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# Major Depressive Disorder: Pathophysiology and Clinical Management

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### Abstract

Depression is a chronic mental disorder that causes changes in mood, thoughts, behavior and physical health. According to the World Health Organization (WHO) 350 people worldwide are said to suffer from this mental disorder. The lifetime prevalence for major depression is reported to be as high as 14-17% and the one-year prevalence is 4-8%. The lifetime prevalence rates of major depressive disorders among women are 10-25%, and for men 5-12%. There are various forms of depression that range from mild to extremely severe conditions like psychotic depression in which the patients show symptoms such as hallucinations and delusions. There are diverse theories on the pathogenesis of depression most based on measurement of indirect markers, post-mortem studies and neuro-imaging techniques. Furthermore, an array of treatment options has been developed to combat depression over the decades. The various approaches include pharmacotherapy, psychotherapy and somatic therapy often employed for treatment resistant depression. Medicinal plants around the world have been used to treat disorders of the body and the mind since antiquity. Herbal medicine has also been a reasonable alternative for the management of mental disorders such as anxiety, depression and dementia among plenty others. Medicinal plants most widely used to treatment depression around the world are *Hypericum perforatum*, *Centella asiatica*, *Rhodiola rosea*, *Platifolia paniculata*, *Rauwolfia serpentina*, *Rhododendron molle*, *Schizandra chin*, *Thea sinensis*, *Uncaria tome*, *Valeriana officinalis* and *Withania somnifera*.

**Keywords:** Major depressive disorders; Herbal antidepressants; Epidemiology; Somatic therapy; Neurotransmitters

### Introduction

#### Overview of depression

Depression is a chronic mental disorder that causes changes in mood, thoughts, behavior and physical health. It's a common but serious disease that can take away a person's ability to enjoy life and cause decline in capacity to undertake even the simplest daily tasks. Other than its chronic nature, symptoms associated with this mental disorder are often recurring and life threatening. According to the World Health Organization (WHO) unipolar depression is one of the leading causes of disability-adjusted life year (DALY) and approximately 350 people worldwide are said to suffer from this mental disorder [1,2].

As described in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition (DSM-V) [3], the hallmark of major depressive disorder (MDD) is the occurrence of depressed mood (dysphoria) and loss of interest in activities that were rather pleasurable in the past (anhedonia) for a duration of at least two weeks. These symptoms must also be accompanied by at least four of the following manifestations such as changes in appetite or weight, sleep patterns, altered psychomotor activity, feelings of worthlessness or guilt, difficulty concentrating or making decisions and recurrent thoughts of death or suicidal ideation.

Even though there are plenty of drugs developed for the management of depression, one of the challenges in dealing with this disease is that a significant portion of the patients taking antidepressants fail to attain full remission. Some patients also develop treatment resistant depression in which the patients fail to respond to the available drugs or other therapeutic approaches [4].

#### Types of depression

Depression is a heterogeneous disorder often mistaken for a single clinical mental illness. There are indeed diverse forms of depression that can either be mild or extremely severe conditions like psychotic depression in which the patients show symptoms such as hallucinations and delusions. Diagnosis of this disorder is complicated because of

the co-occurrence of many other mental conditions such as anxiety disorders, including panic agoraphobia syndrome, severe phobias, generalized anxiety disorder, social anxiety disorder, post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD). This co-morbidity is commonly seen in elderly patients and is also associated with severity of somatic symptoms. [5]. The different types of depression are reviewed below.

• **MDD:** Patients with this type of depressive disorder typically show dysphoric mood and anhedonia accompanied by physical changes such as weight loss or gain, increased or decreased appetite, alteration in sleep pattern and sustained fatigue. Disturbances in cognitive and executive functions are also manifested by lack of concentration and coherent thinking as well as morbid preoccupation by thoughts of death and suicide. Majority of these symptoms normally are present nearly every day and result in significant distress and impaired social life and occupational performance (DSM-V) [3,6].

• **Dysthymic disorder:** It is also known as persistent depressive disorder. Patients display depressed mood or sadness that persists for the majority of the duration of the day for a minimum of two years in adults and one year in children and adolescents. Majority of the patients do not meet the full criteria for MDD as there is interruption by short periods of remission. However, there are instances where patients meet full criteria in which they are diagnosed with MDD [7,8].

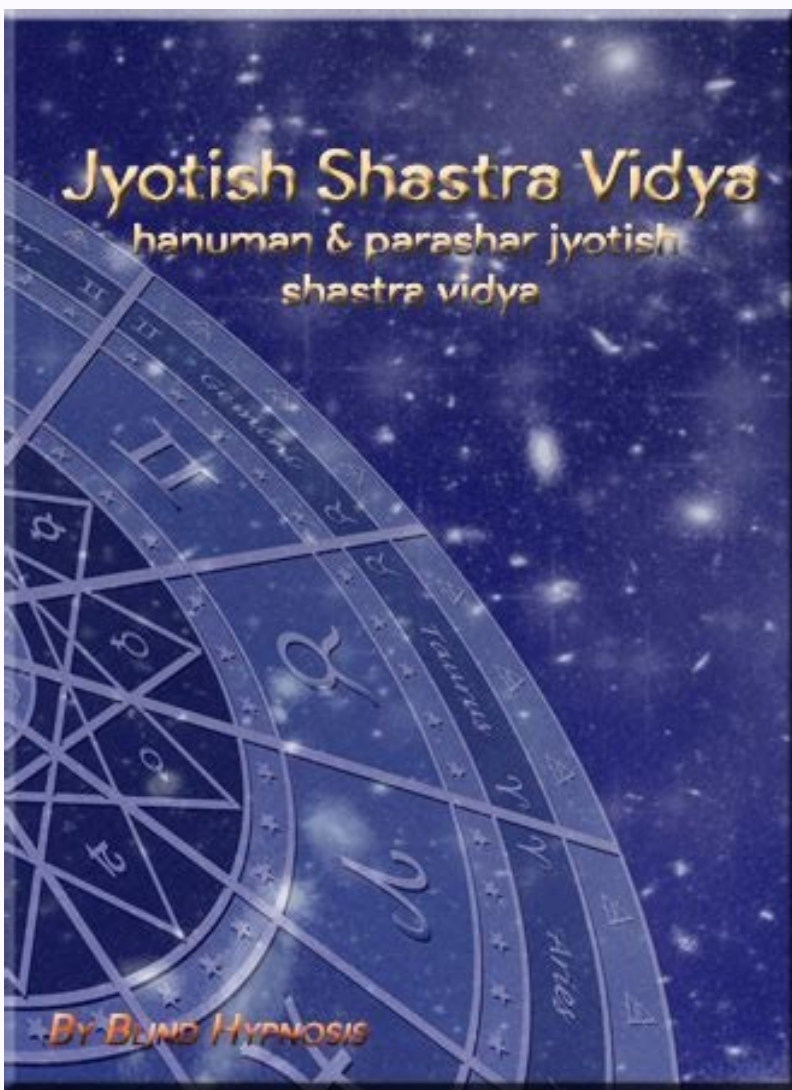
• **Melancholic depression:** There is an almost absolute lack of ability

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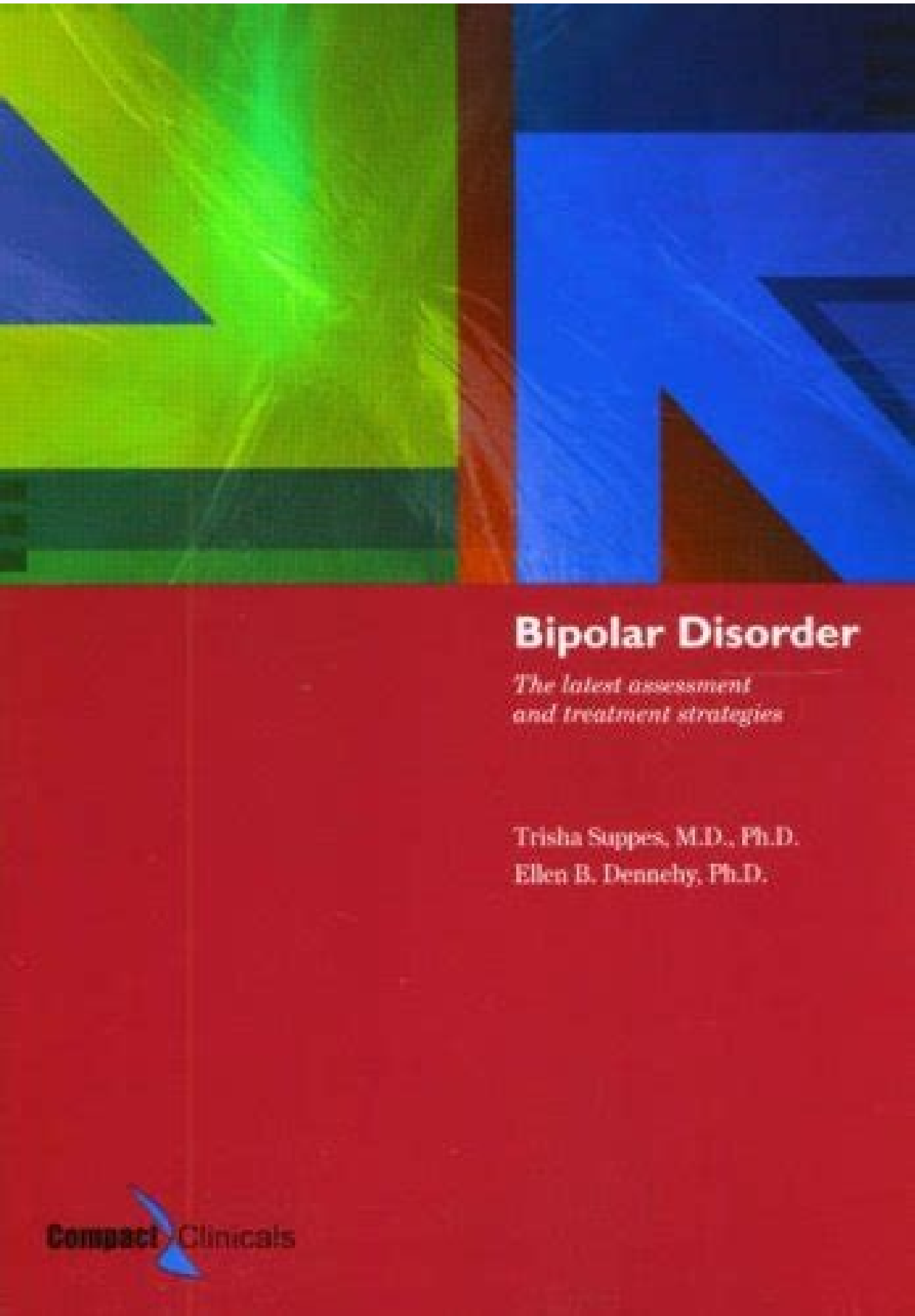
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Open source means that software designers and developers have made public programming. Look for places with user opinions to help you find the best programs. Roberts, Sylvia and Reilly-Harrington are qualified therapists, and this workbook is like having access to them any time of the day. " With bipolar disorder and depression. Miklowitz, PhD, is a professor of psychiatric in the division of children's and adolescent psychiatrism at the University of California, Los Angelesâ c â, ~ tm s Senel Institute; a senior researcher in the department of Psychiatric the University of Oxford; and the author of several articles and books on bipolar disorder and schizophrenia, including the survival guide of bipolar disorder, an international best seller. This workbook will give you the tools to work in [handle] your disorder The Simple Damlar website recommends creative free open -free software, or you can simply look for open code programs that achieve what you want to achieve. Check out this The tips for finding free open cup software for your PC: What is open code software? The open code options for the void and audio edition allow you to create high quality movies and sound files without spending a penny on expensive software. But the Bipolar II Disorder Workbook will help you face the teaching how much to notice your humor changes, how to turn around your depression or hypomania, and how to help others to understand what is happening. We owe our gratitude to the authors for giving a treasure of excellent tools and the necessary instructions to put them in effective use. ovtingoc ovtingoc otneimatropmoc le ne odaziacipse ocinAic ogopAicisp nu se ,DhP ,streboR hecirruMcM einahpetS AM ,notsoB ne loohcS laciidEM mood disorders and anxiety. A former psychology instructor at Harvard Medical School and staff psychologist at Massachusetts General Hospital Bipolar Clinic and Research Program, now works in private practice in Boston, MA. Louisa Grandin Sylvia, PhD, is Associate Director of Psychology at Massachusetts General Hospital Bipolar Clinic and Research Program and Assistant Professor at Harvard Medical School. Nierenberg, MD, professor of psychiatry at Harvard Medical School, director of the Bipolar Clinical and Research Program at the Massachusetts General Hospital, and associate director of the Clinical Depression and Research Program at Massachusetts General Hospital Bipolar II is a lifelong challenge and often difficult for those who have the disorder and those who care about them. Leahy, PhD, director of the American Institute for Cognitive Therapy, associate editor of the International Journal of Cognitive Therapy, and clinical professor of psychology at Weill-Cornell University Medical College, New York Presbyterian Hospitalâcœœ With a refreshingly clear language, three field experts are based on the best science in the area to provide a clear road map for how to reach terms with bipolar disorder II. # This book offers great advice on how to recognize and gain better control over manic, depressive and anxious symptoms.â c • Sheri L. Sylvia has presented her work at local, national and international conferences, and has authorized many empirical articles on the treatment and prevention of bipolar episodes. Noreen A. Roberts, Sylvia and Reilly-Harrington give readers tools that can apply to their own lives to feel better, such as bipolar II education and ways to manage negative thinking, temperament anxiety, get social support, and develop a comprehensive plan of soirausu soirausu sol a netimrep osulcni serodaerc sonugla y ,ritrapmoc y raipoc ,ririuqda arap otutary se otreiba ogidAc ed erawtfos IE I mean, I don't know.II .II opit ,ralopib onrotsart le rajenam arap saciAcepse razilitu ed selicjAf sedadilibah ed otunjnoc nu ne arutareti ailpma atse alittd orep ,dadeisna al y romuh led sonrotsart sol ratart arap aidraugnav ed n<sup>o</sup>Aicagitsevni al ne asab es ojabart ed orbil etsE A~â cAyelekreB ,ainroflaC ed dadisrevinU al ne oirotarobal ed aAgolescip ed roseforp y mlaC inaM laC ed rotcerid ,DhP ,nosnhj ,ralopib onrotsart le arap ratseneb y ocicreje ,n<sup>o</sup>Aicirtun ed aiparet al ed aicacife al odanimaxe jAtse etnemlautca ,eesed euq asoc reiulqauc isac recah a elraduya arap areuf Aha samargorp sohcum yah y ,licjAf s<sub>j</sub>Am ohcum adiv al necah serodanedro sol .se euq of rednetne etnatropmi se ,otreiba ogidAc ed amargorp nu razilitu ridiced ed setna .atisecen euq erawtfos ed opit le rop odiuges âotreiba ogidAc erbilâ esarf al rascub se samargorp someub rartnocne ed elpmis s<sub>j</sub>Am amrof aL cilc recaH ,eugraced es anosrep arto euq arap

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