



A CASE REPORT ON DEPRESSION

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ABSTRACT:

A mood illness called depression can cause a person to feel depressed, guilty, have trouble sleeping, and experience bilateral neurologic symptoms, arthralgia. Physical therapy can assist address musculoskeletal disorders and concurrently organize treatment sessions to help reduce depressive symptoms. The social and psychological variables that lead to, worsen, and trigger a recurrence of depression in academically accomplished young people require greater focus. . Major depressive episodes are directly correlated with feelings of generalized guilt. When individuals encounter significant depressive episodes, guilt may be a focus for therapeutic and preventive measures. According to the DSM-5, depression is the diagnosis for feelings of hopelessness and melancholy, We employed the HAMD-17 to gauge the intensity of symptoms and the ICD-10 criteria to make a clinical diagnosis of depression in our patients. Throughout the course of treatment, we paid close attention to the psychological, cultural, and societal elements that may have delayed seeking professional assistance, contributed to the illness's genesis, or may have explained the recurrence of depressive episodes. . Therefore, it is crucial to recognize the significant impact these factors play in the onset, development, and recurrence of mental health issues.

KEYWORDS: Depression, DSM-5, HAMD-17 and Moral incongruence.

INTRODUCTION:

A mood illness called depression can cause a person to feel depressed, guilty, have trouble sleeping, and experience bilateral neurologic symptoms, arthralgia. Physical therapy can assist address musculoskeletal disorders and concurrently organize treatment sessions to help reduce depressive symptoms¹. The social and psychological variables that lead to, worsen, and trigger a recurrence of depression in academically accomplished young people require greater focus. A young, intelligent person must deal with the pressures of moral and financial expectations from the family, which are frequently quite demanding, moral inconsistency, spiritual pain, and guilt feelings. The anguish that arises when someone keeps acting contrary to their beliefs is known as moral incongruence. It might be linked to one's own conceptions of addictions, such as those to social networking, online gaming, and pornography. The high frequency of guilt and shame sensations is

linked to perceived addiction to pornographic use rather than actual use, and it also indicates difficulties with religion and spirituality. Feeling guilty is an unpleasant feeling and mental state that arises when someone thinks they have violated a moral or conduct standard. It is included in several rating scales for depressive disorders and the diagnostic criteria for depression. Major depressive episodes are directly correlated with feelings of generalized guilt. When individuals encounter significant depressive episodes, guilt may be a focus for therapeutic and preventive measures.² According to the DSM-5, depression is the diagnosis for feelings of hopelessness and melancholy.³

CASE STUDY:

A 24 year female patient was admitted in the psychiatry department at Sri Balaji medical college, hospital and research institute, Renigunta. With the chief complaints of loss of consciousness followed by crying spells, palpitations, sleep disturbances, feeling guilt, shame, arthralgia and increased tensions since 3 months. She is a known case of hypothyroidism from 4 years using medication tab.thyronorm 25mg.

On general examination the patient was un-consciousness and her vitals were as follows BP-130/90 mm of Hg,PR-115bpm, RR-20/min,CNS-NAD,Spo2-98%,CVS-S1S2+,RS-B/LAE+.

INVESTIGATIONS:

Her laboratory investigations were as follows glycolated random blood sugar -105mg/dl, temp-99F, Hb-12.5g/dl, serum creatinine-0.5 mg/dl, plt 4.0lac/cum, Bun-23 mg/dl, RR-20/min, wbc-9.99m/cu, RBC-8.90m/cu, neutrophils 35%, lymphocytes 22%-,monocytes1.4%,serum electrolytes like sodium-123.7mEq/l, potassium-25mEq/l.

So based on subjective and objective evaluation patient have experienced depression. Clinical evaluation was done and patient was treated symptomatically with Tab.Recita and Tab.Etilaampro and Tab.Clonazepam.

DISCUSSION:

It is possible to view late adolescence and early adulthood as a special and separate time in a person's development. It's a time of change that brings with it new freedoms and responsibilities as well as new chances for growth, development, and evolution. Interpersonal problems and a heightened susceptibility to mental health issues like depression and suicidality are also associated with this phase. Investigations of the biological, social, and psychological components of mental health issues that manifest at this age should be conducted. The authoritarian parenting style, early ignorance of psychiatric illnesses that delayed seeking treatment, highly expressed emotions within the family, and the weight of expectations from peers and family were socio-cultural factors that significantly influenced the onset and progression of the disease in our patients. A high-achieving, intelligent young person has a great deal of pressure to live up to the rigid and frequently rather unrealistic expectations of society and family regarding behavior and achievement, which can lead to an extremely stressful mental state. We employed the HAMD-17 to gauge the intensity of symptoms and the ICD-10 criteria to make a clinical diagnosis of depression in our patients. Throughout the course of treatment, we paid close attention to the psychological, cultural, and societal elements that may have delayed seeking professional assistance, contributed to the illness's genesis, or may have explained the recurrence of depressive episodes. We note in particular the significance of spiritual discomfort, moral incongruence, emotions of guilt and shame, and pressure from family and society, especially for this age

group. A person experiences moral incongruence when they believe their actions and their values—or their assessments of their actions—do not match. It might make someone see a conduct more unfavorably.^{1,2}

CONCLUSION:

A diagnosis of depressive disorder was rendered in these instances since the initial presentations were psychomotor slowness, selective mutism, and emotional symptoms of low mood. Improvement was shown on the psychometric instruments and in clinical outcomes after one week of treatment. Moral incongruence, spiritual discomfort, and guilt sentiments were discovered when the patients were persuaded to provide a detailed psychosexual history. These symptoms were specifically connected to the patients' self-perceived addiction to IPU. Additional sources of stress were being sensitive to their parents' expectations, realizing that they were failing them due to illness, and their own and their family's lack of comprehension of the circumstances. Therefore, it is crucial to recognize the significant impact these factors play in the onset, development, and recurrence of mental health issues.

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