

## MODERN METHODS OF TREATING DEPRESSIVE DISORDERS

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**Annotation:** Depressive disorder (also called depression) is a common mental health disorder. It is characterized by long periods of depressed mood or loss of interest in or ability to enjoy usual activities. Women are more likely to suffer from depression than men. An estimated 3.8% of the population experiences depression, including 5% of adults (4% of men and 6% of women) and 5.7% of people over the age of 60. Around the world, about 280 million people suffer from depression. The prevalence of depression is approximately 50% higher among women than among men. Depression affects more than 10% of pregnant and postpartum women worldwide (2). More than 700,000 people commit suicide every year. Suicide is the fourth leading cause of death in the 15–29 age group. Despite the availability of proven and effective treatments for mental disorders, more than 75% of people in low- and middle-income countries receive no treatment (3). Factors that hinder access to effective treatment include insufficient investment in mental health care, a lack of trained health workers and social stigmatization of people with mental disorders.

**Key words:** Depressive disorders, suicide, clinical course, treatment.

**Relevance.** On average, in the world in 2000, one in 10 people suffered from depression in one form or another. According to World Health Organization forecasts, by 2020 the prevalence of depressive disorders will increase 3 times and will take first place in the world among all diseases, overtaking coronary heart disease. That is, every 3rd person will suffer from depression. Many researchers believe that the real prevalence of depression is even higher. Thus, according to the results of a study conducted in the United States of people in medical institutions with various somatic (physical) diseases, 72% of them showed signs of mild depression. According to official statistics, women suffer from depression 2 times more often than men. But the point here, most likely, is the reluctance of men, among whom complaints about mental illness are taboo, to seek medical help. They traditionally (but unsuccessfully) try to relieve depressive symptoms through alcoholism, workaholism, computer games, and extreme activities.

**Causes** Depending on the form, the disease is associated with external or internal factors. Psychogenic reactive depression can be caused by difficult experiences or an acutely traumatic situation. Often the disorder develops after the loss of a loved one, job loss, divorce, relocation, or injury. Positively colored events, for example, finally gaining wealth or popularity, can also cause distress. In this case, mental disorders are explained by the fulfillment of a dream with the subsequent loss of the meaning of life, in the absence of other goals.

Neurotic depression is a consequence of chronic stress. In this condition, it is usually not possible to establish a specific cause of the experience. A person finds it difficult to name any specific traumatic circumstance and sees his life as a whole as a series of losses and disappointments.

Depression in men more often develops with regular use of alcoholic beverages and psychoactive substances.

Other risk factors for affective disorder in patients of any gender are:

- very high or extremely low financial situation;
- impressionability, suspiciousness, poor resistance to stress;
- low self-esteem, tendency to self-flagellation;
- pessimistic outlook on life;
- high psycho-emotional stress in professional activities;
- difficult childhood, traumatic situations at a young age;
- divorce of parents or loss of one of them, upbringing in a single-parent family, orphanage;
- the presence of mental or neurotic disorders, addictions in relatives;
- loneliness, lack of support in the family and social environment;
- economic and political instability in the country;
- physiologically determined changes in hormonal levels - the process of puberty, the postpartum period, menopause.

Endogenous depression develops as a result of neurochemical abnormalities caused by a genetic mutation or aging of the body. This group of disorders includes involuntional melancholia and senile depression. This form of pathology also occurs in manic-depressive psychosis, characterized by alternating phases of mania, depression and mental stability. The likelihood of depression in women is higher during the postpartum and menopausal periods, when there is a change in the level of sex hormones, which is stress for the body. In a young mother, neuropsychological disorders can occur due to complicated childbirth, problems with breastfeeding or the health of the baby, or the appearance of excess weight. Diseases of various organs can also be accompanied by depression. They are divided into the following groups:

1. Pathologies of the cardiovascular system - myocardial infarction, hypertension, circulatory failure, heart rhythm disturbances.
2. Brain damage due to stroke, neuroinfection or head injury.
3. Endocrine disorders –diabetes, hyper- or hypofunction of the thyroid gland.
4. Digestive system dysfunction – liver cirrhosis, colitis.
5. Rheumatic diseases with long-term pain syndrome - rheumatism, systemic connective tissue lesions, arthritis.
6. Oncological processes, especially malignant neoplasms.

#### Classification

Depending on the severity and nature of the manifestations, depression can be of the following types:

- large or clinical;
- postpartum;
- atypical;
- recurrent;

- small;
- dysthymia.

Hidden or “masked” depression is characterized by the absence of signs of neuropsychiatric disorders and symptoms characteristic of somatic diseases. The following options are available:

- cardiological;
- abdominal;
- cutaneous.

Caused by an acute psychotraumatic situation, reactive psychogenic depression occurs in several stages:

1. Negation. The psyche makes an attempt to isolate itself from the negative events taking place; the patient stubbornly does not believe in what happened.
2. Anger. Anger arises from a sense of injustice, and the search for those responsible begins.
3. Bargain. A person tries to negotiate in order to avoid consequences. This indicates active attempts to find a way out of the situation.
4. Depression. There is a feeling of loss of control over what is happening, a feeling of powerlessness and the inability to fix anything. This is accompanied by a depressed mood, apathy, laziness, sadness, and pessimistic judgments.
5. Adoption. After a real assessment of the situation and the prospects that have opened up, a person resigns himself to his fate and mentally prepares for the consequences.

### Symptoms

The main manifestations of the disease are collectively called the “depressive triad” and include:

- persistent depression of mood, despair, melancholy, feeling of hopelessness for several weeks and even months;
- slowing down of thinking, problems with remembering and analyzing information, fixation on one’s own experiences;
- decreased motor activity, slowness, lethargy, prolonged stay in the same position.

The patient stops enjoying activities that previously brought positive emotions, becomes withdrawn and taciturn, and may spend most of the day lying in bed or sitting, hunched over, head bowed and elbows propped up on knees. A feeling of guilt appears, self-esteem drops, and suicidal thoughts arise. Characterized by rapid fatigue, solving simple everyday problems requires a lot of effort. In some cases, the following symptoms may be present with depression:

- night insomnia, often combined with drowsiness during the day;
- decreased appetite and weight loss;
- increased heart rate;
- constipation;
- dilated pupils;
- loss of sexual desire;
- menstrual irregularities;

- intense pain in different parts of the body without objective reasons;
- aggressive behavior, attacks and accusations against people around you;
- dryness and sagging skin, the appearance of wrinkles;
- increased hair loss, brittle nails.

With endogenous depression, the intensity of symptoms peaks in the morning, gradually weakening during the day, and the manifestations of psychogenic affective disorders intensify in the evening. A feature of postnatal depression is a decrease in the mother's interest in the child, irritation from the need to take care of him. Clinical depression is severe and includes all manifestations of the triad and many additional symptoms. The minor form is characterized by only a couple of signs of the disease that persist for two or more weeks. The atypical variant occurs with increased appetite, drowsiness, emotional arousal, and anxiety. Recurrent depression is characterized by a short-term course of several days with a monthly repetition. Seasonal affective disorder is associated with the changing seasons, with symptoms beginning and ending around the same time period. With dysthymia, mood is persistently depressed for several years, but negative emotions and experiences do not reach the intensity characteristic of clinical depression.

There are a number of effective treatments for depression. These include psychological and medicinal methods. If you are experiencing symptoms of depression, seek help. Psychological methods are primarily used to treat depression. For moderate to severe depression, they can be combined with antidepressants. For mild depression, antidepressants are not required. Psychological treatments help develop new models of thinking, coping with difficulties and communicating with others. These may include talk therapy, which is carried out by a professional or lay therapist under the supervision of a specialist. Talk therapy sessions can be conducted in person or online. Self-help guides, websites, and mobile apps can be used to learn psychological treatments.

Effective psychological treatments for depression include:

- behavioral activation;
- cognitive behavioral therapy;
- interpersonal psychotherapy;
- problem-solving therapy.

Antidepressants include selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine. Health care providers should consider possible adverse side effects of antidepressants, options for psychological or drug treatment (availability of trained professionals and/or accessibility of therapy to the patient), and individual patient preferences. Antidepressants should not be prescribed for the treatment of depression in children or considered as first-line therapy in the treatment of adolescents, for whom antidepressants should be prescribed with extreme caution. Other medications and treatments are used to treat bipolar disorder.

### Literature.

1. Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx) - in English (as of March 4, 2023)
2. Characteristics of Cognitive Impairment in Schizophrenia 2023. SB Khamroev Research Journal of Trauma and Disability Studies 2(4). 61-70.
3. ШИЗОФРЕНИЯ КАСАЛЛИГИДА КОГНИТИВ ФАОЛИЯТ БУЗИЛИШЛАРИНИ НАМОЁН БЎЛИШИНИНГ ХУСУСИЯТЛАРИ 2023. С Б Хамроев BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMİY JURNALI 3(4). 72-80.

4. ОСОБЕННОСТИ КОГНИТИВНЫХ НАРУШЕНИЙ ПРИ ШИЗОФРЕНИИ И РАЦИОНАЛЬНАЯ ТАКТИКА ЛЕЧЕНИЯ 2022. Маъруф Тулкинович Тилавов, Саид Бакоевич Хамроев TA'LIM VA RIVOJLANISH TANHILI ONLAYN ILMIY JURNALI 2(10). 459-464.
5. Лебедева Г.Г., Исаева Е.Р. Варианты когнитивного дефицита в зависимости от клинических характеристик заболевания у пациентов с параноидной шизофренией. Ученые записки Санкт-Петербургского государственного медицинского университета им. акад. И.П. Павлова. 2015;22(1):51-53. Lebedeva GG, Isaeva ER. Variants of cognitive deficiency depending on the clinical characteristics of the disease in patients with paranoid schizophrenia. The Scientific Notes of the Pavlov University. 2015;22(1):51-53. (In Russ.). <https://doi.org/10.24884/1607-4181-2015-22-1-51-53>
6. Дифференцированная Терапия И Тактика Лечения Когнитивных Расстройств При Разных Формах Шизофрении 2022. УИ Кучкоров, С Хамроев, БУ Илёсов Central Asian Journal of Literature, Philosophy and Culture 3(11). 258-264.