

# Depression (Deprese)

Depression is a mental illness classified as an affective disorder. It can be monopolar or bipolar as part of bipolar affective disorder (formerly manic-depressive psychosis). Currently, it is the most common psychological disorder at all, and the percentage of people suffering from depression is constantly increasing. For a diagnosis of depression, the condition is that the episode lasts at least two weeks. Its lighter form is dysthymia.

## Epidemiologie

Morbidity is reported to be between 1.1 and 19% <sup>[1]</sup>, prevalence then 17% <sup>[2]</sup>. The average age of manifestation of the first depressive episode is about 29 years, but recently the average age has been decreasing. In the case of bipolar disorders, manifestations appear earlier. Of the total number of patients, two-thirds are women. The likelihood of disease also depends on the genetic load.

## Clinical picture

Manifestations of depression are of varying intensity and depend on the character traits of a person. Overall, it can be said that, for example, crying is one of the less serious manifestations, because in severe forms of depression a person is unable to experience any emotions, is passive and has a feeling of absolute hopelessness. Other manifestations include, for example:

- feelings of deprivation, fatigue, loneliness, fear of the future, cramped, depressed mood
- loss of the ability to rejoice
- physical and mental exhaustion
- feelings of inferiority
- concentration and learning disabilities
- lack of interest in previously popular activities
- Catastrophic thinking and expectation of the worst
- decreased motor skills and overall activity
- decreased appetite
- Black thoughts, contemplating suicide.

### Delusional phenomena accompanying depression

They occur in 8–10% of institutionally treated patients. The patient does not have a rational view of them. Among the most common are:

- delusions of transgression (feeling that they have committed a crime or a major offense)
- hypochondriac delusion (the person believes that he has a particularly serious illness)
- the delusion of poverty (the irrefutable belief that he will become poor by dying)
- nihilistic delusion (the world ceases to exist, loss of name, gender identity).

## Models of depression

### Biochemical aspects

Contemporary psychiatry assumes the influence of genetic factors on the onset and course of the disease. Based on the relatively late onset of action of antidepressants, it is also not likely that the only essence of depression is an imbalance in the level and function of neurotransmitters (especially norepinephrine, acetylcholine and serotonin). There are also theories about the endocrinological basis of some depressions (found when conducting a daily profile of cortisol).

### Genetic aspects

In particular, endogenous depression was considered a familial disorder where a certain genetic load is assumed. It is currently believed that the genetic basis of the disease has been overestimated (it plays a greater role in bipolar disorders).

### Psychological aspects

Another role is also played by character traits, upbringing, education and other qualities. One theory describes depression as a learned behavior (learned helplessness).

Contemporary psychiatry does not consider any aspect to be significant, and depression is generally viewed as a disease conditioned by many factors. This theory is also supported by the fact that it can erupt after a strong trauma, but also quite suddenly and seemingly for no reason. For this reason, depression is divided into two basic

types, exogenous depression caused by external trauma (death in the family, illness,...) and **endogenous depression** for which there seems to be no justification.

## Pharmacotherapy

### Antidepressants

The first choice drug is usually antidepressants. Antidepressants are a group of drugs affecting neurotransmitter metabolism. It usually works after a few weeks (2-6 weeks, but usually 3-4 weeks). At the beginning of treatment, side symptoms (nausea, vertigo), may appear, which usually means that the drugs really work and after a few weeks their effect is felt (other side effects include, for example, sexual dysfunction or loss of libido). About 65-70% of patients respond to treatment.

Antidepressants act as thymoleptics (against the symptoms of depression), sedatives (suppress psychomotor skills and vigilance), anxiolytics (reduce anxiety and fear), analgesics (especially in chronic pain in tumors, migraines, etc.), they also have a positive effect on obsessive behavior (compulsive behavior). They do not show antipsychotic effect (aggravate delusional symptoms), but they can improve mood and thus indirectly help to reduce delusional symptoms in melancholic patients. Several types of antidepressants are distinguished according to the mechanism of their action:

- **tricyclic antidepressants:** Amitriptyline, Clomipramine, Imipramine, Doxepin
- **tetracyclic antidepressants:** Maprotiline, Mianserin
- **MAOIs** (monoamine oxidase inhibitors): Tranylcypromine, Moclobemide (reversible), Selegiline
- **SSRIs** (selective serotonin reuptake inhibitors): Fluoxetine, Sertraline, Paroxetine, Citalopram
- **unclassified antidepressants:** Trazodone, Mirtazepine, Venlafaxine, Bupropion

Others include antidepressants of **the Sari** group, or **NRIs** (norepinephrine reuptake inhibitors). It is possible to start lithium salt treatment in the case of pharmacoresistant and recurrent patients. In certain cases, carbamazepine or valproate can be used.

### Antipsychotics

Antipsychotics (formerly neuroleptics) are used in case of delusional symptoms. As a rule, low doses of highly effective antipsychotics are used.

### Other

- **Tranquilizers**

They are not as important in treatment as antidepressants, but they can help reduce anxiety, internal tension and relieve sleep disorders.

- **Preparations of St. John's wort**

Prescribed rarely. Their use is suitable for mild forms of depression. The advantage is usually good tolerability (however, the patient should avoid some meals and strong sunshine).

## Psychotherapy

Overall, methods of dealing with depressed patients are constantly being improved in psychotherapy. Among the most common are:

- cognitive behavioral therapy
- interpersonal therapy (IPT)
- short-term psychoanalytic therapy
- family therapy (especially couples therapy).

## Other treatments

Most of them are more on an experimental level. These include:

- sleep deprivation – demonstrably improves mood, but the effect lasts only a few days; There are several variants (total, partial or selective sleep deprivation)
- phototherapy – exposure to special white intense light for a period of time (but used almost exclusively in the US)
- electroconvulsive therapy – probably even higher effect than with antidepressant therapy; There is an artificial

MAJOR DEPRESSIVE DISORDER  
(CLINICAL DEPRESSION)



Video v angličtině, definice, patogeneze, příznaky, komplikace, léčba.

induction of a grand mal attack, in some depressions it is the treatment of first choice (depression with delusions and stupor, catatonia, etc.).

## Prognosis

Most patients respond well to treatment. It is necessary to take long-term and regularly prescribed medications, the help of a psychotherapist and, above all, an active lifestyle and a positive outlook on life are also recommended. In most cases, the prognosis is good, however, depression often leads to a relapse.

## Links

### Related articles

- Antidepressants
- Anxiety disorders

### References

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2. RABOCH, Jiří – ZVOLSKÝ, Petr. *Psychiatrie*. first edition. Galén, 2001. 0 pp. pp. 261. ISBN 80-7262-140-8.