



# General characteristics of depression syndrome

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## ABSTRACT

This article provides information about the occurrence of depression syndrome, its causes, risk factors, manifestations and classification by the development of the syndrome.

## Keywords:

biological, thinking, conflict, a large number of stressful situations, social isolation, therapeutic factors, social factors

Depression is a mental disorder in which prolonged emotional depression is accompanied by a disorder of somatic (motor activity, reaction to irritation) and cognitive (memory, speech, concentration) functions. The diagnosis is made on the basis of a survey of the patient, an assessment of his behavior, condition. The causes of depressive disorders can be psychoemotional, social factors, diseases of organs and systems. Depressions can be treated with antidepressants in combination with psychotherapy, and, if necessary, with other psychotropic drugs.

### Causes of depression

The reasons that can trigger the formation of a depressive disorder include various biological (hereditary disorders of neurochemical processes), psychological (negative thinking, conflict, a large number of stressful situations, social isolation), therapeutic (the presence of severe somatic diseases) and social (economic difficulties, inconsistency with the cult of well-being) factors. Risk factors

Risk factors are:

- A burdened heredity, when similar mental disorders or suicides were in relatives.
- A history of depression and anxiety disorders.
- The presence of severe, chronic, incurable diseases, as well as drug addiction and alcoholism.
- Difficult life situations, especially in conditions of loneliness and insufficient social support.
- Female gender (women suffer from depression more often than men, they are more likely to experience exacerbations, relapses). In addition, they are characterized by hormonal changes associated with the reproductive cycle (premenstrual, pregnancy, childbirth, menopause).
- Sleep disorders due to its lack or disruption of periodicity (during night shifts and frequent long-haul flights).

### Types of depression

Due to the diversity of depressive syndromes, there is no single classification of these pathological conditions, however, in accordance with clinical features, depressions are usually divided into simple and complex.

Simple depressions

- Melancholic depression - characterized by persistent decreased mood, physical inactivity, slow thinking.
- Anxious depression - characterized by increased anxiety against the background of a depressed mood, constant expectation of some kind of trouble, restless behavior, psychomotor agitation, fussiness. The extreme degree of anxious depression is agitated depression, in which the patient rushes about, groans, shouts out words, while he can harm himself, make suicidal attempts.
- Anesthetic depression - absolute indifference, internal emptiness.
- Adynamic depression - physical inactivity, slow movements, poor facial expressions, such patients may not get out of bed for hours.
- Apathetic - weakening of all emotions, the patient is lethargic, indifferent to everything and everyone.
- Dysphoric - occurs with a predominance of an angry-melancholy mood, dissatisfaction with others, patients are characterized by expressions of anger, rage, aggression.

#### Complex depressions

- Senesto-hypochondriac depression
- Depressions with delirium, hallucinations and catatonic disorders.

#### By severity of symptoms

- Mild - mild are characterized by weakly expressed clinical manifestations with the dominance of one symptom.
- Moderate - occurs with moderately expressed clinical symptoms, decreased social activity and performance.
- Severe - characterized by the dominance of some symptom (melancholy, apathy, anxiety, restlessness), manifestation of suicidal thoughts, noticeable disturbances in social communication, inability to work, psychotic manifestations in the form of obsessive ideas of guilt and illness.

#### By etiology

- Endogenous depression is a depression that occurs as a result of neurotransmitter disorders, usually hereditary; it occurs in moderate or severe forms with a high risk of suicide and pronounced daily and seasonal fluctuations in manifestations. It is often accompanied by delusional ideas of self-blame, self-destruction,

hallucinations. Such patients are unable or have little ability to critically assess their illness.

- Psychogenic (neurotic) and reactive depression occur as a result of mental trauma. Psychogenic depression is characterized by mild clinical manifestations, the absence of suicidal thoughts, psychotic disorders. Reactive depression occurs with severe depressive manifestations and a high risk of suicide, while the patient cannot adequately assess his condition.

- Organic and somatogenic depressions develop against the background of severe neurological and somatic diseases. These include Parkinsonism, multiple sclerosis, acute cerebrovascular accident, brain tumors; diseases of the endocrine (diabetes mellitus, Addison's disease, thyrotoxicosis), cardiovascular and pulmonary systems (bronchial asthma, coronary heart disease, chronic pulmonary and cardiac insufficiency); diseases of the digestive system (ulcer and cholelithiasis, hepatitis, cirrhosis); diseases of the joints and connective tissue (rheumatoid arthritis, systemic lupus erythematosus); oncological diseases (cancer, sarcoma, etc.); diseases of the immune system (AIDS). These forms are often manifested by weakness, increased fatigue, tearfulness, and may be accompanied by increased anxiety and outbursts of irritability.

- Alcoholic depression is a serious disease with a high suicidal risk. It is characterized by: tearfulness, anxiety and hypochondriacal symptoms with an increase in manifestations during the period of abstinence.
- Drug-induced (iatrogenic) depression – occurs under the influence of drugs: neuroleptics (used to treat mental disorders), antibiotics, cardiac glycosides, some antihypertensives (reserpine), hormonal and lipid-lowering drugs, alpha-interferons (in the treatment of hepatitis).

- Depressions associated with the reproductive cycle in women. These include premenstrual syndrome, depressive syndrome of pregnancy, sadness of women in childbirth syndrome and postpartum depression. Characterized by the appearance of sadness, a feeling of hopelessness, tension, anxiety, tearfulness, mood lability, difficulty concentrating,

increased fatigue, drowsiness and changes in appetite.

Sometimes with Parkinsonism, multiple sclerosis and tumors of the frontal lobe of the brain, depression can become an early symptom masking the underlying disease.

### **Symptoms of Depression**

Depression is characterized by the presence of a classic triad of clinical symptoms:

- hypothyria - persistent depressed mood, observed daily for most of the day, accompanied by emotional impoverishment of life.
  - motor retardation, manifested in the form of increased fatigue, difficulties in ordinary daily activities (slowing down, inability to start or finish), impoverishment of facial expressions, monotony of poses, up to immobility (stupor).
  - ideational retardation, consisting in slow thinking, pauses before monosyllabic answers.
- Depressive states are characterized by fluctuations in condition during the day with an exacerbation of symptoms in the morning. Sleep disorders (insomnia, shallow sleep with frequent awakenings), lack of appetite with progressive weight loss and disruption of biological cycles (menstrual up to amenorrhea) are very often observed. There may also be pain (cardiac, headache, abdominal), shortness of breath, a feeling of heaviness in the chest, nausea, vomiting, dry mouth.

Such patients often neglect the rules of personal hygiene, look sloppy, older than their age. They are characterized by awkwardness or slowness of movement. They can lie in bed for days, turning away from the wall, ready to burst into tears at any moment or immerse themselves in their thoughts and do not notice anything around them. The speech of patients is quiet, slow, phrases are scanty and depressive, when talking they avoid the gaze of the interlocutor. Patients with depression do not have an emotional reaction to events that usually brought them joy. They are characterized by ideas of their own worthlessness and guilt, recurring thoughts of self-harm, death and suicide.

### **Prognosis for depression**

The prognosis for depression is ambiguous. Antidepressants help a number of patients,

however, there are people who do not respond to treatment, do not tolerate the drugs well, or are resistant to them.

In the absence of therapy, depression can have a tendency to frequent relapses, severe course, and even suicidal tendencies.

### **Prevention of depression**

There is no specific prevention of depression, however, it is important to try to ensure a normal psychological background, for which it is recommended to:

- Reduce the number of stressful situations if possible
- Establish a rest and sleep regimen
- Eat right
- Reduce the amount of mental stimulants - coffee, alcohol, and cigarettes
- Pay attention to regular physical activity
- Communicate with loved ones
- Get a hobby

### **Sources**

1. WHO. ICD-10 classification of mental and behavioral disorders: Clinical descriptions and diagnostic guidelines. Geneva, Switzerland: World Health Organization; 1992.
2. Harris E.C., Barraclough B. "Suicide as an outcome for mental disorders. A meta-analysis"
3. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 4th edition, text revision.
4. Harris E.C., Barraclough B. "Suicide as an outcome for mental disorders. A meta-analysis."
5. Harris E.C., Barraclough B. "Suicide as an outcome for mental disorders. A meta-analysis."