrenergic and specific serotonergic antidepressant (NASSAs). Other drugs used or proposed for the treatment of depression include buprenorphine, low-dose antipsychotics, and St John's wort. [34]

While antidepressant drugs are widely prescribed to treat depression and anxiety disorder, only one-third of drug-treated patients exhibit a beneficial therapeutic response. Response and tolerability to medication are highly variable, with some patients responding to one treatment but not another. There are several potential explanations for these poor drug-response rates, including clinical heterogeneity and diagnostic uncertainty, environmental and social factors. If it were possible to isolate variables that could predict a greater likelihood of positive response to the medication, it would be possible to use the medication with greater certainty and efficiency. This forms the basis of much of the contemporary effort in the field of personalized medicine.

Early studies suggested that specific clinical phenotypes, such as melancholic or anxious depression, might predict differential responses to antidepressants; however, the clinical phenotypes were often variable and difficult to translate into clinical practice. Pharmacogenetics, which is the identification and development of genetic biomarkers that predict therapeutic response and the risk of side effects, take a different approach to

ultimately help the practitioner in choosing effective and safe treatment for patients suffering from psychiatric disorders.

This discovery of monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs) in the 1950s spurred on research into developing new antidepressant medications with a better safety and tolerability profile. Following a serotonin (5-HT) hypothesis of depression, the selective 5-HT reuptake inhibitors (SSRIs) were discovered to be more effective antidepressants, with their improved safety and tolerability profile.

More recently, dual-acting antidepressants such as 5-HT-norepinephrine (NE) reuptake inhibitors (SNRIs) have presented clinicians with a wider range of antidepressants that are effective, safe and easy to prescribe. Currently, SSRIs are usually the first method of treatment, with dual-acting TCAs and SNRIs used as second-line treatment. [35-37]

There has been a recent increase in the use of antidepressants across the antidepressants across the USA, particularly for major depressive (MDD), but also for other disorders such as anxiety, bipolar disorder and adjustment-related disorders.

Chronic pain and bipolar depression. With MDD affecting 10-15% of the population and anxiety disorders affecting approximately 25% of the population, a large percentage of the population use antidepressants for pharmacotherapy. However, response and tolerability to medication are highly variable, with some patients responding to one treatment but not another. Pharmacogenetics research attempts to use genetic factors to predict some of the variability in treatment response. Early studies showed a correlation between relatives with depression in antidepressant-treatment responses. One small study found pairs of related people with depression responded equally well to antidepressants, while another study found that depressed probands and depressed relatives had favourable responses to the same class of antidepressants. Such studies indicated a role for genetics in antidepressant-treatment outcome, spurring on pharmacogenetic research in this field. This article will review current pharmacogenetic studies of antidepressants in mood and anxiety disorders and discuss the clinical future of the current research.

Antidepressant medications are most commonly used to help relieve the distress of depression or anxiety. They are also used to help with other condition, such as bulimia and chronic pain. These medications help many people with mental health problems. However, they don't work for everyone, and even when they do work well, they can only do so much. They often work best when they are combined with talk therapy, support from family and

friends, and self-care, such as regular exercise, a nutritious diet and getting enough sleep. Learning how to live well in spite of your distress is also important. Antidepressant medications can take up to several weeks to be fully effective. Early signs that the medication is working include improved sleep, appetite and energy. Improvement in mood usually comes later.

Side-effects of antidepressants

All medications can have side-effect. Some people experience no side-effect. Others may find the side-effects distressing. In most cases, side-effects lessen as treatment continues. Treatment is usually started at a low dose, to minimize side-effects, and then slowly increased until the ideal dose is found. The ideal dose is one that provides the greatest benefit with minimum side-effect. One of the main reasons why people stop taking these medications is the side-effect. Check the information given to you by your doctor or pharmacist on the specific effects of any drug you have been prescribed. If side-effects are not mild and tolerable, it is best to continue taking your medication as let your doctor know as soon as possible. Your doctor may:

- Encourage you to wait a little longer for the side-effects to fade
- Adjust your dose
- Suggest you take the medication at a different time of day
- Prescribe other medication to help control side-effects
- Change your medication
- Stop medication treatment and suggest a different type of treatment approach.

Types of antidepressants

There are several classes of antidepressants: within each class there are many individual medications. While all antidepressants work overall, no drug or type of drug works equally well for everyone who takes it. You may be advised to try another type of antidepressant or to use a combination of antidepressants to seek relief from your distress. The different types of antidepressants are listed below in the order in which they are most commonly prescribed.

[38]

- **SSRIs-Selective Serotonin Reuptake Inhibitors**

This group of drugs, including fluoxetine (Prozac), paroxetine (Paxil), fluvoxamine (Luvox), citalopram (Celexa), escitalopram (CIPRALEX) and sertraline (Zoloft), is usually the first choice for treatment of depression and anxiety problems. These medications are known to have milder side-effects than some other antidepressants. Buspirone (Buspar) is similar to SSRIs and has been found to help with anxiety but not depression. Common side-effects include nausea, vomiting, diarrhoea, weight gain, dry mouth, headaches, anxiety, sedation and a decrease in sexual desire and response. This group of drugs may also cause a jittery or restless feeling and sleep difficulties, such as problems falling asleep, walking in the night, vivid dreams or nightmares. [39]

- **SNRIs-Serotonin and Norepinephrine Reuptake Inhibitors**

This class of medications includes venlafaxine (Effexor), duloxetine (Cymbalta) and desvenlafaxine (Pristiq). These drugs are used to treat depression, anxiety problems and chronic pain. Common side-effects include nausea, drowsiness, dizziness, nervousness or anxiety, fatigue, loss of appetite and sexual problems. In higher dosage, these medications may increase blood pressure. [40]

- **NDRIs-Norepinephrine and Dopamine Reuptake Inhibitors**

The medication available in this class is bupropion (Wellbutrin. Zyban). When used to treat depression, it is often given for its energizing effects, in combination with other antidepressants. It is also used to treat attention-deficit/hyperactivity disorder and as a smoking cessation aid. Common side-effects are jitteriness and insomnia. [41]

- **NASSAs-Noradrenergic and Specific Serotonergic Antidepressants**

Mirtazapine (Remeron), the medication available in this class, is the most sedating antidepressant, making it a good choice for people who have insomnia or who are very anxious. This medication also helps to stimulate appetite. Common side-effects are drowsiness and weight gain. [42]

- **Cyclic Antidepressants**

This older group includes amitriptyline (Elavil), maprotiline (LUDIOMIL), imipramine (Tofranil), desipramine (NORPRAMIN), nortriptyline (Novo-Nortriptyline) and clomipramine (Anafranil).

Because these drugs tend to have more side-effects than the newer drugs, they are not often a first choice for treatment. However, when other drugs do not provide relief from severe depression, these drugs may help.

Common side-effects include dry mouth, tremors, constipation, sedation, blurred vision, difficulty urinating, weight gain and dizziness. Because cyclic may cause heart rhythm abnormalities, your doctor should give you an electrocardiogram (ECG) before you take this medication. [43]

- MAOIs-Monoamine Oxidase Inhibitors

Monoamine oxidase inhibitors, or MAOIs, such as phenelzine (NARDI) and tranylcypromine (PAENATE) were the first class of antidepressants. MAOIs are effective, but they are not often used because people who take them must follow a special diet. A newer MAOI, moclobemide (MANERIX), can be used without dietary restriction; however, it may not be as effective as other MAOIs. Common side-effects include a change of blood pressure when moving from a sitting to a standing position (orthostatic hypotension), insomnia, swelling and weight gain. [44]

Commonly used antidepressants

Antidepressant use is considerable, especially in the Western world, and is on the rise in several countries. (45)

Data from the National Health and Nutrition Examination Survey published in 2017 showed that during 2011-2014 about one in eight people aged 12 and over in the USA reported taking antidepressants during the previous month. (46)

Antidepressant use increased nearly 65% over a 15- year time frame, (46) and more than 60% of people in the USA taking antidepressants have been taking them for more than 2 years. (46)

A number of different drugs, referred to as antidepressants, are used to treat depression. Antidepressants belong to several different categories. They affect the function of certain neurotransmitters in the brain, although the process is not completely understood.

The medications that currently are most widely used to treat both major depression and dysthymia belong to categories referred to as SSRIs, “selective serotonin reuptake inhibitors”

or SNRIs “serotonin/norepinephrine reuptake inhibitors. They take their name from the effect they have on a neurotransmitter in the brain known as serotonin and norepinephrine, which are believed to play a role in causing depression. There are currently six SSRIs (drugs that affect serotonin) available in the united state:

- Prozac (fluoxetine)
- Paxil (paroxetine)
- Zoloft (sertraline)
- Luvox (fluvoxamine)

Common with Lexapro. At the same time, Prozac, Zoloft, Paxil, Luvox, and Wellbutrin may cause temporary loss of appetite and consequent weight loss when they are started [47].

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