



## Rational Tactics Treatment for Depressive Disorders

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**Abstract:** Depression (from Lat. deprimō "to push (down), to suppress") is a mental disorder, the main signs of which are a reduced — depressed, depressed, dreary, anxious, fearful or indifferent — mood and a decrease or loss of the ability to enjoy (anhedonia). Usually, some of the following symptoms are also present: low self-esteem, loss of interest in life and habitual activities, inadequate guilt, pessimism, impaired concentration, fatigue or lack of energy, sleep and appetite disorders, suicidal tendencies. Severe forms of depression are characterized by the so-called "depressive triad": a decrease in mood, inhibition of thinking and motor inhibition.

Depressive mood in some cases may be a normal temporary reaction to life events, such as, for example, the loss of a loved one. Depression can be a symptom of some somatic diseases and a side effect of certain medications and treatments; if the cause of depression is not obvious and depressive disorder occurs without external influences, such depression is called endogenous. In some cases, a person suffering from depression may begin to abuse psychoactive substances.

Various self-assessment tests are used for depression screening, such as the Zang scale for depression self-assessment, the Beck depression scale. The diagnosis of depression is established by a doctor on the basis of diagnostic criteria of depressive disorder.

It is a type of affective disorders (mood disorders). Depressions are treatable, but often turn out to be resistant. Currently, depression is the most common mental disorder.

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest in things and activities you once enjoyed. It can also cause difficulty with thinking, memory, eating and sleeping.

It's normal to feel sad about or grieve over difficult life situations, such as losing your job or a divorce. But depression is different in that it persists practically every day for at least two weeks and involves other symptoms than sadness alone.

There are several types of depressive disorders. Clinical depression, or major depressive disorder, is often just called "depression." It's the most severe type of depression. Without treatment, depression can get worse and last longer. In severe cases, it can lead to self-harm or death by suicide. The good news is that treatments can be very effective in improving symptoms.

Diagnosis

Your doctor may determine a diagnosis of depression based on:

**Physical exam.** Your doctor may do a physical exam and ask questions about your health. In some cases, depression may be linked to an underlying physical health problem.

**Lab tests.** For example, your doctor may do a blood test called a complete blood count or test your thyroid to make sure it's functioning properly.

**Psychiatric evaluation.** Your mental health professional asks about your symptoms, thoughts, feelings and behavior patterns. You may be asked to fill out a questionnaire to help answer these questions.

**DSM-5.** Your mental health professional may use the criteria for depression listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association. Types of depression

Symptoms caused by major depression can vary from person to person. To clarify the type of depression you have, your doctor may add one or more specifiers. A specifier means that you have depression with specific features, such as:

**Anxious distress** — depression with unusual restlessness or worry about possible events or loss of control

**Mixed features** — simultaneous depression and mania, which includes elevated self-esteem, talking too much and increased energy

**Melancholic features** — severe depression with lack of response to something that used to bring pleasure and associated with early morning awakening, worsened mood in the morning, major changes in appetite, and feelings of guilt, agitation or sluggishness

**Atypical features** — depression that includes the ability to temporarily be cheered by happy events, increased appetite, excessive need for sleep, sensitivity to rejection, and a heavy feeling in the arms or legs

**Psychotic features** — depression accompanied by delusions or hallucinations, which may involve personal inadequacy or other negative themes

**Catatonia** — depression that includes motor activity that involves either uncontrollable and purposeless movement or fixed and inflexible posture

**Peripartum onset** — depression that occurs during pregnancy or in the weeks or months after delivery (postpartum)

**Seasonal pattern** — depression related to changes in seasons and reduced exposure to sunlight

### Medications

Many types of antidepressants are available, including those below. Be sure to discuss possible major side effects with your doctor or pharmacist.

**Selective serotonin reuptake inhibitors (SSRIs).** Doctors often start by prescribing an SSRI. These drugs are considered safer and generally cause fewer bothersome side effects than other types of antidepressants. SSRIs include citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), paroxetine (Paxil, Pexeva), sertraline (Zoloft) and vilazodone (Viibryd).

**Serotonin-norepinephrine reuptake inhibitors (SNRIs).** Examples of SNRIs include duloxetine (Cymbalta), venlafaxine (Effexor XR), desvenlafaxine (Pristiq, Khedezla) and levomilnacipran (Fetzima).

**Atypical antidepressants.** These medications don't fit neatly into any of the other antidepressant categories. They include bupropion (Wellbutrin XL, Wellbutrin SR, Aplenzin, Forfivo XL), mirtazapine (Remeron), nefazodone, trazodone and vortioxetine (Trintellix).

**Tricyclic antidepressants.** These drugs — such as imipramine (Tofranil), nortriptyline (Pamelor), amitriptyline, doxepin, trimipramine (Surmontil), desipramine (Norpramin) and protriptyline

(Vivactil) — can be very effective, but tend to cause more-severe side effects than newer antidepressants. So tricyclics generally aren't prescribed unless you've tried an SSRI first without improvement.

Monoamine oxidase inhibitors (MAOIs). MAOIs — such as tranylcypromine (Parnate), phenelzine (Nardil) and isocarboxazid (Marplan) — may be prescribed, typically when other drugs haven't worked, because they can have serious side effects. Using MAOIs requires a strict diet because of dangerous (or even deadly) interactions with foods — such as certain cheeses, pickles and wines — and some medications and herbal supplements. Selegiline (Emsam), a newer MAOI that sticks on the skin as a patch, may cause fewer side effects than other MAOIs do. These medications can't be combined with SSRIs.

Other medications. Other medications may be added to an antidepressant to enhance antidepressant effects. Your doctor may recommend combining two antidepressants or adding medications such as mood stabilizers or antipsychotics. Anti-anxiety and stimulant medications also may be added for short-term use.

### Finding the right medication

If a family member has responded well to an antidepressant, it may be one that could help you. Or you may need to try several medications or a combination of medications before you find one that works. This requires patience, as some medications need several weeks or longer to take full effect and for side effects to ease as your body adjusts.

Inherited traits play a role in how antidepressants affect you. In some cases, where available, results of genetic tests (done by a blood test or cheek swab) may offer clues about how your body may respond to a particular antidepressant. However, other variables besides genetics can affect your response to medication.

### Risks of abruptly stopping medication

Don't stop taking an antidepressant without talking to your doctor first. Antidepressants aren't considered addictive, but sometimes physical dependence (which is different from addiction) can occur.

Stopping treatment abruptly or missing several doses can cause withdrawal-like symptoms, and quitting suddenly may cause a sudden worsening of depression. Work with your doctor to gradually and safely decrease your dose.

### Antidepressants and pregnancy

If you're pregnant or breast-feeding, some antidepressants may pose an increased health risk to your unborn child or nursing child. Talk with your doctor if you become pregnant or you're planning to become pregnant.

Antidepressants and increased suicide risk Most antidepressants are generally safe, but the Food and Drug Administration (FDA) requires all antidepressants to carry a black box warning, the strictest warning for prescriptions. In some cases, children, teenagers and young adults under age 25 may have an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed.

Anyone taking an antidepressant should be watched closely for worsening depression or unusual behavior, especially when starting a new medication or with a change in dosage. If you or someone you know has suicidal thoughts when taking an antidepressant, immediately contact a doctor or get emergency help.

Keep in mind that antidepressants are more likely to reduce suicide risk in the long run by improving mood.

### Psychotherapy

Psychotherapy is a general term for treating depression by talking about your condition and related issues with a mental health professional. Psychotherapy is also known as talk therapy or psychological therapy.

Different types of psychotherapy can be effective for depression, such as cognitive behavioral therapy or interpersonal therapy. Your mental health professional may also recommend other types of therapies. Psychotherapy can help you:

Adjust to a crisis or other current difficulty

Identify negative beliefs and behaviors and replace them with healthy, positive ones

Explore relationships and experiences, and develop positive interactions with others

Find better ways to cope and solve problems

Identify issues that contribute to your depression and change behaviors that make it worse

Regain a sense of satisfaction and control in your life and help ease depression symptoms, such as hopelessness and anger

Learn to set realistic goals for your life

Develop the ability to tolerate and accept distress using healthier behaviors

Alternate formats for therapy

Formats for depression therapy as an alternative to face-to-face office sessions are available and may be an effective option for some people. Therapy can be provided, for example, as a computer program, by online sessions, or using videos or workbooks. Programs can be guided by a therapist or be partially or totally independent.

Before you choose one of these options, discuss these formats with your therapist to determine if they may be helpful for you. Also, ask your therapist if he or she can recommend a trusted source or program. Some may not be covered by your insurance and not all developers and online therapists have the proper credentials or training.

Smartphones and tablets that offer mobile health apps, such as support and general education about depression, are not a substitute for seeing your doctor or therapist.

**Hospital and residential treatment** In some people, depression is so severe that a hospital stay is needed. This may be necessary if you can't care for yourself properly or when you're in immediate danger of harming yourself or someone else. Psychiatric treatment at a hospital can help keep you calm and safe until your mood improves. Partial hospitalization or day treatment programs also may help some people. These programs provide the outpatient support and counseling needed to get symptoms under control.

**Other treatment options**

For some people, other procedures, sometimes called brain stimulation therapies, may be suggested: Electroconvulsive therapy (ECT). In ECT, electrical currents are passed through the brain to impact the function and effect of neurotransmitters in your brain to relieve depression. ECT is usually used for people who don't get better with medications, can't take antidepressants for health reasons or are at high risk of suicide.

**Transcranial magnetic stimulation (TMS).** TMS may be an option for those who haven't responded to antidepressants. During TMS, a treatment coil placed against your scalp sends brief magnetic pulses to stimulate nerve cells in your brain that are involved in mood regulation and depression.

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