

## **Diagnosis & Prognosis of Depression Phenomenon: A Case Study**

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### **Abstract**

*The core purpose of this article is to identify a case with severe psychological disturbance. It was a complete analysis of a patient who was suffering with major depressive disorder, with single episode. It was not only to find the diagnosis of a patient. It had been covered the symptoms of the depressed patient. Through this extensive study we have find the different precipitating factors (also called Risk factors) which can lead an individual towards depression up to the mark. Beside this a conducting focused on the mode of treatment which are best suited for client/patient. The best recommended therapy for a depression is Cognitive Behavior therapy, Emotion Focused Therapy, and behavior therapy.*

**Keywords:** Case study, Symptoms of disorder, Risk Factors, Prevalence, Treatment.

### **Case Identification**

Mr. XYZ is 41 years old male. He is doing a job of superident. He was with the complaints of Crying spells, Body weakness, insomnia, loss of appetite, aggressive behavior. Client reported that his problem started since three months back when he was at picnic point with his family. He reported that he like his sister in law before marriage and he did not reveal this secret to in front of any one. But after having 12 years of relationship with his wife, his wife got to know about the feeling that he had been kept with himself. His marital life got disturbed and client has severe crying spell. He has guilt feeling what he had in the past regarding the feelings of his sister in law. Client reported that he is not going on job from last 16 days. He becomes irritable when any one tries to

talk with him. He became irritated very quickly. Client also reported lack of sleep he is facing difficulty in initiating and maintaining sleep some time he is feeling terror in the sleep. According to the patient he has decrease appetite, he is facing the problem weight loss as reported by the client he has 78 kg weight before the problem but he has only 52 kg weight. He also reported that he is not interested into making he likes to live alone and isolated. Client reported that he has pessimistic thoughts regarding future, self, and world. He was unable to think positively.

## **Introduction**

The aim of the present article is to study about depression its casual factor and its effective treatment. There is so much literature available regarding the definition; it's over view, prevalence, and the nature of depression. The most important thing of this literature review is to represent actual case report and to implement all the above mention aspect into the real case scenario.

## **Representation of Depression**

Depression is the most potent psychiatric disorder. This disorder significantly affecting the 350 million of the people world around. The World Mental Health survey conducted in 17 countries and it has been found that in every 20 peoples 1 is suffering with depressive episodes. If pay attention to onset of the Depressive disorders it often start at a young age; it minimize the functioning of an individual and it is in the different condition such as in recurrent “For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability”.. “A recent World Health Assembly called on the World Health Organization and its member states to take action in this direction” (WHO, 2012). Depression can be defined as a state in which a person having loss of interest in pleasure able activities, loss of pleasant mood. The basic differentiation of depressed mood from sadness is that the early one is persistent, cognition, physical and behavioral aspects play more important role in causing depression. Functional

impairment is high in depression (NICE, 2004). Some of the other symptoms that client feels like Anhedonia ( Lack of Joy), hoplessness and helplessness, feeling of being with drawan, over eating or loss of eating, Low self-esteem, Insomnia (sleep difficulties) (Law, 2007; Megna & Simionescu, 2006). According to Diagnostic and Statistical Manual of Mental Disorder DSM-IV TR (APA 2000a) depression can be diagnosed when five symptoms are met out of nine symptomatic criteria for at least two weeks.

- a. Depressed Mood
- b. Diminished interest in pleasurable activities.
- c. Weight loss or weight gain
- d. Insomnia or Hypersomnia
- e. Psychomotor agitation
- f. Loss of energy
- g. Feelings of worthlessness or guilt
- h. Poor concentration
- i. Recurrent thoughts of death and self harm

A major depressive disorder can be diagnosed in a single episode (first episode) and it is also in recurrent depression (occurrence of depression again and again). The intensity of depression is diagnosed on three levels i.e. Mild , Moderate , and Severe. According to the American Psychiatric Association DSM-5 (2012) they included different categories of mental disorder in to the list Of Major Depressive Disorder like Dysruptive Mood regulation disorder, Persistent depressive Disorder, Premanstural Syndrom Disorder, Other unspecified major depressive disorder.

The most potent age of depression is Adolescence and young adulthood (Hankin & Abramson, 2001). However, the first onset can occur at any age in life (NICE, 2004; WHO, 2008). “Depression is usually episodic. The US National Comorbidity Survey showed that three-quarters of people aged 15–54 years who had ever met criteria for depression had had more than one episode. Their mean age was 34, and they reported an average of four episodes in the 11 years since their first episode” (Kessler et al., 1996). The WHO Global Burden of Disease ( 2000) they examined that the mean episodic

duration is of 26<sup>th</sup> (Ustun et al., 2004) The median period of an episode is less than 26, which is about 13 weeks.

### **Duration**

Posternak & Miller (2001) they conducted 19 studies and concluded that 20% client get improved for a short period of time without treatment, while longitudinal studies indicate majority of the patients who is suffering with depression they are improved after a long and effective treatment and can experience the reoccurrence of depression (Brodaty, Luscombe, Peisah, Anstey, & Andrews, 2001; Mueller et al., 1999).

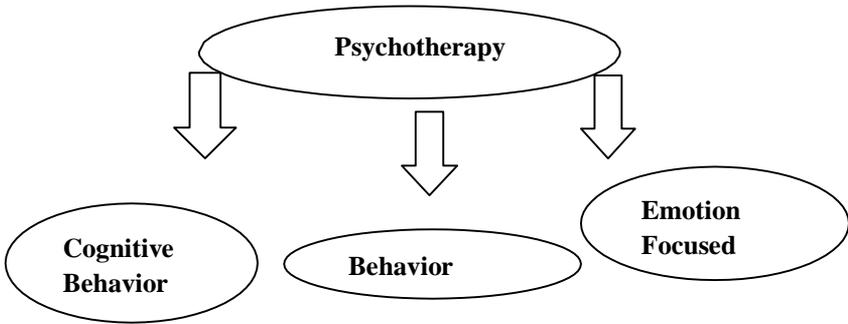
### **Prevalence**

Depression is most severe mental disorder. It is affecting large number of population now a days. The high prevalence rate of this disorder has been found among women that is 7.4% than men 4.2% (Henderson, Andrews, & Hall, 2000). Women are suffering more with depression. This ratio seems to be applicable similarly on Adolescence and adult hood ( Pettit & Joiner, 2006)

### **Risk Factor Of depression**

Dobson & Dozois (2008) they examined the different factors which cause depression such as biological factors (genetical make-up), Psychological factors (Cognitive distortion, poor executive functioning, and problem solving ability, abstract reasoning), Social factors( Trauma in life, weak social support).

Treatment Intervention:



**How Cognitive Behavior Therapy Effective in Depression:**

Psychological mode of treatment in depression (APA, 2000b; Ekers, Richards, & Gilbody, 2008). The most important reality is that depression hamper the person’s life and it leads to disable the life and usually left with great dietress (Hawthorne, Cheok, Goldney, & Fisher, 2003). Clinical guidelines have been developed by the senior professional and high authorities to select best intervention as per client condition to make patient integrated with social life (APA, 2000b; Ellis & Smith, 2002; NICE, 2004; RANZCP, 2004; Segal et al., 2001a; Segal et al., 2002b)

Cognitive-behavioural therapy (CBT) the basic purpose is to utilize cognitive and behavioral intervention simultaneously to modify the cognitive distortion, irrational belief about self, the world and regarding future, the distortion in cognition cause negative attitude so treating this type of attitude is one of the element of CBT

These negative beliefs are responsible for depression. (Beck, Rush, Shaw, & Emery, 1979). Cognitive behavior therapy is considered to be most effective therapy for depression (Dobson, 1989) it is also assumed that it has effective cost benefit (Antonuccio, Thomas, & Danton, 1997).

Luttey et al., (2007) found that if Cognitive behavior therapy would be intermingled with interpersonal psychotherapy so it must

be very effective but generally it has been over viewed that only a CBT is an effective approach for a depressed patients.

### **Behavior Therapy**

Behavior therapy is used to develop the intact behavioral pattern of a patient. The behavioral approaches are more effective with patient because this approach focuses to extinction of a particular stimuli or Generalization of particular stimuli to overcome the negative behavior or reproduce the effective behavior. Dimidjian and colleagues (2006) examined their randomized examination ( $N = 241$ ) that behavioral commencement was as beneficial as antidepressants and More effective than CBT for severely depressed client. “Therefore, behavioural therapy seems to be an effective treatment for depression.”

### **Emotion Focused Therapy**

It is kind of a psychotherapy that is most probably focusing the individual’s emotions. A person is mostly caught up in different emotions when they are in a stressful situations. Greenberg and Watson (2006) have explained the basic concept of emotion focused regarding depression. Greenberg, Rice, & Elliott, (1993) they found that Process-experiential treatment would be an effective treatment for depression. They used process directive intercession to reorganize depression-related emotion schemas. Specific tasks such as suggestive unfolding, focusing, two-chair work, and empty-chair dialogue are used within a client centered approach. In different way “Process-experiential emotion-focused therapy (PEEFT) has been compared to CBT (Watson, Gordon, Stermac, Kalogerakos, & Steckley, 2003) and client-centred therapy for the treatment of depression (Goldman, Greenberg, & Angus, 2006; Greenberg & Watson, 1998). No significant differences were found between clients who completed 16 weeks of CBT or PEEFT after end of treatment ( $N = 66$ ) (Watson et al., 2003). However, clients who received PEEFT had a significantly better outcome on interpersonal problems than clients who received CBT.”

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**Recommendations**

The basic Purpose of the recommendation is to focus on the disorder and enhance the optimal functioning of patient through different psychological methods. Which are following (Beutler, Clarkin, & Bongar, 2000; NICE, 2004)

1. If client comes up with the problem of depression and Anxiety deal initially or make treatment regarding depression.
2. Initially a therapist should focus on the symptoms, the dynamics of the client, history of the problem, event regarding symptoms, Psycho social stressors of the patients.
3. If the client is suffering with mild depression self help strategies, brief psychotherapy (which are short term in nature) usually focusing on the symptom of the client. Also therapist should provide suggestion correcting sleep pattern through exercise.
4. A most valid and structured way of treating depression is cognitive behavior therapy which has been using for the different levels of depression (as discussed above mild, moderate, severe)
5. Positive consequences of the treatment are related with good therapeutic skills and the way it has been carried out
6. A good therapeutic relationship with the client should be maintain for a better progress in therapy.
7. Suicidal ideation of the patient should be assessing carefully. And early intervention has formulated to treat the cognition regarding suicide.
8. A psychotherapist should be competent and know about the risk factors regarding the problem of the patient and therapist must know his or her professional limit and transfer a patient to another therapist for better treatment.
9. Severely disturbed patient should equally treat with psychotherapy and pharmacological treatment.

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