

Depression- An Unheard Cry

Muhammad Jamaluddin¹, Wajeeha Khalid²

The myth society carries that being sad means being depressed. On contrary depression can be best defined as a common and a serious medical illness which leads to sadness following loss of interest or low mood hindering usual activities once enjoyed. On the other hand sadness does not affect the level of interest in activities. According to National Institute of Mental Health diagnoses of depression can be made if the symptoms are present for at least two weeks.

Depression term is coined from the Late Latin word "depressare" and a classical Latin word "deprimere": which is broken down into two parts that is de which means "down" and primere means "to press" which according to terms can be taken as feeling of being sad, blue, or down. It can simply be defined as feeling of mental and emotional heaviness leading to decrease daily life activity and constant overthinking.

Studies conducted previously showed depression accounts for three folds higher amongst 18 to 29 years of age group as compare to the individuals aged 60 years or older¹. This age group mostly comprise of students in different colleges pursuing different course. According to American Student Association medical undergraduate comes across more stressful working hours, lack of sleep, heavy workload, and a lot of competition as compared to an average student. In medical students the prevalence of depression ranges from 2.9%-38%². A recent study conducted in a private medical college which estimated that around 70% of students of medical college suffered anxiety and depression³.

Medical students are usually high achievers since their school. They give a lot of personal and social parts of life to their career and in return they want to achieve nothing but the best they can. This

¹⁻²Department of Surgery Unit II and Urology
Abbasi Shaheed Hospital

Correspondence: Dr. Wajeeha Khalid
Department of Surgery Unit II and Urology
Abbasi Shaheed Hospital
Email: wajeeha786@gmail.com
Date of Submission: 11th March 2019
Date of Acceptance: 10th April 2019

competition keeps them going but the stage comes when they get burn-out and get depressed. Risk factors includes intense studying hours, lack of proper balance diet, constant over thinking, and anxiety. In Pakistan, medical profession is considered as the prestigious profession among all the professions hence majority parents force their children to pursue medical career. Family's peer pressure and strictness not only burdens the medical students to obtain good ranks but also drain their energy where they do what they never wanted to do.

Medicine is vastly expanding and in order to keep up with the pace of this expansion medical curriculum has been upgrading and becoming even more difficult to keep up with. This gives undergraduates a hard time to be open toward other leisure activities or daily exercise. Ultimately when the required criteria that has been setup is not met ends up with failure and depression.

It is reported that the most of the undergraduates were first year medical students and then the third year medical students⁴. Reason could be the lack of understanding pattern of study in first year medical students and starting of clinics in third year medical students. As far as gender is concerned depression prevail more in female medical students. This might be due to general increased prevalence of depression among females⁵.

Patient suffering from depressive disorders suffers wide variety of symptoms which usually starts from sadness leading to loss of interest, fatigue or loss of energy, feeling of guilt, anorexia, insomnia, suicidal thoughts often leading to suicidal attempts, retardation or psychomotor agitation⁶. These symptoms are likely to be masked by patients at the time of clinical examination and the diagnosis not only needs through history and examination of a patient but also comments from the family, friends, and other people surrounding patient on usual basis because almost most of the time patients reveal an unusual state of behavior (e.g. talking about ending his life, being lethargic, or acting like a retard, or eating disorders). In Pakistan rates of suicide have

Table 1. Comparison of symptoms of depression in ICD-10 and DSM-IV

ICD-10	DSM-IV major/minor depressive disorder
Depressed mood*	Depressed mood by self-report or observation made by others*
Loss of interest*	Loss of interest or pleasure*
Reduction in energy*	Fatigue/loss of energy
Loss of confidence or self-esteem Unreasonable feelings of self-reproach or inappropriate guilt	Worthlessness/excessive or inappropriate guilt
Recurrent thoughts of death or suicide	Recurrent thoughts of death, suicidal thoughts or actual suicide attempts
Diminished ability to think/concentrate or indecisiveness	Diminished ability to think/concentrate or indecisiveness
Change in psychomotor activity with agitation or retardation	Psychomotor agitation or retardation
Sleep disturbance	Insomnia/hypersomnia
Change in appetite with weight change	Significant appetite and/or weight loss

increased in the span of few months according to media and many cases remains unreported.

Criteria of diagnosis of depression are usually done based on two models of ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) and DSM-IV (Diagnostic and Statistical Manual of Mental Disorders). Both models have small differences of emphasis in diagnosing depression. In ICD-10 the patient must have two of the first three symptoms (depressed mood, loss of interest in everyday activities, reduction in energy) plus at least two of the remaining seven symptoms; while in DSM-IV the patient must have five or more out of nine symptoms with at least one from the first two (depressed mood and loss of interest). Both diagnostic systems require symptoms to have been present for at least 2 weeks to make a diagnosis (but can be shorter in ICD-10 if symptoms are unusually severe or of rapid onset) Table 1.

Treatment modalities for depression vary widely which includes antidepressant drugs, antipsychotic drugs, and rehabilitation therapy. Their effects vary extensively depending upon the stage of depression and the onset of symptoms. Likewise it was shown in a study that psychomotor therapy and pharmacological aids to patients have shown to improve the symptoms and helping patient to bring back to normal mental health⁷.

Reference

1. Chand SP, Arif H. Depression. [Updated 2019 Jan 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2018 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430847/>
2. Coentre R, Figueira ML. Depression and suicidal behavior in medical students: a systematic review. *CurrPsychiatr Rev.* 2015;11:86-111.
3. Khan SM, Mahmood S, Badshah A, Ali SU, Jamal Y. Prevalence of Depression, Anxiety and their associated factors among medical students in Karachi, Pakistan. *J Pak Med Assoc* 2006;56(12):583-586.
4. Basnet B, Jaiswal M, Adhikari B, Shyangwa PM. Depression Among Undergraduate Medical Students. *Kathmandu Univ med J* 2012;39(3):56-59.
5. Sadock BJ, Kaplan HL, Sadock VA. Kaplan and Sadock's Synopsis of Psychiatry. 8th ed. Philadelphia: Lippincott Williams & Wilkins; 1998. p25.
6. National Collaborating Centre for Mental Health (UK). Depression: The Treatment and Management of Depression in Adults (Updated Edition). Leicester (UK): British Psychological Society; 2010. (NICE Clinical Guidelines, No. 90.) APPENDIX 11, THE CLASSIFICATION OF DEPRESSION AND DEPRESSION RATING SCALES/QUESTIONNAIRES. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK63740/>
7. Pampallona S, Bollini P, Tibaldi G, Kupelnick B, Munizza C. Combined Pharmacotherapy and Psychological Treatment for Depression: A Systematic Review. *Arch Gen Psychiatry.* 2004;61(7):714-719.