



Case Study

CASE STUDY ON DEPRESSION

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Article History:	Abstract
<p>Received on: 04-03-2019 Revised on : 15-04-2019 Accepted on : 21-08-2019</p> <p>Keywords:</p> <p>CBT, Depression, Psychotherapy, Symptoms.</p>	<p>Depression is a mood disorder characterized by sadness, hopelessness, lack of pleasure, lack of motivation, and loss of interest in activities. It is a common illness but serious one, and sometimes symptoms are severe and affect a person's life to such extent that the patient may commit or attempt suicide. Depression can affect people at any age such as adults, teenagers and children. It is difficult to elucidate its pathophysiology but life events, anger, physical conditions, poor diet, use of street drugs and alcohol, environmental factors, genetic and chemical changes in brain may cause depression. The case study is about a 22 years male patient who was diagnosed with depression with the complaints of feeling of sadness, anger, aggressive feelings, engaging in substance abuse and suicidal thoughts. The patient had a past medical history of depression since 2 years and the past medication history includes Tab: paroxetine 20mg, Tab: Risperidone 1mg, and the social history includes he is an alcoholic, Smoker since 3 years and Cannabis abuse since 1 year. and his father had a history of depression since 5 years. Based on the symptoms and past medical history the case is diagnosed as Depression. And his treatment includes Tab: Paroxetine 20mg, Tab: Risperidone 1mg, Tab: Escitalopram 10mg, As a clinical Pharmacist the goal of treatment is to eliminate symptoms, motivate patient and improve patient quality of life, and counselling was given to the patient. Cognitive behavioural therapy, along with life style modifications.</p>

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INTRODUCTION

Depression is a recurrent disorder and more prevalent in females than males [1]. There is a hand-in-hand relationship between depression and insomnia [2]. There are various forms of depression such as major depressive disorder, premenstrual dysphoric disorder, persistent depressive disorder, psychotic depression, bipolar disorder, seasonal affective disorder and postpartum depression. Symptoms of

major depressive disorder include sadness, difficulty in concentration, anxiety, loss of sleep, trouble in making decisions and suicidal thoughts or actions [3]. Pathophysiology of depression may include various theories. Genetic factors, stress hormones and cytokines, deficiency of monoamines, decrease GABA activity, impaired circadian rhythm and dysfunction of glutamate neurotransmitter are basis of these theories [4]. Depression can be diagnosed on basis of International Statistical Classification of Diseases and Health Related Problems (ICD-10 depression criteria) and Diagnostic and Statistical Manual of Mental Disorders fourth Edition Classification System (DSM- IV system). According to ICD-10 criteria, key symptoms may include low

mood or persistent sadness, loss of pleasure or interest and low energy or fatigue. Associated symptoms are self blame or guilt, increased or poor appetite, slowing of movements or agitation, poor concentration, disturbed sleep, low self confidence and suicidal acts or thoughts [5]. DSM- IV system include symptoms of fatigue, diminished ability to concentrate, weight changes, depressed mood, insomnia, loss of interest, feeling of worthlessness, agitation and recurrent thoughts of death. For diagnosis of major depression, out of ten at least four symptoms of ICD-10 classification system and out of nine at least five symptoms of DSM- IV system are required [6]. There are various ways to treat depression that includes psychotherapy, lifestyle modifications, social support and pharmacotherapy. Lifestyle modifications include nutritional changes and exercise while psychological treatment comprises of Interpersonal therapy (IPT), Cognitive behavior therapy (CBT) and supportive therapy. Medications use to treat depression are called as antidepressants which includes Selective serotonin reuptake inhibitors such as citalopram, escitalopram, fluoxetine, Paroxetine etc, Serotonin nor adrenaline reuptake inhibitors such as desvenlafaxine, venlafaxine duloxetine etc, Tricyclic antidepressants such as amitriptyline, nortriptyline, clomipramine, imipramine etc, Monoamine oxidase inhibitor such as phenelzine, selegiline etc [8,9].

CASE STUDY

A 22 years Old Male Patient came to Government General hospital, Ongole. With the complaints of feeling of Sadness, anger, aggressive feelings, engage in substance abuse, suicidal thoughts. he was experiencing these symptoms from last 3 months. The patient past medical history include depression since 2 years and the past medication history include Tab: Paroxetine 20mg 0-0-1, and Tab: Risperidone 1mg 0-0-1, and his social history include alcoholic and smoking since 3 years and cannabis abuse since 1 year, sleep pattern disturbed, and appetite anorexic and his family history include his father had a history of depression since 5 years. He had a history of occupational and personal stress. he is unmarried, his is a literate. Based on the past medical history and personal stress the case is asessed as depression. and his general examination includes weight: 95 kg, and height: 5 feet 6 inches, BMI: 33.7 kg/m², temperature: 98°F. and patient had stayed in hospital for 5 days. and his medication

therapy includes Tab: Paroxetine 20mg 0-0-1, Tab: Risperidone 1mg 0-0-1, Tab: Escitalopram 1-0-0, Tab: Pantop 40mg 1-0-1, patient was evaluated on follow up on basis of presence or absence of symptoms and patient compliance

Discussion:

Patient had four key symptoms [feeling of sadness, anger, suicidal thoughts, low mood] according to diagnostic criteria [6] in this case patient was suffering from aggressive feeling, restlessness, decreased sleep and appetite and lack of concentration and patient was treated with medication and no psychotherapy. Patient had no motivation to cure and less physical activity. Suggest psychiatrist to alter drug therapy e.g. prescribe Tricyclic antidepressant (doxepin) or anti-anxiety drug (alprazolam) or drug from other class. Psychotherapy should be given to patient for example cognitive behavior therapy (CBT) and interpersonal therapy. Patient should be encouraged to try relaxation techniques and breathing exercises. Talk with family members and friends and explain how they can be helpful [11]. Regular exercise can reduce symptoms of depression. Dietary modifications are also necessary so choose food rich in magnesium and zinc content, protein rich foods, selenium rich foods and increase dietary intake of vitamin D, vitamin E and vitamin B6.

CONCLUSION

Depression in adults is now a days commonly seen when detected and treated early short course of Psychotherapy. As a clinical pharmacist, we are counsel to the patient and Patient representatives regarding Distressing life events, Anger management techniques, and regarding life style modifications Eat balanced meals with lean protein, and take lots of fruits and vegetables. Reduce high sugar and high fat foods, Cognitive behavioural therapy, Interpersonal therapy, Practice yoga, meditation, exercise, and should avoid alcohol, smoking and cannabis abuse. and take medications regularly we counsel the patient regarding disease and medications and their side effects if any adverse effect observed immediately stop the medication and consult Psychiatrist.

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