

Depression.

Depression isn't just feeling sad for a few hours. It's like being weighed down by invisible chains that make even the simplest tasks, like getting out of bed, feel impossible. Is it worth addressing, or is it simply mistaken for laziness?

According to the World Health Organization (2019), around 280 million people worldwide live with depression. Among them, 40% to 70% report suicidal thoughts, and 10% to 15% tragically take their own lives, as reported by iFightDepression.

Key Symptoms of Depression.

Quite often, you can meet a huge manifestation of symptoms in people today. But do not rush to conclusions, as I tell you in advance, for many disorders can be similar. Consult a professional for an accurate diagnosis.

What can you detect and know for sure?

- **Apathy**, a complete or partial loss of interest in what is happening, is a kind of detachment.
- **Low self-esteem** and feelings of guilt.
- **Sleep** and **appetite** disturbances:
- It can be **insomnia**; it is impossible to put a spoon in the mouth and sleep for more than 12 hours a day, constant overeating.
- **Compulsive thoughts** of death, suicide, or self-harm.
- **Complete disbelief** in the presence of a future.
- **Loss** of joy from achievements.
- Constant homesickness and fearfulness.
- A **feeling** of **emptiness** inside.

If it goes on for one or more weeks, you should see a doctor because you can prevent it before it gets worse.

It can also occur in episodes. This may suggest other disorders, like bipolar disorder.

Less popular symptoms:

But these are the symptoms you see listed *most often*. What should you look for in addition to the above?

- **Chronic fatigue**. If not a complete lack of strength to solve daily tasks, so eternal fatigue. A person cannot fully rest because depression disrupts the nervous system. In connection with this, it reduces energy.
- Studies have shown a link between chronic fatigue and slowness. They are due to decreased activity in the prefrontal cortex of the brain. (Source: May berg HS, Liotti M, et al., "Reciprocal Limbic-Cortical Function and Negative Mood: Converging PET Findings in Depression.")

- **Somatization of emotions.** You feel all emotions not on a psychological level, but physically—heaviness, discomfort in the chest area, and so on.
- **Slowness.** Sluggishness when talking; harder to think and react quickly to problems. Depression slows cognitive functions, using less of the body's resources.
- **Gastrointestinal problems.** Sharp pain in different parts of the body. Stress affects other parts of the body, leaching into pain and health problems.
- **Self-isolation.** Despite the fact that humans are social animals, during a depressive episode they tend to isolate themselves from others. Anything to conserve resources or to avoid disturbing others with their doom.

Often coming to the doctor and complaining of various pains—in the head, back, and heart—people may not find anything in the end. This may indicate psychosomatics. At such times, it is worth heading to a psychologist or psychiatrist. Seeking professional help can alleviate both physical and emotional discomfort.

Causes of occurrence.

There are so many of them that it can take up the whole sheet. Mostly, depression manifests itself in people in times of stress, severe emotional upheaval or trauma. It is not uncommon when a person is doing well, but for reasons that are not clear either to himself or anyone, he slips into severe depression. Therefore, it would be worth noting that a person may be genetically predisposed to this disorder or a violation in the regulation of serotonin, dopamine and norepinephrine. Therefore, a person is never at fault for their condition, but what to do about it is their decision. You and only you decide what to do with yourself and your life.

It does not depend on age, race or gender. The symptoms are individualized, as are the causes. However, depressive disorder is more common in women than in men and homosexual people.

Forms:

There are quite a lot of them, but here we have collected the main ones that are most common. There is a brief description for each one.

- **Clinical depression or Major Depressive Disorder.** Caused, often, by biochemical imbalances in the body and genetic predisposition. It is much “heavier” than the depression we are used to.
- **Dysthymia.** A chronic condition for two or more years, when the patient complains of a constant melancholy state. It is milder than MDD.
- **Atypical depression.** The kind where, from the depression we are all accustomed to, a person does not eat, does not sleep—everything is the opposite: weight gain, hypersomnia, huge appetite.
- **Seasonal depression.** Violation of circadian rhythms and a decrease in serotonin production lead to this. It is noted much more often in the period of fall-winter.
- **Postpartum depression.** Occurs in women after the birth of their child.
- **Psychotic depression.** To her bonus are symptoms of psychosis, hallucinations and delusions.
- **Masked depression.** It manifests itself through physical symptoms (GI problems, stomach problems, fatigue), but less often through emotions.

So there is also depression that occurs under the influence of drugs, alcohol, and brain injury but is not as interesting.

In addition to this set, other types are present, but they do not gain enough to be a serious enough disorder.

How is depression treated?

In the old days, a century or two ago, mental disorders were not treated most pleasantly. But nowadays medicine, including psychiatry, does not stand still and develops. Which means no lobotomies and shock therapies.

Of course, depression can be tried to cure alone, but this can only bring more harm. It will require no small amount of effort and endeavor, for it is not just "laziness," as the Soviet generation is called. Nevertheless, if a person is in such a state not so long ago, there are chances to crawl out of the pit on their own.

But what is the treatment for depressive disorder?

There is an opinion that it is treated solely by medication, which is false. To overcome depression, you need a combo of medication, psychotherapy, and the desire of the person. Without the presence of the desire to get out of the apathetic state, the patient will not move a centimetre.

Medically:

Medication is prescribed exclusively by a psychiatrist with proper medical training. Depending on the form of depression, certain medications are prescribed. They stimulate brain function, help bring the brain into balance with chemicals, and restore the brain to its former function.

Psychotherapy:

Since pills are only a push, and stimulation, the treatment of depression is accompanied by sessions with a psychologist\psychotherapist who specializes in this. At the moment, there are many varieties of psychotherapy, so the patient chooses either the patient himself, or appointed by the doctor himself, assessing the condition of the person. Without regular visits to a specialist, the patient may not be able to get out of this condition, because therapies are very important in this condition.

The brain during depression.

What happens to our brain in that case? It gets the worst of it in this situation. At the very least, insomnia or hypersomnia is a case in point.

There are six main compartments in our brain:

1. Thinking
2. Perception
3. Emotion regulation
4. Perception of the environment
5. Somatic regulation
6. Social regulation

In depression, the third department (emotion regulation) suffers and the others follow in a chain. If one department is disturbed, the others will not work at the same pace, because they depend on each other.

The production of neurotransmitters slows down, which leads to an imbalance in the body. They are responsible for mood, motivation and energy, which is very important for every person. Hence comes apathy, burnout, fatigue, and depression.

The brain ceases to create and strengthen neural connections, from which it becomes more difficult to adapt to what is happening around you, to cope with stress. By the way, cortisol, the stress hormone, also enters the "active phase".

For fear and anxiety we have in response is the almond-shaped body, which during depression becomes much more active than usual. It does not allow a person to think normally, the efforts of negative feelings. This is noted by Drevets WC in his paper "Functional anatomical abnormalities in Limbic and prefrontal cortical structures in major depression".

The department for working with memory also suffers, so people with depressive disorder have problems with memory and constant lethargy, and emotions and feelings are not thought about much.

Remember that depression is serious, but it is not a reason to despair. This disease is treatable, the sooner you seek help the better