

Depression

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## **Depression: Symptoms, Treatments, and Challenges**

Depression has been long researched and studied. To this day, there is still much to be learned and many things which are unclear. This is the case because of its immense complexity and various diagnosable types. The DSM-5 has put together a list of symptoms that fall under the category of having major depressive episodes, major depressive disorder, and/or chronic depression. These symptoms are organized into three main categories: Emotional, neurovegetative, and cognitive. Intense feelings of sadness, emptiness, or hopelessness fall under the Emotional category. Feelings of worthlessness or guilt also fall under this category. Neurovegetative symptoms, meaning symptoms that lead to dissociation from the world, include experiencing an increase or decrease of appetite, feeling fatigue or loss of energy, and having insomnia or hypersomnia. Having trouble concentrating or being decisive and forgetfulness fall under the cognitive category (Truschel, 2020). Five or more of these symptoms must have a persistent effect on daily function and persist for at least a period of two weeks for an individual to be diagnosed with major depressive episode/major depressive disorder. If these episodes persist for longer periods of time, it can be diagnosed as chronic depression. If symptoms of depression are constantly present for at least two years without a single instance where the symptoms subside for more than 2 months, it becomes diagnosed as persistent depressive disorder, otherwise known as dysthymia (Truschel, 2020).

Many DSM-5 symptoms that can lead to the diagnosis of depression are also symptoms of other mental and physical illnesses. For example, feeling sadness and hopelessness, while alluding to depression, can also be a symptom of bipolar disorder. Fatigue and insomnia are some of the most prevalent symptoms of several types of cancer. Fatigue can also be a sign of Anxiety disorder, Anemia, Fibromyalgia, and heart disease.

Almost two thirds of the people who have major depressive disorder also have clinical anxiety. The two frequently go hand-in-hand. According to a scholarly journal about depression, “anxiety can manifest both as comorbidity and as a predominant feature of major depressive disorder” (Malhi et al., 2018, para. 7). Some symptoms of the two disorders overlap, and the disorders often feed off each other, which can make them worsen over time.

Because depression has many different subtypes, it becomes obvious that proper diagnosis of depression becomes extremely difficult. Misdiagnosis for depression is extremely common. It can also go completely undiagnosed. Frequently, bipolar disorders and depressive disorders get confused in the diagnosing process because the symptoms of both are largely very similar. Things like feelings of sadness, hopelessness, and worthlessness, loss of energy, loss of interest, and insomnia or fatigue, are symptoms of both disorders (Malhi et al., 2018). Mania, a mental illness defined by periods of euphoria and hyper activeness among other things, also serves as a symptom to other mental illnesses. Bipolar disorders can be distinguished from depressive orders through mania. Of the two, mania exclusively occurs in bipolar disorders.

In the treatment of various depressive disorders, there exist three main categories. Antidepressant treatment, psychological therapy, and pharmacotherapy. Antidepressant treatment and psychological therapy will be discussed. A couple other treatments of note will also be described. Typically, in treating major depressive disorder, the very first step is to eliminate any drugs that a patient has been taking that can lower mood. Such drugs only serve to worsen their depression. Then in most circumstances, antidepressant medication should be prescribed. The next step would be psychological therapy and/or pharmacotherapy. They have proven to be generally adequate in causing depressive symptoms to subside (Malhi et al., 2018).

Antidepressant medication is usually the first treatment prescribed to patients. In the past, antihypertensive reserpine, a medication that manages hypertension, was found to have triggered major depression and in the body, a decrease in monoamine neurotransmitters. As this was the case, great interest was cast on monoamines being related to depression. Through studies, it was found that increasing monoamine neurotransmitters in the body were effective in treating depression (Malhi et al., 2018). Thus, antidepressants were and still are developed on this premise to increase monoamine neurotransmitters and treat depression. Serotonin, noradrenaline, and dopamine are examples of monoamine neurotransmitters. Common antidepressants include Fluoxetine, Citalopram, and Paroxetine. One interesting thing about antidepressants is that it is still unknown why they take several weeks to have notable effects on patients.

Psychological therapy is therapy conducted with an individual, couple, family, or any other group by a therapist. It is widely agreed that it “involve(s) components such as warmth, positive regard, and a genuine sense of care” (Malhi et al., 2018, para. 21). Psychological therapy, used in treatment of depression, is an effective tool for the treatment of many other mental illnesses; it is very multifaceted. Regularly scheduled sessions with a therapist over time improve the mental state of the patient and often produce long-lasting positive results as therapy remolds the mindset and habits of human thought processes among other things. Some setbacks of psychological therapy are that trained therapists are rare and hard to find. Treatment costs a lot of money, so therapy is not an available option for many people. Additionally, some patients prove to be too ill to successfully engage in psychotherapy. As such, treatment would then transition to other methods.

Having specific categories of depression and diagnosing individuals with the correct ones is extremely beneficial for their treatment. This is the case because in some instances, being

diagnosed with broad diagnosis of depression rather than a more specific subtype can make prescribed treatment ineffective. For example, forms of depression with anxious distress are less responsive to antidepressants. Additionally, according to studies, major depressive disorder with psychotic features, labeled as psychotic depression, responds well to the treatment of electroconvulsive therapy, which is a procedure in which the patient is put under anesthesia and small electric currents are sent through the brain, causing brief seizures, and causing changes in the chemistry of the brain (Malhi et al., 2018). For individuals with mild depression, exercise therapy has proven to be an effective treatment.

Depression for many patients is episodic. In other words, between major depressive episodes, they are capable of normally experiencing life rather than have persisting symptoms. Studies show that in treating depression, episodes last for the next 3 to 6 months and cease within 12 months. However, as time passes, the probability of maintained recovery decreases. In other words, the likelihood of relapse into depression increases. In 2 years, 60% of patients are likely to still be well, 40% in 4 years, and 30% in 6 years. About 80% of patients treated for depression have at least one more depressive episode in their life. (Malhi et al., 2018).

Distinguishing depression from simple sadness can be difficult. While sadness is usually caused by specific people or events, depression has no such trigger. For depression, feelings of sadness and hopelessness persist and cannot be alleviated by any normally joyful or pleasurable things. Additionally, depression affects one's ability to physically function (Truschel, 2020). For example, somebody who experienced sadness would still be able to enjoy time spent with their friends while somebody with depression would not be capable of enjoying the time they spent with their friends.

## **Recent Trends, Treatments, and Studies Concerning Depression**

Measuring having a major depressive episode using the criteria in the DSM-5, an annual survey reported that the percentage of United States adolescents from 12 to 17 who experienced a major depressive episode within the last year increased from 9% in 2004 to 15.7% in 2019. In human numbers, that is from about 2.2 million to 3.8 million adolescents. For those 18 and older, the percentage increase from 6.6% in 2005 to 7.8% in 2019 (Key Substance, 2020). Furthermore, in *Mental Health America's* 2020 survey measuring depression rates during the pandemic, it was found that 9.38% youth in the 11-17 category scored with symptoms of minimal to mild depression and an enormous 90.62% scored with symptoms of moderate to severe depression (Mental COVID-19). Although the survey measured a specific point in time in which current events severely amplified symptoms of depression, overall, across America, depression rates have experienced increases in all age categories, as various stressors brought on by the pandemic triggered or exacerbated many symptoms of depression. The pandemic has been and still is a stressful and life altering worldwide event. It cast a long-lasting cloud of fear, causing mental health everywhere to deteriorate. Feelings of sadness, hopelessness, and a lack of interest in various enjoyable activities increased. A recent study showed that in April and May of 2020, 28.6% of adults were clinically depressed and 8.4% experienced suicidal thoughts. In September of 2020, the depression percentage rose to 33% and those who experienced suicidal thoughts increased to 11.9% (Lee, 2021). This furthermore proves the increase in depression rates as the pandemic went on.

A New York Times article contains a collection of several quotes from youth across America concerning the COVID-19 pandemic. Overwhelmingly, accounts from adolescents demonstrated that the pandemic has negatively affected their mental health. Several seemed to

exhibit symptoms of depression, and some seemed to have experienced at least one major depressive episode during and due to the pandemic, if not more. One high school student named Brenda Kim described her experience in quarantine. She said that she felt pessimistic about being isolated, experienced feelings of helplessness and loneliness, and lost her educational motivation, deeming it pointless as her life blurred before her (Learning Network, 2020). The words she used demonstrated that she was feeling symptoms of depression and likely even experienced at least one depressive episode due to the pandemic. All in all, youth, who found that their education was upturned, social lives cut off, freedom taken away, and many other things, experienced increased rates of depression as a result.

Alongside increasing depression rates came various new treatments for it in the past 5 years. Some individuals suffer from treatment resistant depression, or TRD. This means that at least two trials of antidepressant monotherapy were unsuccessful in treating that individual's depression. Intranasal esketamine, an antidepressant approved by the FDA in 2019, was developed for the purpose of more successfully treating the depression in individuals who specifically experience treatment resistant depression. Intranasal esketamine is approved for adults and only after they have had unsuccessful results from at least two different antidepressants. Another treatment approved by the FDA in 2019 is called Brexanolone. The first antidepressant geared specifically towards this area, Brexanolone was developed for the treatment of individuals experiencing post-partum depression. Overall, trends and treatments in depression have experienced significant changes and developments over the past 5 years and it appears that it will continue to do so as the world works to find out more about the intricacies of depression.

## **Discrepancies of Depression across Cultures**

Likelihood to have depression increases or decreases depending on an individual's ethnicity, education, and income. For example, a study showed that several non-Hispanic minorities, Hispanics, those who did not graduate high school, and those who get paid salaries of less than 25,000\$ a year were more likely to have major depressive disorder than Whites, Asians, those with master's degrees or higher, and those who have salaries of 200,000\$ or more (Lee, 2021). It is reasonable to conclude that people who are poor or have difficult financial situations, which may be tied to the amount of education they received, experience depressive symptoms in part because of their dissatisfaction and despair at struggling to make a living. Living in a situation like that day-to-day may lead to hopelessness and helplessness and therefore oftentimes depression. Additionally, minorities, having to face racial injustice, discrimination, and even assault in their daily lives, must be more likely to experience depression or be afflicted by some other mental illness as a result of their hardships.

Depression varies from place to place as well, having discrepancies from culture-to-culture. In Iran, there exists an extremely death conscious culture. Shi'ism, an Iranian religion, demonstrates a heightened tension and importance placed upon the notion of death. Those who have forgotten death and the afterlife are seen as being lost. Being conscious about death is central to Shi'ite teachings. In fact, Life is seen as simply preparation for the afterlife. Iran's death conscious culture has been further amplified by the Iran-Iraq war. As a result of this death conscious culture, depression has also become more death conscious than in other cultures such as American culture. Manifestations of depression under these circumstances tend to be focused on suicidal thoughts. The enhanced awareness of death in day-to-day life affects the mindset of individuals experiencing depressive episodes or chronic depression. Additionally, it is important



to note that Shi'ite teachings list suicide as sinful. For some, that means that they might wish for death and have suicidal thoughts and fantasies, but they will not act. In fact, many older people who are more religiously devout pray for death to come sooner. For others, suicide being a sin means that committing suicide would serve as a final punishment and may be appealing to individuals who feel self-hatred (Mirdamadi, 2018). Younger people afflicted with depression are much more likely to commit suicide than older people with depression, who are more likely to adhere more faithfully to Shi'ism.

Almost no research is conducted on suicide in Iran. No reliable statistics on suicide rates there exist because to acknowledge suicide in the country means to acknowledge the existence of people who have disregarded Shi'ite teachings, which condemns and prohibits suicide. However, a survey of questions polled to depressed Iranian respondents on the nature of depression revealed that they often felt that life was pointless and should end sooner, that being dead meant to be free of all mental and emotional bonds, and that as life only ends in death, what was the point in suffering in the world any longer? (Mirdamadi, 2018). The amazing thing about these responses was that the questions never explicitly asked or talked about suicide.

Another culture that experiences depression differently from other cultures is Chinese culture. Their physical approach to the mental illness differs from Iran's more psychological approach centered around depressing feelings and suicidal thoughts. In Chinese society, depressed people report the more tangible feelings that they experience rather than their emotions. A study writes that Chinese people "do not report feeling sad, but rather express boredom, discomfort, feelings of inner pressure, and symptoms of pain, dizziness, and fatigue" (Kleinman, 2004, para. 1). Because of these norms associated with depression, Chinese people would likely condemn depression diagnosis methods in other countries such as the United States.

In conclusion, depression, being one of the most common mental disorders in the world, is intricate and still not fully known. A chronic disease that impairs function (LeMoult, 2019), it manifests in many different ways and often co-exists with other mental disorders, such as anxiety disorder. The correct diagnosis of it is crucial to proper treatment, which includes antidepressant monotherapy, psychological therapy, or electroconvulsive therapy. Such treatments have varying degrees of effectiveness. In the past 5 years, depression has become a more prevalent mental illness, having increased rates over the years, and increased further due to the pandemic. It has also inspired the development of new and more specialized antidepressants and will continue to do so. Finally, depression manifests in a variety of different ways across several cultures, two of which are Iranian and Chinese cultures.

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