Managing Depression and Anxiety

Abhinaya.N*
Department of Pharmacology, JNTU Hyderabad, Andhra Pradesh, India

INTRODUCTION

Anxiety and Depression are two mental health problems in our society. Among these two conditions, Depression is the most common mental disorder effecting 350 million people globally. Most commonly seen in developed countries like USA in the ratio of 2:10 [1, 3]. 70% women's are more prone to depression then men.

Depression is mainly due to state of low mind, behavior, feelings and sense of well-being. People with depression mood can feel sad, hopeless, irritable, guilty, restless etc. Depression at extreme levels can leads to suicidal tendency this is called as Major Depressive Disorder [4, 6]. Depression disorder is categorized to many ways like Psychotic depression, postpartum depression, seasonal affective disorder and most critical depression is bipolar depression also called as Manic depression. It is not common as major depression. In this cyclic moods changes from extreme high to extreme low [7, 10].

ANXIETY

Anxiety disorder characterized by emotional, physical and changes in behavior [11-14]. It creates uneasiness, fear, worry and hypertension. Anxiety disorder patients cannot behave normally, mood changes frequently. Mostly they seek to avoid people and certain places. Anxiety disorders are categorized into many types depends upon there conditions. Obsessive-compulsive disorder, panic disorder, phobias, and post traumatic disorder. Among these Generalized anxiety is the most common disorder [15-17].

Most common symptoms are seen like fear, racing thoughts, angry, uneasiness and worry. Physical symptoms like headache, chest heaviness, muscle tension, muscle aches, sweating and hot flashes.
Figure 1: Depression (image courtesy: http://www.healthination.com/mental-health/depression/)

Causes of Depression
Depression is caused by genetic, physical, environmental and psychological factors. Any sudden shock may give depression. Family background, empty feelings, stressful situation, side effects of some drugs, physical abuse or sexual abuse may trigger a depression episode [18-20].

TREATMENT

Various treatments are available for depression.
1. Psychological counseling
2. Medication

Psychological Counseling: It can be treated with talking with the people to change negative patterns of thinking and improve their life styles. It can be treated and there may be less chance of reoccurring [21-24].

Medication: Various drugs are used to treat depression and anxiety.
1. Selective serotonin reuptake inhibitors (SSRI)
2. Serotonin and norepinephrine reuptake inhibitors (SNRI)
3. Norepinephrine and Dopamine reuptake inhibitors (NDRI)
4. Atypical Antidepressants
5. Tricyclic Antidepressants
6. Monoamine oxidase inhibitors (MOI)
7. Other Medications.

Causes of Anxiety: Anxiety caused due to over stress, environmental conditions or may be genetic. Anxiety can be categorized into two types: Phobic disorders, Stress disorders. It may cause due to various physical factors like ill health, chest pain, hypertension and heart attack. In one word it is a panic attack [25-26].

SYMPTOMS

1. Hot and cold flushes.
2. Chest heaviness
3. High heart rate
4. Obsessive thinking and compulsive behavior.

Anxiety disorders are characterized into many types. They can be identified proper treatment can be given. Some of the types are mentioned as follows.

I. Generalized anxiety disorder [GAD]: Feeling worried for more than days and for at least six months. Excessive worry, over exited, uncontrollable behavior and irrational mood can be observed. GAD may develops it may be chronic, once it can be identified in initial stages and proper treatment given.

II. Obsessive compulsive disorder [OCD]: It is characterized by intrusive thoughts. This may create uneasiness, worry and fear. It will frequently observe in our daily routine. The symptoms include repeated behavior in daily activities. Obsession can termed as fear or worry, whereas compulsion can be termed as repetitive behavior associated anxiety. They can term as OCD. This can be treated with behavioral therapy and some selective serotonin.
III. Post-Traumatic Stress Disorders [PSD]: It develops when person expose to most traumatic situations such as major stress, sexual or physical abuse may leads to PSD. The person may feel disturbed, worry and depressed. Behavioral therapy can be used to treat PSD.

IV. Panic Disorders: Panic disorder is characterized with panic attacks. Persons gets panic with some incidences, areas etc. This can be treated by behavioral therapies.

TREATMENT

Antianxiety drugs are used to treat Anxiety. Some of the drugs are listed below. Benzodiazepams are as follow.

- a. counseling
- b. Medications:
  - i. Diazepam
  - ii. Alprazolam
  - iii. Lorazepam
  - iv. Clonazepam

Tricyclins:
- i. imipramine
- ii. clomipramine.

Mostly anti-depressants are also used to treat anxiety disorders.

CONCLUSION

I concluded that depression and anxiety can be treated by psychological counseling’s to motivate the patient; this may lead to reduce the chance of reoccurrence of depression and anxiety and improve the better life expectancy. Changing the environment of the patient and especially for Pre School patients associated with the depression and anxiety can be recognized and treatment should be given properly. Not only for pre-school for also adolescents and mainly for teenagers. Parents are also counseled for these cases. Family stress should be minimized to overcome the problem. Patients should be associated with society and social communication can plays a crucial role to treat depression and anxiety. Medication should be taken at initial stages. Meditation, yoga and exercise will create pleasant mood. Depression and anxiety patients should be given proper care, love, affection and happiness. It will achieve an abnormal behavior to normal and proper behavior. It will turn their darker shades of lives into brighter way.

REFERENCES


25. Arnfred Sm, Maria Touw E, Nilsson M. Intensive Transitional Post-discharge Service for Patients with Depression. J Depress Anxiety. 2014; S2:005.