

The Effects of Depression in Your Body

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Abstract

The most well-known symptoms of depression are emotional, including sadness, guilt, irritability, and feelings of hopelessness. Other frequent symptoms, like trouble focusing or concentrating on tasks, are also thought of as being related to one's state of mind. Although depression is a mental illness, it can also cause physical symptoms. Pain, stomach upset, fatigue, and restlessness are just a few potential physical effects of depression. People can have these physical symptoms for a variety of reasons, but they may not realize depression can be among the potential causes. Certain treatments used for depression, such as medication, can also have physical side effects like nausea, weight changes, and sexual dysfunction. If you have physical symptoms of depression, your doctor and mental health care provider can help you better understand and manage them. People with depression may have vague aches and pains that affect their joints, limbs, or back. Some people have "all over" body pain which may be chronic and debilitating. A person with chronic pain certainly may become depressed, but it may also be that physical and emotional pain can stem from the same cause. Researchers are still trying to understand how physical pain and depression are related, as well as how they can influence one another.

Keywords: Depression, Sad, Miserable, Unhappy, Irritable, overwhelmed, Guilty, Frustrated, Lacking in confidence

Introduction

Depression can cause a lot of symptoms within the central nervous system, many of which are easy to dismiss or ignore. Older adults may also have difficulty identifying cognitive changes because it's easy to dismiss the signs of depression as related to "getting older." According to the American Psychological Association, older adults with depression have more difficulties with memory loss and reaction time during everyday activities compared with younger adults with depression. Symptoms of depression include overwhelming sadness, grief, and a sense of guilt. It may be described as a feeling of emptiness or hopelessness. Some people may find it difficult to put these feelings into words. It may also be difficult for them to understand as symptoms can manifest and cause physical reactions. Frequent episodes of crying may be a symptom of depression, although not everyone who is depressed cries. You may also feel tired all the time or have trouble sleeping at night. Other symptoms include: irritability, anger, and loss of interest in things that used to bring pleasure, including sex. Depression can cause headaches, chronic body

aches, and pain that may not respond to medication. It's also sometimes an effect of certain neurological diseases, such as Alzheimer's disease, epilepsy, and multiple sclerosis. People with depression may have trouble maintaining a normal work schedule or fulfilling social obligations. This could be due to symptoms such as an inability to concentrate, memory problems, and difficulty making decisions. Some people who are depressed may turn to alcohol or drugs, which may increase instances of reckless or abusive behavior. Someone with depression may consciously avoid talking about it or try to mask the problem. People experiencing depression may also find themselves preoccupied with thoughts of death or hurting themselves.

Depression is Common

In any one year, around one million people in Australia experience depression. One in six women and one in eight men will experience depression at some time in their life. The good news is, depression is treatable and effective treatments are available. The sooner a person with depression seeks support, the sooner they can recover.

Symptoms of Depression

Depression affects how people think, feel and act. Depression makes it more difficult to manage from day to day and interferes with study, work and relationships. A person may be depressed if for more than two weeks they have felt sad, down or miserable most of the time or have lost interest or pleasure in most of their usual activities, and have also experienced several of the signs and symptoms across at least three of the categories in the list below. It's important to note, everyone experiences some of these symptoms from time to time and it may not necessarily mean a person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms.

Feelings caused by Depression

A person with depression may feel:

- sad
- miserable
- unhappy
- irritable
- overwhelmed
- guilty
- frustrated
- lacking in confidence
- indecisive
- unable to concentrate
- disappointed.

Thoughts Caused by Depression

A person with depression may have thoughts such as:

- 'I'm a failure.'
- 'It's my fault.'
- 'Nothing good ever happens to me.'
- 'I'm worthless.'
- 'There is nothing good in my life.'
- 'Things will never change.'
- 'Life's not worth living.'
- 'People would be better off without me.'

Behavioural Symptoms of Depression

A person with depression may:

- withdraw from close family and friends
- stop going out
- stop their usual enjoyable activities
- not get things done at work or school
- rely on alcohol and sedatives.

Physical Symptoms of Depression

A person with depression may experience:

- being tired all the time
- feeling sick and 'run down'
- frequent headaches, stomach or muscle pains
- a churning gut
- sleep problems
- loss or change of appetite
- significant weight loss or gain.

Causes of Depression

While the exact cause of depression isn't known, a number of things can be associated with its development. Generally, depression does not result from a single event, but from a combination of biological, psychological, social and lifestyle factors.

Personal Factors that can lead to Depression

Personal factors that can lead to a risk of depression include:

- family history – depression can run in families and some people will be at an increased genetic risk. However, this doesn't mean that a person will automatically experience depression if a parent or close relative has had the condition.
- personality – some people may be more at risk because of their personality, particularly if they tend to worry a lot, have low self-esteem, are perfectionists, are sensitive to personal criticism, or are self-critical and negative

- serious medical conditions – these can trigger depression in two ways. Serious conditions can bring about depression directly or can contribute to depression through the associated stress and worry, especially if it involves long-term management of a condition or chronic pain
- drug and alcohol use – can both lead to and result from depression. Many people with depression also have drug and alcohol problems.

Life events and Depression

Research suggests that continuing difficulties, such as long-term unemployment, living in an abusive or uncaring relationship, long-term isolation or loneliness or prolonged exposure to stress at work can increase the risk of depression.

Significant adverse life events, such as losing a job, going through a separation or divorce, or being diagnosed with a serious illness, may also trigger depression, particularly among people who are already at risk because of genetic, developmental or other personal factors.

Changes in the brain

Although there has been a lot of research in this complex area, there is still much that we do not know. Depression is not simply the result of a chemical imbalance, for example because a person has too much or not enough of a particular brain chemical. However, disturbances in normal chemical messaging processes between nerve cells in the brain are believed to contribute to depression.

Some factors that can lead to faulty mood regulation in the brain include:

- genetic vulnerability
- severe life stressors
- taking some medications, drugs and alcohol
- some medical conditions.

Most modern antidepressants have an effect on the brain's chemical transmitters, in particular serotonin and noradrenaline, which relay messages between brain cells. This is thought to be how medications work for depression.

Other medical treatments such as transcranial magnetic stimulation (TMS) and electroconvulsive therapy (ECT) may sometimes be recommended for people with severe depression who have not recovered with lifestyle change, social support, psychological therapy and medication. While these treatments also have an impact on the brain's chemical messaging process between nerve cells, the precise ways in which these treatments work is still being researched.

Seek Support for Symptoms of Depression

Depression is often not recognised and can go on for months or even years if left untreated. It's important to seek support as early as possible, as the sooner a person gets treatment, the sooner they can recover.

Untreated depression can have many negative effects on a person's life, including serious relationship and family problems, difficulty finding and holding down a job, and drug and alcohol problems.

There is no one proven way that people recover from depression. However, there is a range of effective treatments and health professionals who can help people on the road to recovery.

There are also many things that people with depression can do for themselves to help them recover and stay well. The important thing is to find the right treatment and the right health professional for a person's needs.

Types of depression

There are different types of depression. The symptoms for each can range from relatively minor through to severe.

Major depression

Major depression, or major depressive disorder is the technical term used by health professionals and researchers to describe the most common type of depression. Other terms sometimes used include unipolar depression or clinical depression.

Depression can be described as mild, moderate or severe.

Melancholia

Melancholia is an older term for depression and is still sometimes used to describe a more severe form of depression with a strong biological basis, where many of the physical symptoms of depression are particularly evident. For example, one of the major changes is that the person can be observed to move more slowly, or to be experiencing significant changes to their sleep pattern and appetite.

A person with melancholia is also more likely to have a depressed mood that is characterised by complete loss of pleasure in everything or almost everything.

Dysthymia

The symptoms of dysthymia (sometimes called Persistent Depressive Disorder) are similar to those of major depression, but are less severe and more persistent. A person has to have this milder depression for more than two years to be diagnosed with dysthymia.

Psychotic Depression

Sometimes, people with a depressive condition can lose touch with reality. This can involve hallucinations (seeing or hearing things that are not there) or delusions (false beliefs that are not shared by others), such as believing they are bad or evil, or that they are being watched or followed or that everyone is against them. This is known as psychotic depression.

Antenatal and Postnatal Depression

Women are at an increased risk of depression during pregnancy (known as the antenatal or prenatal period) and in the year following childbirth (known as the postnatal period). This time frame (the period covered by pregnancy and the first year after the baby's birth) may also be referred to as the perinatal period.

The causes of depression at this time can be complex and are often the result of a combination of factors. In the days immediately following birth, many women experience the 'baby blues', which is a common condition related to hormonal changes, affecting up to 80 per cent of women who have given birth.

The 'baby blues', or the general stress of adjusting to pregnancy or a new baby, are common experiences, but are different from depression.

Depression is longer lasting and can affect not only the mother, but her relationship with her baby, the child's development, the mother's relationship with her partner and with other members of the family.

Up to one in 10 women will experience depression during pregnancy. This increases to 16 per cent in the first three months after having a baby.

Bipolar Disorder

Bipolar disorder used to be known as 'manic depression' because the person experiences periods of depression and periods of mania with periods of normal mood in between. The symptoms of mania are opposite to the symptoms of depression and can vary in intensity. They include:

- feeling great
- having plenty of energy
- racing thoughts
- little need for sleep
- talking fast
- having difficulty focusing on tasks
- feeling frustrated and irritable.

This is not just a fleeting experience. Sometimes, the person loses touch with reality and experiences hallucinations or delusions, particularly about their ideas, abilities or

importance. A family history of bipolar disorder can increase a person's risk of experiencing bipolar disorder.

Because bipolar disorder includes periods of depression, it is not uncommon for a person with bipolar disorder to be misdiagnosed as having major depression until they have a manic or hypomanic episode. Bipolar disorder can also sometimes be confused with other mental health conditions such as schizophrenia. The treatment for bipolar disorder is often different to that for major depression. It is therefore important to check for this condition whenever a person is being assessed for depression.

Cyclothymic Disorder

Cyclothymic disorder is an uncommon condition which is often described as a milder form of bipolar disorder. The person experiences chronic fluctuating moods over at least two years, involving periods of hypomania (a mild to moderate level of mania) and periods of depressive symptoms, with very short periods (no more than two months) of normality between. The symptoms last for a shorter time, are less severe, and are not as regular, so they don't fit the criteria of bipolar disorder or major depression.

Stress Management Techniques

There are empirical evidences of a connection between the type of stress management techniques and the level of daily depressive mood. Problem-focused coping leads to lower level of depression. Focusing on the problem allows for the subjects to view the situation in an objective way, evaluating the severity of the threat in an unbiased way, thus it lowers the probability of having depressive responses. On the other hand, emotion-focused coping promotes a depressed mood in stressful situations. The person has been contaminated with too much irrelevant information and loses focus on the options for resolving the problem. They fail to consider the potential consequences and choose the option that minimizes stress and maximizes well-being.

Conclusion

Depression is among the most treatable of mental disorders. Between 80% and 90% percent of people with depression eventually respond well to treatment. Almost all patients gain some relief from their symptoms. Before a diagnosis or treatment, a health professional should conduct a thorough diagnostic evaluation, including an interview and a physical examination. In some cases, a blood test might be done to make sure the depression is not due to a medical condition like a thyroid problem or a vitamin deficiency (reversing the medical cause would alleviate the depression-like symptoms). The evaluation will identify specific symptoms and explore medical and family histories as well as cultural and environmental factors with the goal of arriving at a diagnosis and planning a course of action.

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