



Diseases of Depression and Anxiety and it's Treatment

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ABSTRACT

Depression is a serious mental health problem that affects people regardless of social status or education, is associated with changes in mood and behavior, and can lead to suicide attempts. Anxiety disorder is the most common of all mental illnesses. The combined prevalence of the group of anxiety disorders is higher than that of all other mental disorders in childhood and adolescence. Anxiety disorder leaves you unable to cope with daily life due to abnormal fears of life. It is diagnosed when a person has persistently low or depressed mood, anhedonia or lack of interest in pleasurable activities, feelings of guilt or worthlessness, lack of energy, poor concentration.

Key words: depression, anxiety, symptom and treatment.

1. Introduction

“On order for man to succeed in life, god provided him with two means, education and physical activity. Not separately, one for the soul and the other for the body but for the two together. With these two means, men can attain perfection” (Plato, fourth century BC).

Physical activity is associated with a range of health benefits, and its absence can have harmful effects on health and well being, increasing the risk for coronary heart disease, diabetes, certain cancers, obesity, hyper-tension and all cause mortality (CDC 1996).

Physical inactivity may also be associated with the development of mental disorders: some clinical and epidemiological studies have shown associations between physical activity and symptoms of depression and anxiety in cross-sectional and prospective-longitudinal studies. Moreover, exercise is an integral part in the treatment and rehabilitation of many medical conditions. Improving physical well being may also lead to improved psychological well being and is generally accepted that physical activity may have positive effects on mood and anxiety.

What is the empirical evidence for this belief: what do we not know about the association of physical activity and depression or anxiety (disorders) and can/should exercise (training) be used in the treatment of depression or anxiety disorders ?

The course of depressive and anxiety disorders varies widely. In About 40% of cases, these disorders have a short duration; but more than 40% of patients have a recurrent disorder, and 5% to 30% of patients have a chronic depressive or anxiety disorder.

Currently, studies are focusing on the identification of factors predicting the course of depressive disorders. Identified factors associated with an increased risk of recurrence, chronicity, or treatment resistance of depressive disorders are greater severity of the index episode, more residual depressive symptoms, early age of disorder onset, and psychiatric comorbidity.

Furthermore, some evidence for a poorer course has been found in randomized controlled trials in patients with depressive disorder and comorbid pain. One trial, which evaluated the effect of a collaborative stepped-care program for late-life depression, found that greater pain severity was associated with higher levels of severity of depressive symptoms and lack of remission of the depressive disorder.

A treatment trial for participants with panic disorder and generalized anxiety disorder showed that disabling pain was associated with more severe anxiety symptoms over time and a lower likelihood of responding to treatment.

Although some cross-sectional studies and treatment trials show that pain might influence depressive and anxiety disorders, to the best of our knowledge, no large study has longitudinally examined the impact of pain on the course of depressive and anxiety disorders.

In addition, the extent to which the effects of pain are independent of or accounted for by other confirmed clinical course determinants—such as severity, duration, and age of onset of the depressive or anxiety disorder—has not yet been determined.

Therefore, the objectives of this study were (1) to examine the influence of pain on the 2-year course of depressive and/or anxiety disorders, and (2) to investigate to what extent the association between pain and course of these mental disorders is mediated by or independent of other clinical psychiatric characteristics (such as severity, duration, and age of onset).

The importance of both depression and anxiety is unquestionable as these symptoms have been re-reported to be amongst the most disabling that influence the general health and the quality of life in MS patients. Thus, focusing on alleviating these problems is very important. However, treatment for anxiety and depression in MS patients is not widely studied. The proportion of MS patients reporting ongoing use of antidepressant drugs is sometimes surprisingly low and the extent of treatment by a psychologist on this indication has, to our knowledge, not been reported.

The purpose of this study was to investigate the prevalence of symptoms of depression and anxiety amongst MS patients compared with that in the general population. In addition, we analysed possible associations of these symptoms with demographic and clinical characteristics of the disease, as well as current treatment options available.

2. Anxiety:

Anxiety is something we all experience from time to time. It is a normal response to situations that we see as threatening to us. For example, if we had to go into hospital for an operation, or had to sit a driving test, or take an exam, it would be natural to feel anxious. Anxiety at certain levels can even be helpful in some situations such as when we need to perform well, or cope with an emergency.

- Symptoms of anxiety
- Feeling nervous, restless or tense
- Having a sense of impending danger, panic or doom
- Having an increased heart rate
- Breathing rapidly (hyperventilation)
- Sweating
- Trembling
- Feeling weak or tired
- Trouble concentrating or thinking about anything other than the present worry
- Having trouble sleeping
- Experiencing gastrointestinal (GI) problems
- Having difficulty controlling worry
- Having the urge to avoid things that trigger anxiety

3. Depression

Depression is the most common of the affective disorders; it may range from a very mild condition, bordering on normality, to severe (psychotic) depression accompanied by hallucinations and delusions. Worldwide, depression is a major cause of disability and premature death. When the negative reactions to life's situations become repetitively intense and frequent we develop symptoms of depression. Life throws up innumerable situations, which we greet with both negative and positive emotions such as excitement, frustration, fear, happiness, anger, sadness. Depression is prevalent among all age groups, in almost all walks of life. Indians are among the world's most depressed. According to a World Health Organization-sponsored study, while around 9% of people in India reported having an extended period of depression within their lifetime, nearly 36% suffered from what is called Major Depressive Episode (MDE). MDE is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration, besides feeling depressed.

Lowest prevalence of MDE was in China (12%). The average age of depression in India is 31.9 years compared to 18.8 years in China, and 22.7 years in the US. The female: male ratio was about 2:1."WHO ranks depression as the fourth leading cause of disability worldwide and projects that by 2020, it will be the second leading cause.

4. Symptoms of depression

- A feeling of sadness, anxiousness, or loneliness all the time

- The mind fails to have a positive outlook towards things. The feeling of hopelessness and helplessness becomes overwhelming
- Loss of self-respect or a feeling of worthlessness
- Frequent crying, without any external trigger
- Annoyance or anger, which happens often and easily
- Loss of interest in usually favorite hobbies
- A constant feeling of tiredness
- A lack of mindfulness
- Pace of walking and talking declines
- Lack of enough sleep or oversleeping
- A gain in weight due to overeating and lack of exercise or loss of weight due to loss of appetite
- Pain might be experienced in the form of headaches or stomach aches
- Tendency to harm self
- A decline in sexual desire

5. Treatment of depression

The scientific journal of exercise as treatment for clinical depression was published our central ago. Reported favorable outcomes following the exercise in emotional cognitive and bodily symptoms into severally depress patients. Among studied comparing exercise with no treatment, and colleagues found running and weight lifting exercise programs to tel. Compared aerobic exercise with occupational therapy for depressed patients and found exercise to be significantly more effective.

5.1 Psychotherapy

The need to examine psychotherapy effects is under cored not only by evidence on the extent, impact, and sequence of youth depression but also buy recent debate over medication risks. Select you serotonin reuptake inhibitors have volume widely used treatment for depressed youths, but concern over a possible risks, including suicidal ideation and suicide attempts, have lead regulatory Agencies to hold hearing, issue safety warnings ,and classify SSRIS as contra indicated For pediatric use.

5.2 Medication

Doxorubicin is cyclic antibiotics that act by binding to DNA and disordering synthesis. Based on animal models, this class of medications is potentially toxic however at therapeutic doses in humans these agents do not cross the blood brain barrier. Depression is not commonly associated with these agents, nevertheless, one perspective random phase 3 trial, reported the incidence of depression as 6% and 10% respectively.

5.3 Various exercise

Regular physical exercise is one of the best and most affordable of maintaining good health and improving over all well being. The health benefits of exercise have also been widely acknowledge to in compares mental health. Offer the meta analysis investigating the doors response relationship between physical activity had significant mental health benefits, even at levels below public health recommendation .These are ported that 25% of patients developed mild depression and drowsiness which in one month of therapy; where related with more saver symptoms ,and discontinuation of it lead to the resolution of symptoms.

5.4 Evolution and intervention studies

The number of studies is limited, and some studies have methodological shortcomings, but research so far indicates that may be an alternative or adjunct to traditional forms of treatment in adult patients with mild to moderate form of major depression and disorder. essential goal of an exercise program for mental health should be to focus on irregular activity of any type that is enjoyable and provides the sense of accomplishment. The ultimate m should be to Establish regular exercise as a lifelong habit.

6. Treatment of anxiety

Patience need to be warned that indication of treatment can be associated with increased anxiety in some people and these can required 2-3 Vicks of benzodiazepine cover. Cognitive behavior therapy is a structured psychological treatment which is of proven efficacy of depression and anxiety. The approach depends upon clear descriptions of symptom onset and maintenance with homework between sessions to reduce symptom severity. Please can be done by challenging distorted thoughts and using techniques.

6.1 Treatment of anxiety disorder

In a prospective study without a control group, patience with panic disorder and agoraphobia improved following an 8-week in patient program, mainly consistency of daily aerobic exercise, but the majority replace at 1-year follow up. No follow updates are reported. Exercise intervention studies in other anxiety disorders have not been published. Studies in children and adolescents are few, but there seem to be a small effect in factor of exercise in reducing anxiety scores in the general population of children and adolescents.

7. Conclusion

Anxiety and depression disorder are measure problem for public health, and there cost to both the individual and the society are enormous. Unfortunately, many depressed and anxious Hindi video all review inadequate treatment or none whatsoever, to capacity for treatment Falls sort of the need. It is therefore of utmost importance to help people take active responsibility for their own health. mental health gains maybe achieve by adopting a habit of regular exercise, and the potential of exercise May be improved when exercise is integrated with cognitive behavioral theory.

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