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Assessment 1

Supporting Paper

Recurrent Depressive Disorder

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Introduction

This report focuses on and evaluates in-depth the support, treatment, and provision of services to those living with recurrent depression. This report includes the definition, classification within the ICD-10 manual, diagnosis, symptoms, treatment guidelines and a brief description of historical views and treatments compared to the current provision of recurrent depressive disorder.

Overview

Mental Illness or Mental Disorder is an alteration of an emotional, cognitive and/or behavioural nature, in which basic psychological processes are affected, such as emotion, motivation, cognition, consciousness, behaviour, perception, sensation, learning and language. These disorders make it difficult for the person to adapt to the cultural and social environment in which they live and create some form of subjective discomfort (Borges, 2018).

History

References to mental conditions already appear written in ancient Egypt and in other civilizations. The widespread belief was that they were caused by demons or were a punishment from the gods, healing was through exorcisms and other rituals of a religious nature. Hippocrates, a Greek physician, is considered to be the first to describe depression or melancholia clinically in the 5th century BC (Bourin, 2020).

During the Middle Ages, very little progress was made in the knowledge of mental illness and the prevailing idea is that madness is a manifestation of sin, a divine punishment when not the outward sign of being possessed by the devil. Consequently, the treatments used were exorcisms, penance and physical punishment, the attitude of society towards these patients varied between rejection and certain tolerance (Fundación Salto, 2013).

During the fifteenth century, establishments began to be built in Europe for the internment of people who present symptoms that today we would define as mental disorders.

The beliefs about demon possession persisted until about the middle of the 18th century and the treatment that these people received in the establishments in which they were confined was based on the use of coercive means. If the patients weren't restrained or even chained to walls, they wandered alone and were the object of ridicule, mistreatment, and contempt. On Bedlam (St Mary of Bethlehem, London Hospital) visits were organized as early as 1676 as a paying tourism attraction, which continued until the 1800s so that the population could witness

the poor conditions and squalor in which people admitted there lived (Pérez and Peñaranda, 2017).

The first effective treatment for depression was developed in the 1930s: electroshock. This treatment was improved technically (anaesthesia, muscle relaxant) making it a more humane and acceptable procedure for doctors, patients, and family members (Pérez, Manuel and Montes, 2001).

In the 1950s, the psychopharmacological revolution began: the use of antipsychotics such as chlorpromazine and antidepressants. The history of these drugs is closely linked to research that attempted to discover the cause of mood disturbance, especially the biochemical aetiology (Retamal, 1998, pp.7–54).

Definition of Depression and Recurrent Depressive Disorder

Depression is a psychological disorder that is included within mood disorders, popularly the word is used to refer to a state in which the person feels sad, however, this use sets aside the clinical aspect of depression. From a clinical perspective, clinical depression is a condition in which there is a consistent depressed mood or loss of interest along with other prominent physical and mental symptoms, such as sleep difficulties, decreased appetite, reduced concentration, as well as feelings of hopelessness and worthlessness. The difference between sadness and depression is that sadness is an unpleasant feeling caused by adversity in life, depression is constituted within an abnormal clinical and pathological frame. In addition, the depressed person does not know exactly what is causing their suffering, while the sad person suffers for a specific and defined reason (Clínica Universidad de Navarra, 2020).

Characterized by repeated episodes without episodes of mania (elevated mood and energy), Recurrent Depression is classified within the World Health Organization's (2022) ICD-10 Manual for the classification of Mental and Behavioral Disorders in the F33 category.

The more severe types of this disorder (F33.2: severe without psychotic symptoms and F33.3: severe with psychotic symptoms) have much in common with earlier concepts such as melancholia and manic depression.

People suffering from this disorder may experience brief episodes of hypomania (overactivity and mood elevation), sometimes induced by antidepressant treatment. There is also a risk of experiencing mania, and in this case, the diagnosis may be changed to bipolar affective disorder (WHO, 2022).

Data/ Statistics

According to the World Health Organization (2022), depression is the leading cause of disability. Currently, 121 million people suffer from depression and the burden of depressive illness is increasing. The WHO warns that one in five people will develop a depressive condition in their life, and this number will increase if other factors such as medical illnesses or stress situations are present. Worldwide, the incidence of this disease is up to two times higher in women than in men. It is also observed that depression affects more young people. Dependence on alcohol and other substances, as well as suicides, are serious and increasingly widespread problems that are closely related to depression; Globally, 70 million people suffer from alcohol use disorders. Every year more than 800,000 people commit suicide. Young people are the most at risk since many of the suicide cases correspond to this group. An International Labour Organization (2022) study of mental health policies and programs concerning workers in Finland, Germany, Poland, the United Kingdom, and the United States shows that the incidence of mental health problems is increasing, to the point that one in ten workers suffers from depression, anxiety, stress, or fatigue, which in some cases lead to unemployment and hospitalization. In Spain, the prevalence of depression is 10% of the population and affects almost 4 million citizens. It is estimated that around 20% of patients who consult primary care physicians in Spain suffer from well-defined mental disorders and this population increases to 40% when minor mental disorders are included. It affects fewer people than in other countries around us, such as the United Kingdom or Ireland, where it reaches a rate of 17% and 12.8%, respectively. The study concluded that approximately five out of ten leading disability causes worldwide are mental disorders such as depression, bipolar disorder, and schizophrenia (Harnois and Gabriel, 2000).

The Covid -19 pandemic has seemingly propelled a rise in depression cases. According to a study published by the journal *The Lancet Psychiatry* (2021), hundreds of patients who had Covid-19 and who did not need hospitalization have presented mental or neurological health disorders up to six months after being infected. This is a study carried out by a team from the University of Oxford, in which they examined 236,379 patients in the United States, older than 10 years, who were ill. In most cases, the emotional situation experienced by the pandemic, lack of jobs, and confinement, could cause depression or anxiety; but Covid also acts on the nervous system, causing the problem. This study highlighted that the Covid-19 pandemic made mental illnesses visible in a context in which 30% of the population has a disorder at some point in their lives, and in which 75% of these do not receive treatment. (Belsasso, 2021).

Aetiology (Causes) of the disorder

The causes of depression are multiple. It is reasonable to state that there is usually a multi-causality, being frequent to find that from a certain biological predisposition (inheritance, hormonal, and biochemical alterations) and biographical (melancholic depressive personality style, together with upbringing factors, family structure and stressful childhood life situations), the symptoms are triggered in coincidence with environmental situations and conflict, failure, or bereavement (Retamal, 1998, pp.7–54).

Except for cases related to organic diseases such as tuberculosis and Parkinson's, depression is generally caused by the interaction of certain factors such as hormonal changes and alterations in brain neurotransmitters (serotonin, norepinephrine, and dopamine), or psychosocial factors such as trauma and stress (American Psychiatric Association, 2013).

Signs/Symptoms of Recurrent Depression

In the depressive person, apathy stands out, lack of motivation and withdrawal from social life. Their willingness to engage in social and recreational activities decreases, causing life to become increasingly empty of enjoyable and meaningful situations (Moerk and Klein, 2000).

According to the ICD-10 manual (WHO, 2022), the main symptoms of depression are loss of interest, pleasure, energy, and depressed mood. These symptoms may be accompanied by a loss of self-esteem, recurrent suicidal ideations, insomnia, or hypersomnia, and a decrease or increase of appetite with corresponding weight fluctuations (Jensen and Cleare, 2008).

Diagnosis (Assessment)

A diagnosis of depression is only made when several of the typical symptoms are present at the same time for at least 2 weeks and are proven to interfere with the person's ability to perform daily tasks (Mind, 2019).

A health practitioner must conduct a diagnostic evaluation before diagnosing and treating. This evaluation includes an interview and a physical examination including a blood test to rule out causes such as a thyroid condition, a vitaminic deficiency or organic diseases like tuberculosis or Parkinson's. The evaluation identifies certain symptoms and explores medical and family backgrounds and environmental factors (Torres, 2020).

The depressive episode may be deemed mild, moderate, or severe. Treatment will vary depending on the individual (Moerk and Klein, 2000).

Current Treatments and Services

The ideal treatment for depression will depend on the specific characteristics of the depression subtype and will, as always, be personalized, so an adequate doctor-patient relationship is essential. Basically, the treatment consists of psychotherapy and pharmacotherapy.

With psychotherapy, security, trust, understanding and emotional support are offered; attempts are made to correct distorted thoughts; the temporary character is explained, and the situation is dramatized; the patient's participation in the healing process is achieved and, finally, they are taught to anticipate possible relapses.

As a pharmacological treatment, antidepressants, anxiolytics, and other adjuvant drugs are used, such as thyroid hormones, lithium carbonate or psychostimulants.

Finally, electroconvulsive treatment, which is performed in some circumstances (severe major depression in adults, resistant depression), under anaesthetic control and muscle relaxation. It is a safe technique and its side effects on memory are usually mild and transitory. For operational, economic, and socio-cultural reasons, it is reserved for very specific indications (Clínica Universidad De Navarra, 2020).

Analysis/ Discussion

The problem with antidepressants is that they have multiple mechanisms of action and effects on various biochemical systems, which tends to cause not only the desired effects such as improving mood but also other undesirable ones, called adverse or collateral effects, some of them potentially dangerous (Moerk and Klein, 2000).

There are three psychological treatments that have shown their effectiveness in depression. They are Behaviour Therapy, Cognitive Therapy and Interpersonal Psychotherapy. All of them can be said to be "well-established" treatments. All of them consist of a structured program of the order of 12-16 sessions, with some additional, and have an application manual (sometimes including a patient manual). Likewise, they are all susceptible to its application, not only as acute treatment but also pertaining continuation and maintenance. Efficacy has been shown to be at least equal to that of antidepressant medication (which is more directly evidenced by Cognitive Therapy and Interpersonal Psychotherapy) (Retamal, 1998, pp.7–54).

In relation to the efficacy of the combination of medication and psychological treatment, the results are controversial, while some, rather the majority, show that the combination is not better than each therapy separately, however, other results support their joint application.

Moreover, studies have shown that the combination favours especially those suffering from chronic depression (Pérez, Manuel and Montes, 2001).

Case Study

Luke, a 34-year-old male graduate suffering from recurrent depressive disorder; recalls feeling tense constantly since high school. During his assessment interview, he remembers suffering three depressive episodes that were seemingly triggered by a life transition. Each episode was more severe and lasted longer despite being treated with antidepressants and psychotherapy. While being treated for his most recent episode, while he admitted that Cognitive Behavioural Therapy (CBT) helped him think more positively, he could not help having negative thoughts and feelings. He was treated with various medications, but these produced negative side effects such as intolerable fatigue and feelings of flatness and numbness (Sipe and Eisendrath, 2020).

Principles when working with people with Recurrent Depression from NICE

Practitioners delivering treatment must be under regular supervision to ensure adherence to NICE (2022) guidelines. Under these parameters, professional relationships with patients must have mutual respect and trust in their core while applying a person-centred approach. The concepts of quality deliverance, equity and non-maleficence must also be observed.

Patients must be involved in their care and their autonomy and freedom must be safeguarded according to the Mental Health Act (1983) and the Human Rights Act (1998). Patients cannot be sectioned unless they pose a threat to themselves or others (Bingley, 1990). Moreover, personal data must be protected under the Data Protection Act (1998) to ensure the personal and sensitive details of patients remain private (The Mental Health Foundation, 2022).

Conclusion

Social participation, engagement and inclusion of people suffering from depression must be encouraged while removing stigma and discrimination.

Services and support must be improved to ensure people receive the right help and support. Adjuvant complementary therapies such as yoga should be offered to patients in conjunction with their treatment (Mind, 2019).

Practitioners must always adhere to the NICE (2022) guidelines to guarantee the safety and wellbeing of their patients.

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Appendix: PowerPoint Presentation – Debate



STUDENT NAME: **SARAY CREGO PEREZ**

STUDENT NUMBER: **1916155**

MODULE NAME: **MENTAL DISORDERS AND PSYCHOPATHOLOGY**

MODULE CODE: **BMHP6006**

LECTURER: **BIANCA SANFILIPPO**

DATE: **WEEK 8, 12/04/2022**



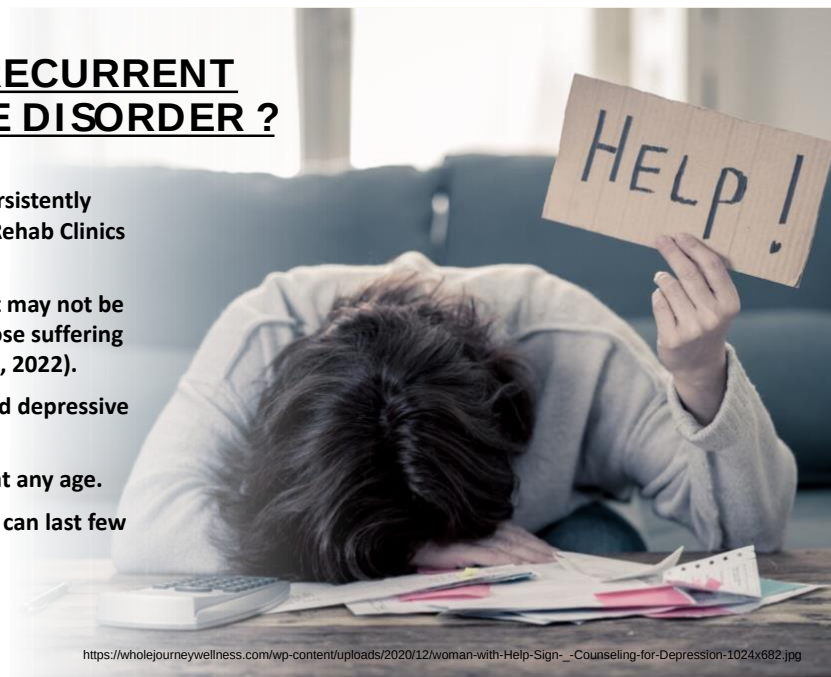
RECURRENT DEPRESSIVE DISORDER

<https://www.learning-mind.com/wp-content/uploads/2017/03/negative-energy.jpg>

WHAT IS RECURRENT DEPRESSIVE DISORDER ?

- A type of Depression that persistently arises in bouts or episodes (Rehab Clinics Group, 2022).
- Individuals that experience it may not be depressed constantly like those suffering with clinical depression (NHS, 2022).
- It is characterized by repeated depressive episodes.
- The first episode may occur at any age.
- The duration of the episodes can last few weeks or many months.

(WHO, 2022)

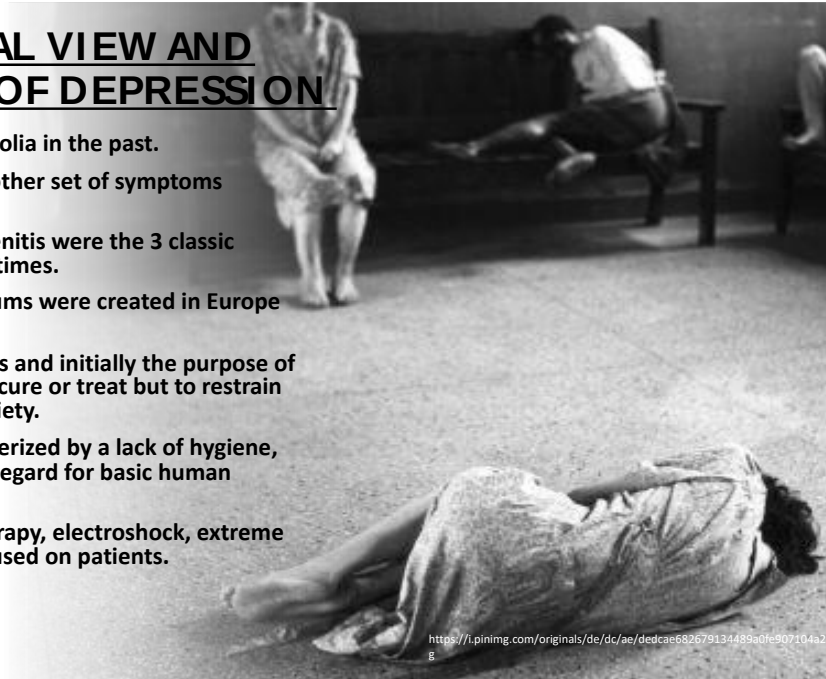


https://wholejourneywellness.com/wp-content/uploads/2020/12/woman-with-Help-Sign_-_Counseling-for-Depression-1024x682.jpg

HISTORICAL VIEW AND TREATMENTS OF DEPRESSION

- It was denominated Melancholia in the past.
- Mania was considered as another set of symptoms related to Melancholia.
- Mania, Melancholia and Phrenitis were the 3 classic forms of madness in ancient times.
- The first sanatoriums or asylums were created in Europe on the 13th century.
- The conditions were atrocious and initially the purpose of these institutions was not to cure or treat but to restrain and isolate patients from society.
- The institutions were characterized by a lack of hygiene, persistent abuse and lack of regard for basic human rights.
- Treatments such as hydrotherapy, electroshock, extreme purging or lobotomies were used on patients.

(Pérez and Peñaranda, 2017)

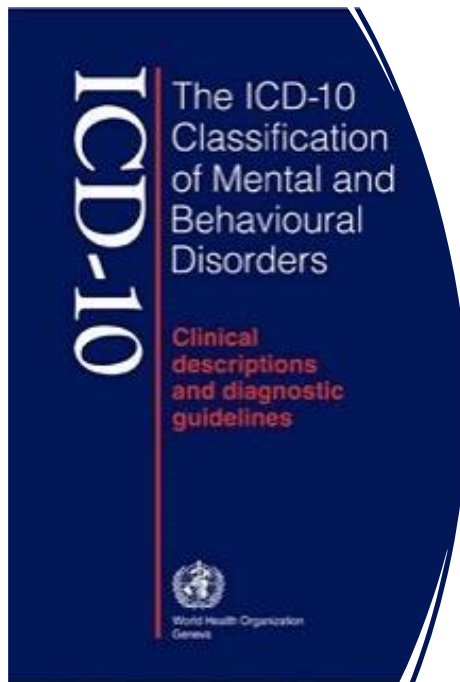


TYPES OF DEPRESSION

- Clinical Depression
- Depressive Episode
- Recurrent Depressive Disorder
- Reactive Depression
- Dysthymia
- Cyclothymia
- Manic Depression
- Psychotic Depression
- Prenatal or Postnatal Depression
- Seasonal Affective Disorder (SAD)

Mental Health UK (2022)





CLASSIFICATION OF DEPRESSIVE DISORDER WITHIN ICD-10

Mood
[affective]
disorders
(F30-F39).

Recurrent
Depressive
Disorder
(F33- F33.9).

The most severe forms of recurrent depressive disorder (F33.2: severe without psychotic symptoms. F33.3: severe with psychotic symptoms) are akin to earlier concepts such as manic depression, melancholia and endogenous depression (WHO, 2022).

Source: <https://icd.who.int/browse10/2010/en#/F30-F39>

CAUSES OF DEPRESSION/ AETIOLOGY

- Trauma.
- Hormonal changes, alterations in brain neurotransmitters such as serotonin, norepinephrine and dopamine, genetic components.
- Psychosocial factors (stressful circumstances in affective, work or relationship life).
- Personality (especially, its mechanisms of psychological defence).
- Depression is associated with organic diseases (Parkinson's disease, tuberculosis).
- Hereditary components.

(Tickell et al., 2020)



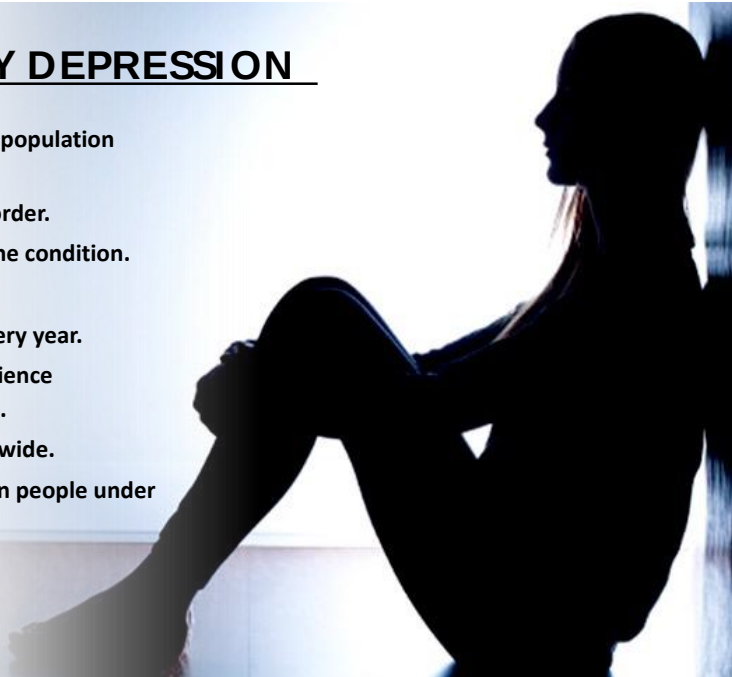
<https://nibdraft.com/wp-content/uploads/2019/12/people-edit.jpg>

WHO IS AFFECTED BY DEPRESSION

- An estimated 5.0% of the global adult population suffers from Depression (WHO, 2022).
- It is the most common psychiatric disorder.
- Women are more prone to suffering the condition.
- It is one of the leading suicide causes.
- Over 700.000 people die of suicide every year.
- 10% of men and 25% of women experience depression at some point in their lives.
- It is the main cause of disability worldwide.
- It appears more often in women and in people under 45 years of age.

(Clínica Universidad De Navarra, 2020).

<https://www.mypress.mx/img/articulos/3608.jpg>

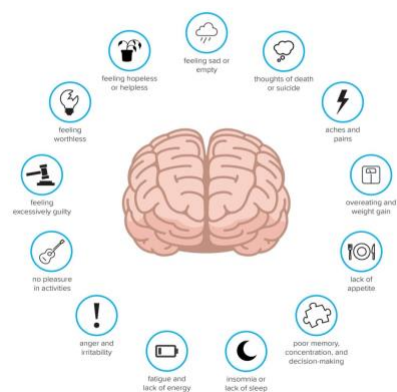


SYMPTOMS/ SIGNS

- Depressed Mood (Sad, Irritable, Empty).
- Loss of pleasure and interest for activities.
- Mood swings.
- Feelings of guilt or inadequacy.
- Irritability, pessimism about the future.
- Thoughts of death or suicide.
- Loss of confidence in oneself or others.
- Decreased concentration and memory.
- Restlessness, sleep disorders.
- Decreased appetite and libido, among others.

(US National Library of Medicine National Institutes of Health, 2007)

Common Symptoms of Depression



<https://cdn-prod.medicalnewstoday.com/content/images/articles/326/326769/an-infographic-showing-the-commons-symptoms-of-depression.jpg>



DIAGNOSIS

- The symptoms must be recurrent and uninterrupted for at least 2 weeks.
- The symptoms must be of an incapacitating nature.
- Diagnostic interview.
- Rule out organic disease through: diagnostic tests and evaluation by other specialists.
- Psychodiagnostic tests.

(Moerk and Klein, 2000)

<https://img.emedhealth.com/wp-content/uploads/2020/06/depression-diagnosing-feat.jpg>

CURRENT TREATMENTS

- Cognitive Behavioural Therapy (CBT).
- Interpersonal Therapy.
- Behavioural Activation.
- Psychotherapy.
- Psychodynamic Therapy.
- Bereavement Counselling.
- Pharmacological treatment.
- Electroconvulsive therapy (ECT).
- Transcranial direct current stimulation (TDCS).
- Repetitive Transcranial direct current stimulation (TDCS).

(Mind, 2022)

<http://masterrad.ru/wp-content/uploads/2018/10/neudachnik.jpg>



PROFESSIONAL PRINCIPLES WHEN WORKING WITH PEOPLE WITH DEPRESSION

A professional relationship based on mutual trust and respect with a person-centered approach.

Patients should always be aware and involved on their treatment.

Ensure efficiency and equity

Respect and dignity.

Enforce and respect policies, code of practise and legislation (Mental Health Act, 1983).

Respect the patients' freedom unless they pose a threat to themselves or others (NICE, 2021).

NICE

National Institute for
Health and Care Excellence

IT'S OK NOT TO BE OK

- **SUPPORT OTHERS AND YOURSELF TO STAY WELL.**
- **PRACTICE SELF-CARE.**
- **NAME IT.**
- **GET HELP AND SCREENING AS SOON AS SYMPTOMS START.**
- **KEEP IN TOUCH.**
- **STAY ACTIVE.**
- **TAKE A BREAK.**
- **DON'T BE AFRAID TO TALK ABOUT YOUR FEELINGS.**

**YOU ARE
NOT
ALONE**



RECOMMENDATIONS FOR IMPROVEMENT

- Remove inequality of opportunity.
- Enable social participation and engagement by being inclusive with people that suffers from depression.
- Remove social stigma and discrimination by treating everyone the same regardless of their sex, race or medical conditions.
- Improve services and support to ensure people get the right services and support at the right time.

(Mind, 2022)

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