



Study On Attitude & Insight Towards Treatment Interventions Among The Patients With Chronic Depression

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Abstract

Chronic depression or persistent depressive disorder (PDD) or dysthymia is a long term type of depression. Adult symptoms typically persist for at least 2 years. Treatment for chronic depression usually involves a combination of psychotherapy, medication (if needed consultant may advice stimulation therapy). Along with patient's motivation & family member's, maximum symptoms has been cured/controlled by psychiatric treatment. People who takes chronic medication usually develops distress in all aspects (personal, professional & economical) and also develops negative attitude towards treatment. So, due to distress sometimes patient quit taking treatment and develops relapse risk. This research is interested in studying about the attitude & insight of the patients with chronic depression towards their treatment interventions.

Key words: Chronic depression, patients, treatment, insight and attitude

Introduction

Depression

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. Some people also inherit the danger.

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 migraines or pelvic discomfort.

Most depressed individuals typically experience signs that are severe enough to interfere their everyday tasks including work, education, socialising, or connection with others. Certain individuals could experience widespread misery or unhappiness with truly understanding why.

For an evaluation of depressive disorder, signs must persist for at least two weeks and must indicate an alteration from the pre-existing state of performance. It's crucial to rule out general medical causes because diseases like thyroid issues, brain tumours, and vitamin deficiencies can mirror the signs of depression.

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 weren't 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.

In the study of "Strategies and Tactics in the Management of Maintenance Treatment for Depressed Patients" the findings of A. John Rush, M.D. was that "Several issues continue unsolved regarding the practical art of managing patients on extended sustaining therapy. Can primary prevention compared to later—really boost clients' chances of success, for instance?(For instance: Do individuals have a quicker reaction to treatments if it is started earlier in the illness's course? Do they provide better extensive responses?). Second, rather than depending solely on symptoms assessments, can researchers identify useful, medical, biochemical, or other disease correlates by which to neutralise the solution and monitor medical care? The majority of common medical conditions are managed by some intermediate biological or physiological component (e.g., blood sugar in diabetes). There are still more queries, including (1) Does multi step pharmaceutical recommendations genuinely lead to better results? (2) Which rules apply better to particular people? (3) Do

antidepressants with two action pathways, as distinguished to those with a specific trigger, result in higher chances of remission? And (4) Can an intensive illness care plan with the following components yield superior results?. On the other hand, we can infer that a great deal of clients will need follow-up care. This course of medical care involves drugs, instruction, signs screening, and establishment of a solid community network. Lengthy collaborations with patients, families, and healthcare professionals will maximise symptom management and minimise both the economic strain of therapy and the impairment that the disease brings by achieving and maintaining full remission simply a cure. Our everyday activities and the existing delivery state's motivations may need to modify for chronic disease treatment.

In the study of “Antidepressant Awareness And Stigmatizing Attitudes Toward Depression And Antidepressants, A Comparison Between First And Sixth-Year Medical Students” the findings of Ayşe Derin Nalçakan, Ezgi Aysu Şahin, Oguz Kaan Yalcinkaya & Sertac Ak was that “6th year respondents considerably fewer stigmatising attitudes on clients' remarks than 1st year respondents. Respondents in the 6th year had substantially lower total stereotype scores versus respondents during the initial year ($p < .05$). According to a logistic model, the depression score ($p < .05$, $\beta = 0.36$), which served as a depressant indicator, served as the sole factor that could reliably assess the entire stigma rating.

Respondents in the 6th year had increased amounts of both psychiatry drug usage and diagnosed mental health issues. It's important to note that the result did not foretell the overall rating of stigma. But, when comparing the 6th year respondents to the 1st year respondents, we found that total awareness was higher while stigma was lower in the responses to the specific claims. Generally, medical training has a major impact on understanding. Yet, given the fact that our 1st year respondents' understanding and opinions are identical to those of the general population, there is a reason to worry as well as the requirement for wider community awareness initiatives. This research presents a reassuring viewpoint, suggesting that community education efforts can be quite successful in raising understanding and reducing misunderstandings.”

Methods and materials

Aim

The aim of the research is to study about the attitude & insight of the patients with chronic depression towards their treatment interventions.

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 are the universe of the study.

Sample size

Sample size of the study consisted of 50 respondents 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.

Findings and discussion

General findings

More than $2/5^{\text{th}}$ (44%) of the respondents belong to the age group of 29-38 years. More than $1/2$ (54%) of the respondents were male. Less than $1/3^{\text{rd}}$ (30%) of the respondents completed UG, 22% of the respondents completed diploma. A little more than $1/5^{\text{th}}$ (22%) of the respondents were homemakers. More than $1/4^{\text{th}}$ (28%) of the respondents' annual income is from 1,00,001-2,00,000..A little less than $1/2$ (48%) of the respondents were unmarried.

A little more than $1/5^{\text{th}}$ (22%) of the respondents have only one child, 20% of the respondents have 2 children & meagre (6%) respondents have 3 children. $2/3^{\text{rd}}$ (66%) of the respondents belonged to OBC community. More than $3/4^{\text{th}}$ (78%) of the respondents were Hindus. All (100%) the respondents' mother tongue is Tamil. A vast majority (98%) of the respondents were Indian.

Details on depression

Half (50%) of the respondents' illness onset period was before 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. $2/5^{\text{th}}$ (40%) of the respondents said that they were responsible for their treatment prognosis. More than $1/3^{\text{rd}}$ (38%) of the respondents were ambivert personality. Majority (86%) of the respondents' self care has improved after the treatment.

A little more than $1/2$ (52%) of the respondents' communication & interpersonal relationship has impaired before the treatment. Majority (86%) of the respondents said that it is not okay to take self adjusted medication due to relapse risk, negative medicinal side effects and lack of treatment prognosis. A little more than $1/2$ (52%) of the respondents said that women are highly get affected in depression as they are too emotional in nature, due to male chauvinism, people pleasing to make everyone happy, family responsibilities and pressure, harassment and they were treated as slaves by family members & society.

Information pertaining to treatment

All (100%) the respondents have insight about their treatment purpose. Less than $2/3^{\text{rd}}$ (62%) of the respondents were taking treatment for 2-5 years. A vast majority (96%) of the respondents have consulted from 1-5 psychiatrists. A little more than $2/5^{\text{th}}$ (42%) of the respondents said that their parents are their treatment decision makers. Majority (82%) of the respondents' communication & interpersonal relationship with their family members & friends has improved after the treatment, said that medication, counselling/therapy, support of family members & friends and rehabilitation helped them to overcome their impairment.

Attitude and insight towards treatment

Majority (84%) of the respondents were having positive attitude about psychiatric treatment. More than 3/4th(78%) of the respondents feel normal & relaxed under the treatment. 2/3rd(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.

Less than 2/3rd(62%) of the respondents said that along with the medication other things like counselling, stimulation therapy, good coping mechanism, rehabilitation treatment and support of family members & friends helps them in curing their illness. Less than 2/3rd(60%) of the respondents don't have knowledge about medicinal side effects as their consultants have not informed them about it. Less than 1/3rd(30%) of the respondents spend time with their loved ones. A little more than 1/4th(26%) of the respondents does their favourite hobbies. A little more than 2/3rd(68%) of the respondents said that with good coping mechanism people can overcome any mental health issues.

A little more than 3/4th(76%) of the respondents don't have the habit of consuming alcohol or other substances. Majority (82%) of the respondents have spiritual faith. 2/3rd(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. Majority(82%) of the respondents don't have self harming habit. A vast majority (94%) of the respondents don't have the habit of displacing their anger/aggression towards others and the remaining 6% of the respondents were having the habit of displacing their anger/aggression towards others as it reduces their aggression.

A little more than 1/3rd(34%) of the respondents cry/ventilate their distress to others. Half (50%) of the respondents attached to their parents. A little less than 1/2(48%) of the respondents get support from their parents. More than 1/3rd(36%) of the respondents get emotional support from their family. A vast majority(92%) of the respondents' family members know about respondents' treatment and their diagnosis. Majority(80%) of the respondents family members doesn't given them any critical comments about their illness & treatment. A vast majority(94%) of the respondents' family members were supporting them for taking psychiatric treatment.

More than 2/5th(44%) of the respondents prefer counselling/therapy. Less than 3/4th(70%) of the respondents were satisfied with their psychiatric medication.

More than 2/3rd(68%) of the respondents have taken CBT(cognitive behavioural therapy), SFBT(solution focused brief therapy), mindfulness and family therapy and they were satisfied with it. Less than 2/3rd(60%) of the respondents haven't undergone any stimulation therapy. Majority (88%) of the respondents haven't undergone rehabilitation treatment. Majority (84%) of the respondents haven't undergone any treatment other than allopathy. Less than 3/4th(72%) of the respondents haven't undergone astrology/traditional healing practices as they don't have faith in all those stuffs.

Conclusion

The findings of the study revealed that the patients with chronic depression has knowledge and understanding about their treatment.

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