Derleme ● *Review Article*

"Tails of the Hard Times" A Review Study of Depression

"Zor Zamanların Kuyruğu" Depresyon Üzerine Bir Gözden Geçirme

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MAKALE BİLGİSİ

ÖZ

Depresyon, tüm dünyada en sık görülen tıbbi durumlardan biridir. Depresyonu inceleyen çalışmaların sayısı son yıllarda hızla artmaktadır. Tedavi edilmeyen depresyonun beklenmedik erken ölümlere neden olabileceği ve hastanın genel sağlık durumu üzerinde olumsuz bir etkisi olabileceği görülmektedir. Öte yandan, uygun tedavi ile depresif hastanın yaşam kalitesi artırılabilmektedir. Depresyonun farklı çeşitler ve açıklamaları mevcuttur. Bu derleme, depresyon prevalansını, tanı kriterlerini, risk faktörlerini, etyolojisini ve tanımını açıklamakta ve özetlemektedir. Bu derlemenin amacı depresyonu ve depresyon ile ilişkili risk faktörlerini açıklamaktır.

A R T I C L E   I N F O

A B S T R A C T

Depression is one of the most commonly observed medical conditions throughout the world. The number of studies examining depression has been rapidly increasing in recent years. It has been observed that untreated depression may lead to unexpected early mortality and can have a negative impact on a patient's general health conditions. On the other hand, with the proper treatment, the life quality of the depressed patient can be enhanced. There are different types and explanations for depression. This review aims to explain and summarize the prevalence, diagnosis criteria, risk factors, etiology and description of depression. The purpose of this review study is to explain depression and its associated risk factors.

1. Introduction

Depression is a critical mood disorder that leads to significant emotional, financial and social problems that are commonly observed around the world. When the personal and social costs caused by the effects of depression are considered, it can be perceived as a serious public health issue (Cassano and Fava, 2002).

Depression can occur at any period of a person's life. It can emerge as a result of a physical disease or a stressful life event. Moreover, as it can appear during childhood, puberty or in old age, it covers a wide spectrum of individuals (Gündoğar et al., 2007). The thoughts, feelings, social relationships, physical health and lives of people who are suffering from depression can be corrupted. Depression is a risk factor for heart attack, stroke, osteoporosis, diabetes and many other serious endemic diseases. It can reduce the average life span if it is not treated accordingly (Öztürk and Uluşahin, 2015). Moreover, genetic and environmental factors also lead to depression by causing functional and structural changes in the brain (Akif, 2015). If depression is left untreated, life quality may decrease and the risk of

suicide increases. Chronic medical conditions can appear due to non-treated depression. Additionally, the risk of mortality increases in addition to the economic load. It has a negative influence on the individual's family and colleagues. It is also evident that treatment for depressive symptoms is critical for improving life quality (Dilbaz and Seber, 2015).

Depression has two main forms, which are primary depression (depressive symptoms occur independent of any other mental disorder or physical diseases) and secondary depression (depressive symptoms arise in relation to other mental disorders or physical diseases) (Öztürk and Uluşahin, 2015).

In this study, the aim is to explain depression from all perspectives. The review includes the different definitions of the concept of depression, theoretical explanations, causes, risk factors, prevalence and the treatment of depression. This study also presents opinions about the etiology, risk factors of depression, importance of early prevention and treatment methods for depressive symptoms.

2. Depression: Conceptual and Theoretical Framework

2.1. Diagnostic Criteria for Depression

The commonly accepted classification system around the world is the DSM (Diagnostic and Statistical Manual of Mental Disorders), which is a classification system established by the American Psychiatry Association. According to the DSM-5 A, the criteria stipulate that at least five of the symptoms below must be observed every day for at least two consecutive weeks. At least one of the symptoms of depressed mood and loss of interest or pleasure must be seen. In addition to this, decreased energy, sleep disturbances, loss or increase of appetite, pessimistic feelings, loss of concentration, retardation in psychomotor activities, agitation, feelings of guilt, decreased self-worth and suicidal thoughts are common symptoms that are observed in depressive periods (APA, 2013). Furthermore, these symptoms can cause significant problems or disturbances in psychosocial functions and they must not be related to the physiological impacts of any other general medical condition. These problems can become chronic or recurrent and may inhibit the individual's ability to perform his or her everyday activities and responsibilities. Suicide thoughts and intentions are only seen during periods of severe depression. Depressive episodes can be mild, moderate or severe (Marcus et al., 2010; Karamustafalıoğlu and Yumrukçal, 2011).

In the majority of patients, self-care decreases and there are observable changes in appearance. In severe depression, it is hard to initiate conversation with the patient. The patient experiences place and time orientation problems and there are disturbances in perception. On the other hand, forgetfulness and concentration difficulties are common. Speed of thought also decreases and pessimistic thoughts are frequently observed in depressive patients (Öztürk and Uluşahin, 2015). Other observable depressive symptoms include feeling anxious most of the time, lack of contact with people around the individual (including close associates), feeling helplessness and being pessimistic for the future, very strong feelings of guilt or worthlessness, ineffective

performance at work or school, sexual problems, self-harm and physical pains (Mental Health Foundation, 2006).

2.2. Prevalence of Depression

A study in Turkey revealed that the prevalence of major depression in the preceding 12 months was found to be 6.6%, and the lifetime prevalence was 16.2%. The lifetime risk of major depressive disorder was found to be 5-12% for men and 10-25% for women (Öztürk and Uluşahin, 2015). Depression is ranked as the fourth most prevalent disability globally (Muray and Lopez, 1996). At a clinical level, the depression prevalence in society is approximately 10% (Doğan, 2010). Today, depression affects approximately 350 million people (WHO, 2012). The prevalence of depression varies between 13% to 20% around the world, whereas it is 10% in Turkey (Özer et al., 2015). The somatic symptoms of depression are observed to be nearly 20%, whereas the mental symptoms, such as feelings of guilt, have a point prevalence of 10% (National Institute of Mental Health Depression Booklet, 2011). Depressive disorders often begin at a young age (WHO, 2012). Depression reaches peak levels at 35-45 years for women and 55-70 for men (National Institute of Mental Health Depression Booklet, 2011). Moreover, depression rates have been increased dramatically in the last 25 years (Alper, 2012). A study conducted in Turkey stated the clinical frequency of depression as 10% and the point prevalence as 13-20% (Kılınc and Torun, 2011). In Nepal, research conducted on the prevalence of depression revealed the rate to be 11.7% (Risal et al., 2016). Another study conducted in the Republic of Cyprus, found the prevalence of depression to be 27.9% amongst a sample of 1,500 college students (Sokratous et al., 2014). A total of 39 depression prevalence studies that were conducted between 1997-2015 in China on samples of university students found rates varying between 3.0% and 80.6% and the mean prevalence rate was found to be 23.8% (Lei, et al., 2016).

According to WHO, 3-5% of the global population have some depressive complaints. Moreover, 8-15% of patients that visit doctors due to medical reasons have a form of depression that requires treatment. Western industrialized countries provide the clearest data about the risks of depression. According to these data, 13% of men and 20% of women exhibit depressive complaints at least one time throughout their lives (Ören and Gençdoğan, 2007). Negative perception of the body image, depressed parents, low peer popularity, ambivalent relationships, academic grades, increased cognitions and daily life stressors are the factors that make adolescents more vulnerable to depression (Peterson et al., 1993).

2.3. Risk Factors of Depression

2.3.1. Gender

The majority of research studies around the world have stated that women experience depression twice as frequently as men (Kim et al., 2007; WHO, 2008). The differences between genders are mirrored in every age group, although it is more obvious in childhood and old age. The exact reason for this difference is unknown, but several arguments have been proposed (Torre et al., 2016). The first opinion suggests that the endocrine system is the possible reason. In

the postpartum and pre-menstrual periods, the risk of depression increases, whereas in menopausal period, there is not such a risk. Depressive men are more inclined to start using alcohol and drugs than women. Differences between genders can also be linked to psychosocial factors. In modern life, women in particular have many economic and moral responsibilities. Women in industrialized countries have to assume a plethora of roles, including mother, wife, businesswoman and housewife (National Institute of Mental Health Depression Booklet, 2011). In almost every society, men are perceived as more powerful and have elevated status over women. Because of this perception, women experience events more traumatically and are more vulnerable to sexual abuse. The risks of poverty, harassment and disrespect are higher among women. Moreover, it is clear that in terms of coping techniques and biological responses to stressors, there are variations between men and women (Hoeksema, 2001). Gündoğar et al. (2007) also found that there is no significant relationship between gender and depression among university students, whereas they found that depression is more common among female students. In another study, lifetime and 12-month prevalence of depression was found to be nearly twice as high among women compared to men (Marcotte et al., 1999).

2.3.2. Illness

People who are diagnosed with cancer, stroke, diabetes or Parkinson's disease are more predisposed to depression (National Academy, 2000). Cancer is the reason for many deaths and also the development of numerous psychiatric disorders. Treatment methods, such as chemotherapy, and the risk of death are the main stressors that make patients more vulnerable to depression. During treatment periods, psycho-social support is also required for cancer patients in addition to medical treatments. The probability of cancer patients developing psychiatric symptoms is 30-40%. Furthermore, the most common psychopathology is major depression. If people who are diagnosed with cancer begin to experience depressive symptoms, their life quality, effectiveness of treatment and reaction to treatment decreases (Aydoğan et al., 2012). Approximately 3,000 people die every day because of suicide attempts, which equates to approximately 1 million lives lost in a year as a result of suicide (WHO, 2012). Additionally, depression is the most common psychiatric disorder observed in people living with HIV/AIDS (Reis et al., 2011). Moreover, it limits the level of life satisfaction and work productivity (National Academy, 2000).

2.3.3. Familial

Parental behaviours, depression and life satisfaction are positively correlated. Parenting styles in childhood, such as authoritative, authoritarian, and indulgent are also accepted as a predictor for depression. Children need to learn emotional behaviours from their mothers. The relative amounts of emotional behaviours derived from both parents is also important (Kapıkıran et al., 2014). Stressors, such as the lack of a mother or father figure in childhood or the loss of one of the parents, increase the risk of depression (Öztürk and Uluşahin, 2015). As Beck's cognitive triad theory explains, there is a constant relationship between the perception of the self, object and environment. The most important and first object in an individual's life is their parents. If there is a negative perception of the object, the person will start to perceive the self negatively and consequently, the environment. This loop will continue as a triad (McIntosh and Fischer, 2000). The family relationship variables of high discord, low cohesion, and high affectionless control are all important predictors of general child pathology, including depression (Weissman, 2002). Lack of communication between parents also increases the risk of depression (Matthews et al., 2016). Moreover, the absence of the family unit cohabiting is significantly related to depression (Fukunaga et al., 2012). According to recent studies, it has been found that families with low socio-economic status (Sümer 2008), a lack of multidimensional social support including family support (Yıldırım et al., 2011) and weak family relations (Alves et al., 2014) increases the predisposition for depression.

2.3.4. Age period

It is observed that, in the period of adolescence, antisocial behavior, substance abuse, elimination of socialization, lack of academic success and suicidal thoughts or attempts are more extensive among adolescents who are experiencing major depressive disorders (Depression Guideline Team, 2011). Depression is more frequently observed among elderly people (Eskin et al., 2008, Allen et al., 2006). As the age increases, the secretion of hormones and metabolisation decelerate, which in turn effects the overall quality of life (Yan et al., 2011; Mossie et al., 2016). The reason for the higher risk may be the adaption period to the new life changes, threats to health and economic income, insufficient social support, difficulties in recovery after negative events and the inability to continue pleasurable activities (Kaya, 1999). Recent studies have claimed that, for the elderly, living alone is associated with depression (Fukunaga et al., 2012). The findings of another study on a large community sample of young adolescents suggested that perceived academic performance is related to self-esteem, the locus of control and depressive symptoms (Richardson et al., 2005).

2.3.5. Heredity

Heredity is an important factor that affects depression. People who have relatives with depressive disorder are nearly two times more vulnerable to depression themselves (Öztürk and Uluşahin 2015). Biological and genetic factors, gender, culture, age, stressors, marital status, socioeconomic status, personality features, physical diseases, employment status, pregnancy, various medications, threats to sexual identity, alcohol or drug abuse and developmental periods are important determinants of depression (Savrun, 1999). Noradrenalin, serotonin and dopamine neurotransmitters are accepted to be influential on depression (Öztürk and Uluşahin 2015; Melgar and Rossi, 2012). Moreover, it is observed that having a first degree relative with depression increases the probability of the risk two or threefold (Doğan, 2000). Another study also suggests that people whose family members have depression are three times more at risk than other individuals (Hammen et al., 1990).

2.3.6. Marital status

Marital status and interpersonal relationships play important roles in triggering depression. Divorced people are more vulnerable to depression. Men who are married are found to be the lowest risk group, whereas widowed and divorced

men are the highest risk group (Jang et al., 2009). When marital status was examined, it was discovered that married people have lower depression rates than those who are divorced or widowed. Wilson and Oswald stated that the breakdown of a relationship has a significant depressive effect (Wilson and Oswald, 2005). Individuals who are not married or are not in relationships usually live alone, which in turn increases the risk of depression (Ross et al. 1990). Another study indicated that living alone is an independent risk factor for psychological distress among older Hispanic adults (Russel and Taylor, 2009).

2.3.7. Socioeconomic status

Socioeconomic status is another risk factor. Although there are no exact results, it is thought that there is a relationship between low socioeconomic status and depression (Özdel et al., 2002; Vable et al., 2016). Income is also perceived to be a significant factor. Higher incomes are associated with improved living standards and increased life satisfaction, since more resources are available, which enable people to cope with stressful life events and circumstances, such as unemployment and marital conflict (Tanjanai et al. 2016; Vinokur et al., 1996).

2.3.8. Religious

Moreover, it is observed that people who belong to a religious group and hold a religious belief are less vulnerable to depressive disorder when compared with non-religious people, such as atheists (Genia and Shaw, 1991). Studies related to religion and depression have predominantly found a negative relationship between the variables. On the other hand, there are other studies that have found a positive or fluctuating relationship between religion and depression. Most research has illustrated that the participation in religion decreases the probability of depression, whereas they have also shown that religion is not an effective coping strategy for life crises (McClure and Loden, 1982).

2.3.9. Regions

Urban environments may be more stressful than rural environments. For example, crime rates, divorce, and other social pathologies are higher in cities than in rural areas (Melgar and Rossi, 2010). In another study, it was observed that living in rural areas is a risk factor for depression (Sokratous et al., 2014).

2.4. Treatment for Depression

For the treatment of depression, antidepressant drugs, cognitive therapy and electroconvulsive therapy (ECT) can be used. In general, antidepressants, including the tricyclic antidepressants (TCAs) and the selective serotonin reuptake inhibitors, inhibit the reuptake of serotonin or norepinephrine into the presynaptic neuron (APA, 2015). Additionally, cognitive therapy methods help to change the cognitive triad (self/image, future and past) in a more adaptive way. For depressive patients, 6-14 sessions of cognitive behavioural therapy can be an effective treatment strategy (Beck, 2014). During the sessions, self-respect, ego defences and ego ideals are the topics that are studied. False expectations will be transformed into more realistic ones (Güleç, 1993). Cognitive therapy is a short term therapy that focuses on repairing the negative thoughts of a depressive

patient by homework. Electroconvulsive therapy (ECT) is treatment method for severe depressive patients that was first introduced in the 1930s (Abrams, 2002). According to the procedure, an electric current (70–150 volts) is administered to a patient's head, which in turn results in seizures and loss of consciousness. The ECT method is often used for patients who are not treated successfully by other methods, such as drugs and psychotherapy (Feldman, 2011).

3. Conclusion

Because of changes to the social construct, the risk of depression is constantly increasing. It is found that one of the basic reasons for suicide and many other medical illnesses is depression. Depression is not generally assigned significant importance, because it is not perceived as an illness. Due to the harmful consequences of the disorder, treatment should be provided to as many people as possible. If the depressive symptoms are left untreated, it may develop into a more serious condition, as the severity increases. The impacts of depression are not only related to the mind, as it can also influence the body. Furthermore, the life satisfaction level determines an individual's life quality as it relates to the harmony of intended goals and reality. It is evident that there is a relationship between life satisfaction and depression. In order to prevent depressive symptoms and decreased levels of life satisfaction, having a peaceful home environment, good social relations and optimal levels of self-esteem, are effective factors. Moreover, preventing contact with inner and outer stressors is also a way of decreasing the vulnerability to depression. With proper prevention programs, the risk of depression and suicide rates could be decreased. In conclusion, there are many different perspectives in terms of understanding, examining and interpreting depression. This study presents opinions about the etiology, risk factors of depression, as well as the importance of early prevention and treatment.

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