

# Symptoms and Signs of Major Depressive Disorder and its Causes

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## Commentary

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## DESCRIPTION

A mental condition recognised as Major Depressive Disorder (MDD), commonly referred to as clinical depression, is characterised by at least two weeks of consistently negative mood, low self-esteem, and loss of interest in or enjoyment from typically pleasurable activities.

A mental state examination, the patient's reported experiences, behaviour noted by family or friends, and a diagnosis of major depressive disorder are used to make the diagnosis. Although there is no laboratory test for the illness, testing may be carried out to rule out medical conditions that can produce symptoms similar to the disorder.

Psychotherapy and antidepressants are frequently used to treat people with major depressive illness. Although medication seems to work, its impact might only be felt by the most profoundly depressed people. In situations when there is a high danger of injury to oneself or others, or where there is concomitant self-neglect, hospitalisation may be required. If other methods fail, Electro Convulsive Treatment (ECT) could be attempted.

With roughly 40% of the risk coming from genetics, major depressive disorder is thought to be brought on by a combination of environmental, psychological, and genetic variables. A family history of the illness, significant life changes, specific drugs, persistent health issues, and substance use disorders are risk factors.

## Symptoms and signs

The impact of major depression on a person's general health, work or school performance, family and personal connections, sleeping and eating patterns, and other activities is significant. A person experiencing a significant depressive episode typically displays a bad mood that permeates all facets of life and an inability to find pleasure in activities that they used to find delightful. Individuals suffering from depression may obsess about or dwell on ideas and feelings of worthlessness, unwarranted guilt or regret, helplessness, or hopelessness. Poor focus and memory, retreat from social activities and circumstances, decreased sex drive, anger, and suicidal thoughts are some other signs of depression. The typical pattern of insomnia is for a person to wake up quite early and have trouble falling back asleep.

Oversleeping, or hypersomnia, is another possibility. Some antidepressants' energising effects can also result in sleeplessness. People with severe depression may have psychotic symptoms. Delusions and unpleasant hallucinations are some of these symptoms. People who have experienced psychotic symptoms before are more likely to do so in the future.

Children who are depressed frequently exhibit an agitated mood rather than a melancholy one; the majority lose interest in learning and exhibit a sharp fall in academic performance. When symptoms are mistaken for typical moodiness, the diagnosis may be postponed or overlooked. Classical depressive symptoms may not be present in elderly individuals. The elderly are frequently being treated with several other medications at the same time and frequently have other concurrent ailments, which further complicates diagnosis and therapy.

## Cause

Depression's etiology is still not fully understood. According to the biopsychosocial model, depression is caused by a combination of biological, psychological, and social variables. According to the diathesis stress hypothesis, depressive episodes happen when stressful life circumstances trigger an underlying vulnerability, or diathesis. The inherent sensitivity may be schematic, coming from worldviews developed in childhood, or genetic, reflecting a synergistic connection between nature and nurture. According to American psychiatrist Aaron Beck, various depressed symptoms and indicators may result from a trio of habitual and spontaneously negative ideas about oneself, the outside world or environment, and the future.

A major depression risk factor is adverse childhood events, especially if there are multiple types. Childhood trauma is also associated with depressive intensity, a poor response to therapy, and a longer course of illness. Some people are more likely than others to have mental illnesses like post-traumatic depression, and several genes have been proposed to regulate susceptibility.

## Genetics

Depression develops largely as a result of genes. According to studies on families and twins, over 40% of the individual variations in risk for severe depressive disorder can be attributed to genetic factors. Major depressive disorder is probably influenced by numerous individual genetic variations, like the majority of psychiatric diseases.

**Other health problems**

Secondary depression is a phrase used to describe depression that develops after a chronic or terminal medical condition, such as HIV/AIDS or asthma. It is unknown if the underlying illnesses affect quality of life and cause depression. Iatrogenic depression, such as that brought on by drugs, is another possibility. Interferons, cardiac drugs, antipsychotics, and hormones like gonadotropin-releasing hormone agonist are some of the treatments for depression. Early substance use has been linked to a higher risk of depression later in life. Postpartum depression refers to depression that develops after childbirth and is thought to be brought on by hormonal changes related to pregnancy. It is believed that less sunlight causes seasonal affective disorder, a form of depression connected to seasonal fluctuations in sunlight.