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Depression: The Cause, The Signs, The Stigma

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Depression: The Cause, The Signs, The Stigma

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This PET Scan indicates decreased brain activity in the depressed

Not depressed

Why Depression?

Depression is a common phenomenon. According to World Health Organization (2020) there are over 264 million people suffering from depression globally. Takahashi (2019) states that major depressive disorder is the most common mood disorder and additionally notes that it is the leading cause of disability not just in the United States but in the world. From a pathophysiological perspective depression has multiple possible causes which are noted in this poster. There are multiple effective medications and therapies that can be used to help with the debilitating effects of depression and yet World Health Organization (2020) shows between 76% and 85% of low- and middle-income countries don't seek help. Additionally, there are around 800,000 deaths a year attributed to suicide. Certainly, the relevance of depression in our country and world is easy to see. Why is it relevant to me and my practice? I am going to be a psychiatric and mental health nurse practitioner. It is hard to find a topic more relevant to my future practice than depression. In my time working as a psychiatric nurse I personally saw the outcome of those who struggled to live with depression and waited until it became a crisis before seeking help.

Depression like any other physiological disorder can be treated and a high-quality life lived. The untreated depression I saw resulted in suicide attempts, suicidal ideation, dysfunction, and abuse. This paper seeks to explore depression, what

causes it, what its symptoms are, and why those who suffer from depression do not seek the help they need.

Signs and

Symptoms

- Sadness, tearfulness, hopelessness, emptiness Angry outbursts,
- irritability, easily frustrated Loss of interest in previously enjoyable

little

- activities Sleeping too much or too



- Tired Eating too much or too little
- Anxious, agitation, restlessness Slower thought processes, speaking, or body movements
 - Feeling worthless, guilty, fixating on perceived past failures
 - Poor concentration. forgetfulness, indecisiveness
 - Thoughts of death or suicide, suicide attempts, suicide
 - Physical symptoms that do not have another
 - (Mayo Clinic, 2020)



patient (Mayo Clinic, 2020)

Depressed

- explanation such as back pain or headaches
 - Depression tends to run in families
 - Monoamine hypothesis of depression indicates that there is a deficit of norepinephrine, dopamine, and/or serotonin in the brain
 - Decreased levels of monoamine metabolites are present in the cerebral spinal fluid of those with depression
 - In 30-70% of those with major depression elevated glucocorticoid secretions have been found

Underlying Pathophysiology

- Inflammation is a potential trigger for the onset of depression and may be caused by psychosocial stress-induced activation of the immune system and specifically cytokine
- Elevations in IL-6 and C-reactive protein can predict a future onset of depression.
- There is an atrophy of neurons in the hippocampus and fewer developing new hippocampal neurons in those with depression

(Takahashi, 2019)



Significance

The general population often views depression as a form of weakness or something that is not real. Understanding the pathophysiology clearly assists both the patient and the practitioner in understanding that there are clear and effective treatments for depression, and that depression has a physiological explanation. According to Takahashi (2019) 80% of those treated with antidepressant drugs will respond favorably. With a wide array of treatment options a patient's treatment plan can be adapted to their specific needs as it relates to age, financial concerns, sleep disturbances, safety, side effects, and effectiveness. Implications for

Nursing Care

Patients cannot get the care that they need if they are not screened or diagnosed. Many people may not associate their symptoms with depression or may fear the stigma of admitting to feelings of depression. In Schomerus (2019) it was found that educational deficits, prejudice, and discrimination greatly impede help seeking for those with depression. Dardas (2019) found that the more severe the depression was in an adolescent the LESS likely they were to seek professional help.

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Wendt (2016) found that the participants in their study did not consider depression a "serious mental health disorder". Cheng (2018) clearly noted that an inability to recognize the signs and symptoms of depression and self-stigmatization were the biggest indicator that a depressed student would not seek help. Sundeen (2020) found that screening for depression in primary practice increased access to mental healthcare. The implications for nursing are clear. Nurses have

a duty to educate patients. Whether in an inpatient or outpatient setting. They have the chance to assess or screen for depression. Nurses have a responsibility to educate patients on the signs and symptoms of depression and through their own example and support help destigmatize mental health.

Conclusion

Depression is a significant worldwide health problem with a physiological basis and valid treatment options. Suicide is the tenth leading cause of death in the United States (Centers for Disease Control and Prevention, 2020). and 60% of all suicides involve depression (Singh & Mastana, 2015). Education, outreach, and screening are all necessary components to successful identification and treatment of this major disorder.

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