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Modern Methods of Diagnosis and Treatment of Depressive Disorders

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Abstract: One of the most common mental illnesses that affects millions of people around the world is depressive disorder. Most patients with pathological anxiety turn to general practitioners with symptoms of autonomic dysfunction. In its pure form, anxiety occurs in 45% of patients, and in another 32% it is accompanied by depression. The comorbidity of anxiety and depression is quite high. The extent of this comorbidity varies with age. The review examines issues of diagnosis and treatment of anxiety and depressive disorders. To date, a large amount of data has accumulated emphasizing the significant genetic, neurobiological and symptomatic overlap of depressive and anxiety disorders, which explains, in particular, the effectiveness of the same drugs in the treatment of these conditions (antidepressants, anxiolytics, antipsychotics).

Keywords: depressive disorder, comorbidity, anhedonia, diagnosis, antidepressants, anxiolytics, cognitive behavioral therapy

Depressive disorders are characterized by comprehensive changes in the patient's status at the following levels:

1. cognitive;
2. somatic;
3. emotional;
4. behavioral.

In the central nervous system, anxiety is controlled by the limbic system.

Depressive disorders are highly comorbid. The degree of comorbidity changes with age. It must be remembered that the level of depressive disorders increases in adolescence and young adulthood. The older the person, the higher the comorbidity of depression; as a rule, they are more common together than separately. Therefore, higher levels of comorbid anxiety and depression are observed more often in adolescents than in children. Several factors have been cited to explain the high rate of comorbidity between anxiety and depression, including a combination of symptoms, such as the presence of negative affectivity, increased familial risk (e.g., parental psychopathology), stress, information processing errors, and dysfunction in neural systems associated with emotion modulation. . It should be noted that anxiety often precedes the onset of depression, so the negative consequences of anxiety, especially interpersonal dysfunction, serve as a risk factor for the development of subsequent depression. For example, increased sensitivity to social evaluation threat and associated social avoidance of such situations may increase a child's likelihood of developing depression, especially when accompanied by peer rejection. To date, a large body of evidence has

accumulated highlighting the significant genetic, neurobiological and symptomatic commonality of depressive and anxiety disorders, while suggesting imperfections in current classification systems.

This largely explains the failure of advanced treatments for depression and anxiety disorders to relieve symptoms in a large number of patients. All these factors taken together represent a serious barrier to the development and implementation of new treatments. One of the common problems of anxiety and depressive disorders is anhedonia and the lack of effective treatments for its symptoms. Currently used psychological and pharmacological interventions typically aim to reduce negative affect rather than restore positive affect and hedonic drive. However, low positive affect and anhedonia are known to be important markers of increased risk of developing depression and anxiety disorders and significantly impede patient participation in treatment. Consistent with conceptualizations of anhedonia, research in affective and behavioral neuroscience has shown that anhedonia is not a unitary construct but can be decomposed into psychologically and neurobiologically distinct subcomponents, including reward anticipation, reward consumption, and reward learning. It is important to note that these subcomponents are supported by partially non-overlapping neural circuits and neurotransmitters and have distinct behavioral and cognitive manifestations. Numerous data indicate that

Modern approaches to the diagnosis of depressive disorders. Diagnosis of depressive disorders requires in-depth clinical examination. Questionnaires can be used to objectify these disorders. Laboratory and instrumental examination methods are used to exclude somatic pathology, which often requires the involvement of various specialists. If we talk about questionnaires, there are a number of easy-to-perform tests that can greatly facilitate a doctor's work, especially if you use a smartphone.

Treatment of depressive disorders

Depressive disorders are closely related forms of psychopathology that, in terms of overall risk and etiological basis, have marked variability within families and between generations. Therefore, depressive and anxiety disorders are successfully treated with antidepressants, in particular selective serotonin reuptake inhibitors (SSRIs), which act through the same biological mechanisms, although they are used in different dosages for these disorders. A recent meta-analysis examined the effectiveness of treatments for anxiety and depression in children and adolescents, the specificity of such treatments, and cross-over effects (whether treatment for depression reduced anxiety and vice versa). Randomized controlled trials (RCTs) conducted to evaluate the effectiveness of anxiety treatment (n=18) showed significant effects on both anxious and depressive symptoms among respondents. Similarly, RCTs of depression treatment (n=9) showed significant treatment effects on both depressive and anxiety symptoms, but larger effects were observed for depressive disorder than for anxiety disorder. Thus, crossover effects have been observed with treatments targeting either anxiety alone or depression. The pharmacological effects of antidepressants are associated with an increase in the synaptic availability of biogenic monoamines such as serotonin and norepinephrine, based on the monoamine theory of depression. Antidepressants can inhibit the reuptake of serotonin, norepinephrine, dopamine, or all neurotransmitters simultaneously. Some newer antidepressants have multimodal neuroreceptor activity, such as agomelatine and vortioxetine. Stable resistance to psychopharmacotherapy develops in approximately 20–30% of patients, which requires additional electroconvulsive therapy, transcranial magnetic stimulation or deep brain stimulation. One of the problems with the use of antidepressants is the slow reduction of depressive and anxiety symptoms in the patient. Most antidepressants develop their effect within 3–4 weeks. treatment, however, in some cases, improvement occurs over a longer period of time and to achieve a clinical effect it is necessary to wait from 4 to 6 weeks. or longer. A persistent antidepressant effect is associated with the formation of receptor hypersensitivity and requires long-term adaptation of synaptic transmission systems in the brain. Antidepressants, tranquilizers, atypical antipsychotics, anticonvulsants, and β-blockers are used in the treatment of anxiety disorders. Patients with anxiety disorders often require treatment with various anxiolytics - from benzodiazepines, which have a wide range of pharmacological activity (a combination of anxiolytic effect with sedative, hypnotic, anticonvulsant, vegetative-normalizing, muscle relaxant effects), to atypical new generation anti-anxiety drugs,

In general medical practice, it is preferable to use just such anxiolytics in patients with anxiety disorders, since there is a concept about the limited therapeutic capabilities of tranquilizers and the validity of their effective use only in the presence of a fairly simple structure of anxiety symptoms. If there is a decrease in the therapeutic effectiveness of anxiolytics or the addition of phobias, obsessions, senestopathies, conversion symptoms, then it is necessary to include antipsychotics, antidepressants and other medications in therapy. Meanwhile, the lack of effectiveness of anxiolytics in patients with anxiety disorders (within 60–70%) can be explained by the multiple mechanisms of anxiety regulation.

Non-pharmacological treatment of anxiety and depression includes psychotherapy, physical activity, and breathing training. Psychosocial interventions for anxiety and depression, such as cognitive behavioral therapy (CBT), have demonstrated positive effects in treating both anxiety and depression. The beneficial effects on both disorders may be explained by effects on common developmental mechanisms (eg, negative maladaptive cognition). CBT has some common elements in the treatment of anxiety and depression (eg, cognitive restructuring, problem-solving), but the same therapy may be unique to the treatment of anxiety (eg, relaxation training) and depression (eg, behavioral activation).

References:

1. Mendlewicz J. Sleep disturbances: core symptoms of major depressive disorder rather than associated or comorbid disorders. World J Biol Psychiat. 2009;10(4):269–275. DOI: 10.3109/15622970802503086.
2. World Health Organization. Depression and Other Common Mental Disorders Global Health Estimates. 2017. (Electronic resource.) URL: https://apps.who.int/iris/bitstream/handle/10665/254610/WHOE MSDEMERE2017.2Eeng.pdf (access date: 06.12.2020).
3. Акарачкова Е.С., Котова О.В., Рябоконь И.В. Депрессия и инсомния у пациентов с ИБС. Медицинский совет. 2014;11:50–55.
4. Мосолов С.Н., Федорова Е.Ю. Новый взгляд на патогенез депрессии: возможно ли появление быстродействующих антидепрессантов? Современная терапия психических расстройств. 2020;3:2–10. DOI: 10.21265/PSYPH.2020.79.58.001.
5. Оганов Р.Г., Ольбинская Л.И., Смулевич А.Б. и др. Депрессия и расстройства депрессивного спектра в общемедицинской практике. Результаты программы КОМПАС. Кардиология. 2004;44(1):48–55.
6. Tulqinovich, T. M. (2022). A MODERN LOOK AT ANXIETY DISORDERS IN TYPE 2 DIABETES MELLITUS. Research Journal of Trauma and Disability Studies, 1(3), 14–17. Retrieved from http://journals.academiczone.net/index.php/rjtds/article/view/68
7. Tilavov, M. T. ., & Kuchkorov, U. I. . (2022). Cognitive Disorders in Different Forms of Schizophrenia and Tactics of Differentiated Therapy. Research Journal of Trauma and Disability Studies, 1(4), 17–23. Retrieved from http://journals.academiczone.net/index.php/rjtds/article/view/64
8. Tilavov Maruf Tulqinovich, Peraboina Sai Subramanya Kashyap. (2023). FEATURES OF THE COURSE OF THE CAUSE OF DEVELOPMENT AND TREATMENT OF PATIENTS WITH SCHIZOPHRENIA. UNIVERSAL JOURNAL OF MEDICAL AND NATURAL SCIENCES, 1(1), 9–14. Retrieved from https://humoscience.com/index.php/mc/article/view/1146