



# Chronic Depression Patients' Opinion About Their Treatment And Its Associated Problems

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## Abstract

Depression is a persistently depressed state that interferes with normal daily activities. Research reveals that the chance of developing depression can be enhanced by life Occurrences including impoverishment, the death of a loved one, physical disease, or trauma. It is frequently brought on by a combination of hereditary, cognitive disorders and Circumstance's variables. The aim of the research is know the chronic depression patient's opinion about their treatment and its associated problems. Descriptive research design was used to collect the information and facts about the attitude and insight of chronic depressive patients at Athma Hospitals, Trichy. This study deals with difficulties faced by the patients in all aspects (personal, professional & economical) due to long term medication. The aim of the research is know the chronic depression patient's opinion about their treatment and its associated problems. From this study, the findings show that all respondents expressed that social support is very important for patients' treatment prognosis, some have expressed that compared to olden days, awareness about mental health issues have been improved in our society & women are highly prone to depression. Reaching the efforts of government & NGO's with regard to mental health services needs improvement. The existing services are sufficient to serve the people but reach has to be improved.

**Key words:** Chronic depression, Treatment, Patients' opinion, Associated problems of depression

## Introduction

Depression is a persistently depressed state that interferes with normal daily activities. Research reveals that the chance of developing depression can be enhanced by life Occurrences including impoverishment, the death of a loved one, physical disease, or trauma. It is frequently brought on by a combination of hereditary, cognitive disorders and Circumstances variables.

## Symptom of depression

- Sorrow, tears, nothingness, or a sense of pessimism.
- Outbursts of anger, irritation or frustration, even over trivial issues.
- Lack of enjoyment or motivation in the majority of everyday tasks, such as leisure activity, games, or relationships.
- Sleep disorders, such as insomnia or excessive sleepiness.
- Due to fatigue and a shortage of enthusiasm, even simple activities need more effort.
- Slimming down and decreased food intake, or obesity and excessive food intake.
- Nervousness, agitation, or uneasiness.
- Decreased speech, imagining, or action.
- Psychological states of shame or inadequacy, as well as blame oneself or fixation on mistakes in earlier times.
- Difficulty with memory, concentration, decision-making, and reasoning.
- Death wishes, suicidal ideas, attempts to commit suicide or committing suicide that are regular or repeated.
- Unnoticed medical conditions such as migraines or pelvic discomfort.

## Types of depression

Major depressive disorder (MDD)

Bipolar depression

Prenatal and postpartum depression

Persistent depressive disorder (PDD)

Premenstrual dysphoric disorder (PMDD)

Psychotic depression

Seasonal affective disorder (SAD)

## Nature of chronic depression

A persistently low mood is the key symptom of chronic depression. A lot of individuals who suffer from chronic depression will appear extremely depressed and express about their lack of enthusiasm, stamina, socialization. They will appear extremely pessimistic and perpetually down in the dumps to their loved ones. Because of the disorder's undesirable signs can last for two years or longer, an individual may believe that experiencing depression is ordinary. They might experience it difficult to recall a period when they were not depressed and may find it impossible to picture a moment when the sadness would pass. An individual's appearance will also depend on whether they experienced serious depressive episodes or not. While an individual with real dysthymic condition could have fewer signs that do not subside away, someone with persistent depressive episodes may experience severe depression that leads to thoughts of suicide. Age and sex doesn't matter when someone develops depression, however, this disorder influence some groups of people differently than other depressive disorders.

## Aim

The aim of the research is know the chronic depression patient's opinion about their treatment and its associated problems

## Objectives of the study

- To know the patient's insight about their disorder and their opinion about taking treatment.
- To understand the patient's coping skills and self motivation to overcome their disorder and the role of their family members in treatment prognosis.
- To know the patient's treatment preferences.
- To discover the patient's financial difficulties in day to day life and workplace difficulties due to medicinal side effects(EPS).
- To analyse the patient's distress due to long term medication and their opinion about social stigma.

## Research design

Descriptive research design was used to collect the information and facts about the attitude and insight of chronic depressive patients at Athma Hospitals, Trichy. This study deals with difficulties faced by the patients in all aspects (personal, professional & economical) due to long term medication.

## Universe

Chronic depressive patients from Athma Hospitals, Trichy during the period of December 2022-February 2023 were the universe of the study.

## Sample size

Sample size of the study consisted of 50 patients from the universe.

## Sampling technique

Convenient sampling method was used by the researcher to collect the information and facts about the chronic depressive patient's attitude & insight towards psychiatric treatment.

## Tools used for data collection

Self prepared interview schedule was used by the researcher to collect data.

## Analysis & interpretation

### Findings on personal details

More than  $2/5^{\text{th}}$  (44%) of the respondents belong to the age group of 29-38 years,  $1/5^{\text{th}}$ (20%) of the respondents belong to the age group of 39-48 years and 18% of the respondents belong to the age group of 18-28 years & 49-58 years. More than  $1/2$ (54%) of the respondents were male and the remaining 46% of the respondents were female. Educational qualification shows that less than  $1/3^{\text{rd}}$ (30%) of the respondents completed UG, 22% of the respondents completed diploma, 20% of the respondents completed 10<sup>th</sup> std, 16% of the respondents completed PG and meager(6%) respondents were illiterate & some completed 12<sup>th</sup> std.

Employment status of the respondents indicates that a little more than  $1/5^{\text{th}}$  (22%) of the respondents were homemakers,  $1/5^{\text{th}}$ (20%) of the respondents were private employees, 16% of the respondents were unemployed, 12% of the respondents were government employees & does own business, meager(6%) respondents were students & farmers, 4% of the respondents were daily wagers, and the remaining 2% of the respondents were pensioner.

More than 1/4<sup>th</sup>(28%) of the respondents' annual income is from 1,00,001-2,00,000, a little more than 1/4<sup>th</sup>(26%) of the respondents' annual income is from 1k-50k, 14% of the respondents' annual income is from 2,00,001-3,00,000 & 4,00,001-5,00,000, 10% of the respondents' annual income is from 50,001-1,00,000 and the remaining meager(8%) respondents' annual income is from 3,00,001-4,00,000. A little less than 1/2(48%) of the respondents were unmarried, 42% of the respondents were married, meager(6%) respondents were in marital separation and the remaining 4% of the respondents were widow. More than 3/4<sup>th</sup>(78%) of the respondents were Hindus, 12% of the respondents were Muslims and the remaining 10% of the respondents were Christians.

### **Problem history**

Half 1/2(50%) of the respondents' illness onset period was before 18 years of age and the remaining 50% of the respondents' illness onset period was after 18 years of age.

Majority (84%) of the respondents know about their diagnosis and nature of illness as their consultant have informed them about it and the remaining 16% of the respondents doesn't have knowledge about their diagnosis and nature of illness as their consultant haven't informed them about it

2/5<sup>th</sup>(40%) of the respondents said that they were responsible for their treatment prognosis, 38% of the respondents said that their family member's support plays an important role in their treatment prognosis, 16% of the respondents said that the motivation of patient & the support of family members/friends/colleagues plays an important role in their treatment prognosis, meager(4%) respondents said that their friend's support plays an important role in their treatment prognosis and the remaining 2% of the respondents said that their colleague's support plays an important role in their treatment prognosis.

A little more than 1/2(52%) of the respondents' communication & interpersonal relationship has impaired before the treatment and the remaining 48% of the respondents doesn't had impairment in their communication & interpersonal relationship before the treatment. It is inferred from the above table indicates that all (100%) the respondents have insight about their treatment purpose. Less than 2/3<sup>rd</sup>(62%) of the respondents were taking treatment for 2-5 years, 20% of the respondents were taking treatment for 6-10 years, 12% of the respondents were taking treatment for 16-20 years and the remaining meager(6%) respondents were taking treatment for 11-15 years. A vast majority(96%) of the respondents have consulted from 1-5 psychiatrists and the remaining 4% respondents have consulted from 6-10 psychiatrists.

A little more than 2/5<sup>th</sup>(42%) of the respondents said that their parents are their treatment decision makers, 20% of the respondents said that they themselves makes decision in taking treatment, 18% of the respondents said that their spouses are their treatment decision makers, 14% of the respondents said that their relatives are their treatment decision makers and the remaining meager(6%) respondents said that their siblings are their treatment decision makers.

### **Respondents' attitude towards their treatment**

Majority (84%) of the respondents were having positive attitude about psychiatric treatment, 12% of the respondents were having both positive & negative attitude about it and the remaining meager (4%) respondents were having negative attitude about it. More than 3/4<sup>th</sup>(78%) of the respondents feel normal & relaxed under the treatment and the remaining 22% of the respondents feel some discomfort due to medicinal side effects. 2/3<sup>rd</sup>(66%) of the respondents said that there is no need to continue the medication during remission period as one should practice to cope up their disorder without medicine's help once they reached remission period and the remaining 34% of the respondents said that they'll continue taking medication even during their remission period as they have become dependent to medication and due to relapse risk.

Less than 2/3<sup>rd</sup> (60%) of the respondents don't have knowledge about medicinal side effects as their consultants have not informed them about it and the remaining 40% of the respondents said that their consultant has informed them about medicinal side effects like excessive drowsiness, dryness of mouth, hand tremor, slurred speech, weight gain, salivation, kidney disease and irregular menstrual cycle. Less than 1/3<sup>rd</sup>(30%) of the respondents spend time with their loved ones, 24% of the respondents does their favorite hobbies, 18% of the respondents involves in spiritual activities, 12% of the respondents does all the above mentioned activities to cope up with their disorder and the remaining meager(6%) respondents seek their therapist and do yoga/meditation and the remaining 4% of the respondents surf their mobile to cope up with their disorder.

A little more than 1/4<sup>th</sup>(26%) of the respondents does their favorite hobbies,14% of the respondents do prayers, 12% of the respondents hangout with their friends, 10% of the respondents drinks tea/coffee, remains calm and sleep, meager(8%) of the respondents ventilate their distress to others, 6% of the respondents surf their mobile and the remaining 4% of the respondents harm themselves to cope up when they get upset or distressed.

A little more than 2/3<sup>rd</sup>(68%) of the respondents said that with good coping mechanism people can overcome any mental health issues and the remaining 32% of the respondents said that along with good coping mechanism, good family members & friends support, good financial stability and secured job plays the important role to overcome any mental health issues. 2/3<sup>rd</sup>(66%) of the respondents said that spirituality works for them and it is a good coping mechanism, as it taught them about patience & faith, to do good deeds, hope & fear about karma and acceptance & tolerance, 24% of the respondents said that they have spiritual faith but it doesn't help them to overcome their disorder and this question it is not applicable for remaining 10% of the respondents as they don't have spiritual faith.

A little more than 1/3<sup>rd</sup>(34%) of the respondents cry/ventilate their distress to others,18% of the respondents hangout with friends, 12% of the respondents count numbers/scribble/draw, 10% of the respondents chew gum/eat and go to gym/do exercise, meager(8%) of the respondents do their favorite hobbies, 6% of the respondents remains calm and the remaining 2% of the respondents involves in spiritual activities to manage their tension/anger.

A little less than 1/2(48%) of the respondents get support from their parents, 16% of the respondents get support from their spouse, 12% of the respondents get support from their siblings and children, meager(8%) of the respondents don't get any support from their family, and the remaining 4% of the respondents get support from their in-laws.

More than 1/3<sup>rd</sup>(36%) of the respondents get emotional support from their family,18% of the respondents get financial support from their family, 16% of the respondents' family supports them in all aspects, 14% of the respondents didn't get any support from their family members, 12% of the respondents get moral support from their family and the remaining meagre(4%) of the respondents get physical support from their family (Spouse).

A vast majority(92%) of the respondents' family members know about respondents' treatment and their diagnosis and the remaining 8% of the respondents' family members don't know about respondents' treatment and diagnosis as they were uncooperative and also respondents itself doesn't informed them about it as their family members don't have awareness about mental health issues.

More than 2/5<sup>th</sup>(44%) of the respondents prefer counseling/therapy, 40% of the respondents prefer taking medication, meager(6%) of the respondents prefer taking all the above mentioned treatment, 4% of the

respondents prefer stimulation therapy & rehabilitation treatment and the remaining 2% of the respondent doesn't like taking psychiatric treatment.

Less than  $3/4^{\text{th}}$ (70%) of the respondents were satisfied with their psychiatric medication and the remaining 30% of the respondents weren't satisfied with it due to EPS(Extra Pyramidal Syndrome), as it only controls their symptoms, not disorder and said that too much of medication affects their physical health. A little more than  $2/3^{\text{rd}}$ (68%) of the respondents have taken CBT(cognitive behavioral therapy), SFBT(solution focused brief therapy), mindfulness and family therapy and they were satisfied with it and the remaining 32% of the respondents haven't undergone any psychotherapy as they were not interested in it and felt slow in improvement.

Less than  $2/3^{\text{rd}}$ (62%) of the respondents don't have any financial constrains after the treatment and the remaining 38% of the respondents' were having financial constrains after the treatment due to high treatment cost and said that they were financially unstable. Less than  $2/3^{\text{rd}}$ (60%) of the respondents doesn't have any medicinal side effects after the treatment and the remaining 40% of the respondents were suffering from medicinal side effects like hand tremor, kidney disease, remains less active, difficulty in understanding, dryness of mouth and weight gain.

More than  $1/2$ (54%) of the respondents' don't have any issues regarding medicinal side effects and the remaining 46% of the respondents' activities of daily living gets affected due to medicinal side effects and they were managing it with the help of their family/friends, taking home remedies, handling it with their own motivation & takes self adjusted medication.

$1/2$ (50%) of the respondents said that they couldn't survive without medication by which maximum symptoms are only controlled by medication, due to relapse risk, dependency on medication and the remaining 50% of the respondents said that they can live their life peacefully even after quitting medication with doctor's advice.

### **Findings related to problems associated with medication**

40% of the respondents don't have any issues in their sexual life due to medicinal side effects and 14% of the respondents were having discomfort in their sexual life like lack of sex desire, excessive drowsiness, erectile dysfunction and pain during intercourse due to medicinal side effects.

Less than  $1/2$ (44%) of the respondents' occupation doesn't get affected due to medicinal side effects and 6% of the respondents said that their occupation gets affected due to medicinal side effects and they were coping it with the help of their colleagues, managing it with their own motivation and do self adjusted medication and said that their organization doesn't take any disciplinary action for their low working performance.

40% of the respondents' working performance has been improved after the treatment and 10% of the respondents' working performances haven't improved yet which they said that they can perform well in their work only if the medicines are prescribed in minimal dosage.

Less than  $3/4^{\text{th}}$ (70%) of the respondents have shown their distress/ventilated on their family in which some of them will console the respondents, some will disappoint them and some will just hear them & remains calm and the remaining 30% of the respondents haven't shown their distress to their family.

A little more than 2/3<sup>rd</sup>(68%) of the respondents don't get pessimistic thoughts due to long term medication and the remaining 32% of the respondents have pessimistic thoughts like hopelessness about future, frustration about life and death wishes due to long term medication.

### Suggestions

- Practitioners should clearly explain about the nature of illness to both patient & their family members (As patient have right to know about their illness & treatment plan).
- Proper psycho education should be given to family members & practitioners should make them to understand that how their support plays an important role in patient's treatment prognosis.
- Government can bring measures like conducting free mental health camp, recruiting counsellors in schools & colleges, conducting awareness program that should focus on breaking the myths about mental health issues & psychiatric treatment and provide proper psychiatric care especially in rural areas to reduce misconception and ignorance about mental illness from our society.
- Realistic orientation should be given to the patient as it helps them to manage their medicinal side effects, post treatment effects and challenges & survive the society which has many stigmas.
- Interpersonal relationship management, comprehensive coping strategies and emotional management should be given to the patient.
- Even though patient takes psychiatric treatment, they should learn ways to manage their disorder like improving their coping skills, doing meditation, progressive muscle relaxation and yoga, as it helps them a lot for their recovery.
- Friends and family should be available for listening. When the patient wants to speak, pay close attention. Don't provide suggestions or judge them. Simply hearing and being understood can be great ways to heal.
- Therapist must incorporate bio psychosocial & spiritual models in treating chronic depression
- Therapy must focus on self hygiene, diet for mental health & relaxation practices.
- Feedback informed therapy helps the patients and the therapist to track their progress towards goals if the therapist believes their interventions isn't benefitting a patient, they must refer the patient to another therapist with proper handover.

### Conclusion

From this study, the findings show that all respondents expressed that social support is very important for patients' treatment prognosis, some have expressed that compared to olden days, awareness about mental health issues have been improved in our society & women are highly prone to depression. Reaching the efforts of government & NGO's with regard to mental health services needs improvement. The existing services are sufficient to serve the people but reach has to be improved.

## References

- Aikens, J. E., Nease, D. E., & Klinkman, M. S. (2008). Explaining patients' beliefs about the necessity and harmfulness of antidepressants. *The Annals of Family Medicine*, 6(1), 23-29.
- Abramowitz, J. S. (2004). Treatment of obsessive-compulsive disorder in patients who have comorbid major depression. *Journal of Clinical Psychology*, 60, 1133–1141.
- Alarifi, M., Jabou, A. R., Foy, D. M., & Zolnoori, M. (2022). Identifying the underlying factors associated with antidepressant drug discontinuation: content analysis of patients' drug reviews. *Informatics for Health and Social Care*, 47(4), 414-423.
- Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma about depression and its impact on help-seeking intentions. *Australian & New Zealand Journal of Psychiatry*, 40(1), 51-54.
- Beutel, M., et al. (2022). Recovery From Chronic Depression And Structural Change: 5-Year Outcomes After Psychoanalytic And Cognitive-Behavioural Long-Term Treatments (LAC Depression Study). *Clinical Psychology & Psychotherapy*, 30(1), 188-201.
- Chakraborty, K., et al. (2009). Attitudes And Beliefs Of Patients Of First Episode Depression Towards Antidepressants And Their Adherence To Treatment. *Social Psychiatry and Psychiatric Epidemiology*, 44(6), 482–488.
- <https://www.psychiatry.org/patients-families/depression/what-is-depression>
- <https://www.webmd.com/mental-health/neurotic-behavior-overview>
- <https://www.extern.org/what-is-bipolar-affective-disorder-bpad>
- <https://www.nuh.com.sg/Health-Information/Diseases-Conditions/Pages/Conversion-and-Dissociative-Disorder.aspx>
- <https://www.verywellmind.com/organic-mental-disorders-2162516>
- <https://opentext.wsu.edu/abnormal-psych/chapter/module-2-models-of-abnormal-psychology>
- <https://www.psychiatry.org/patients-families/psychotherapy>
- <https://www.health.harvard.edu/blog/how-to-recognize-and-tame-your-cognitive-distortions-202205042738>
- <https://www.sciencedirect.com/topics/medicine-and-dentistry/stimulation-therapy>
- <https://www.mayoclinic.org/tests-procedures/electroconvulsive-therapy/about/pac-20393894>