

UDC 159.59

THE IMPACT OF DEPRESSIVE DISORDERS ON PEOPLE'S LIVELIHOODS

Sosedko V.V.

Студент 1 курса Академии гуманитарных технологий

ЧОУ ВО ЮУ (ИУБиП)

email: vikasosed@icloud.com

Научный руководитель: Galoyan Y.E.

email: galoyan@iubip.ru

Annotation: This article describes the depression in all spheres of life. The types of depression, characteristic features of it, general notion are given. The ways of prevention are classified as well. There are many therapeutic directions that are prescribed depending on the disorder and include cognitive behavioral therapy, psychosomatic therapy, gestalt.

Keywords: depression, stress, stress resistance, disorder, behavior, self-esteem

Depressive (depression) is a condition characterized by low mood and aversion to any activity that can affect a person's feelings, thoughts, and

In a pathological sense depression implies the presence of sadness, pessimism, low self-esteem, which can often be combined with each other. Depression also causes a lack of enjoyment from things that used to be pleasant, and sudden mood swings and the occurrence of negative thoughts can even lead to suicidal behavior. This condition significantly reduces the functional capabilities of a person both professionally and socially. Thus, depression causes severe suffering, which can eventually lead to suicide.

People with depressed mood feel sadness, anxiety, emptiness, their own hopelessness, helplessness, uselessness and despondency. Other pronounced symptoms may include: feelings of guilt, irritability or anger, feelings of shame, expressed anxiety, loss of interest in the usual pleasant activities, eating disorders, problems with concentration, suicidal tendencies, severe insomnia, fatigue and chronic pain syndrome.

The causes of depressive disorders are childhood trauma, mental or physical abuse neglected by some adults.

Major age-related life crises can also accelerate depressive moods, they include: childbirth, menopause, financial difficulties, unemployment, stress, medical diagnosis (cancer, HIV, etc.), "bullying", loss of a loved one, natural disasters, social isolation, etc.

Teenagers may be particularly prone to depressed mood after bullying by peers. High ratings of personality neuroticism contribute to the development of depressive symptoms, and depression is associated with low extroversion.

Depression can also be iatrogenic (as a result of a medical error). Alcohol and drug abuse can cause or worsen depression.

Depressed mood can be the result of a number of infectious diseases, nutritional deficiencies, neurological conditions and physiological problems, including Addison's disease, Cushing's syndrome, hypothyroidism, Lyme disease, multiple sclerosis, Parkinson's disease, chronic pain syndrome, stroke, etc.

In order to understand how to overcome a depressive disorder, it is necessary to clearly define its type. In the International Classification of Diseases of the 10th revision Investigation depression is classified by severity and type of course.

Types of depression by severity are given as the following: mild; moderate; severe depression without/with psychotic symptoms.

By type of course the depression is classified by the following: depressive episode; recurrent (recurring) depressive disorder; chronic mood disorder.

Endogenous (manic-depressive psychosis) - implies causeless onset, hereditary predisposition to the development of the disease, alternation of depressive and manic states; exogenous - develops under the influence of acute or chronic stress factors; somatogenic - associated with somatic, including organic pathology (myocardial infarction, stroke, traumatic brain injury, cancer, etc.).

The main types of depression

1. Neurotic depression is the result of a prolonged traumatic situation. Such depression is most often found among people with certain personality traits, for

example, straightforwardness, uncompromising in combination with uncertainty, indecision in certain situations.

The disease begins with a decrease in mood with tearfulness and ideas of unfair treatment of oneself. Such depression is also characterized by: difficulty falling asleep, anxious awakening, weakness, weakness, headaches in the morning, decreased blood pressure, constipation and sexual disorders are possible.

2. Psychogenic depression develops in a situation of loss of vital values for a given person (loss or death of a loved one, severe stress at work, etc.). Individuals suffering from such depression are characterized by hypersensitivity and mood variability. The state of psychogenic depression develops within a short period of time. There is often a fixation on loss, internal tension and anxiety for one's fate and the fate of loved ones. Patients complain of longing and mental retardation, express ideas of their own low value, pessimistically assess their past, present and future. Suicide is perceived by them as the only way out of a painful situation. In persons with pronounced hysterical character traits, such depression manifests itself in capriciousness and irritability in behavior. Suicide attempts are caused by demonstrative behavior and are the "last straw" for them.

3. Endogenous depression is a violation in the emotional sphere of a person that occurs without apparent external causes, as a rule, proceeds in a severe form, practically paralyzing a person's social activity. One of the most disturbing symptoms of endogenous depression is thoughts of suicide (suicide). This form of depression may indicate the presence of a mental illness of manic-depressive psychosis and requires not only psychological, but also medical treatment.

4. Postpartum depression develops in young mothers in the first month after childbirth. Since the birth of a child is an important stage and partly a critical period in a woman's life, the body at this time turns out to be the most vulnerable. Such depression manifests itself in emotional instability, fatigue, sleep disorders, increased anxiety, feelings of rejection of the child. The causes of postpartum depression can be hormonal changes, the social situation around the birth of a child, the peculiarities of a woman's psyche (individuals with mood swings or

depression before childbirth have a high probability of developing postpartum depression).

5. Circular depression is characterized by diurnal, seasonal or other variations of mood swings. Patients also describe the world as "dim", uninteresting, and view it as if through glass. Early awakenings, the inability to fall asleep, make such patients lie in bed for a long time and reflect on the worthlessness of their existence, the futility of the future. Such reflections can end in suicide (in the morning, while no one can interfere

Depression is often perceived both by the patient himself and by others as a manifestation of bad character, laziness and selfishness, promiscuity or natural pessimism. It should be remembered that depression is not just a bad mood, but a disease that requires the intervention of specialists and responds well enough to treatment. The earlier the correct diagnosis is made and the correct treatment is started, the more chances there are for a quick recovery, for the fact that depression will not happen again and will not take a severe form, accompanied by a desire to commit suicide.

Most often adequate pharmacotherapy, involving more than 1 drug due to the complexity of clinical manifestations. Often, patients struggling with depression also suffer from insomnia, anxiety and somatic symptoms, such as shortness of breath, frequent headaches.

To pharmaceutical drugs, therapies are most often added, which are determined by a psychiatrist or a psychotherapist.

There are many therapeutic directions that are prescribed depending on the disorder and include cognitive behavioral therapy, psychosomatic therapy, gestalt, etc. This is due to the fact that antidepressants are sometimes not able to solve all the symptoms of depression. That is why occupational or individual therapy is so important.

Библиографический список

1. Андрущенко А.В. К проблеме терапии атипичных (соматизированных) депрессивных расстройств: опыт применения флюанксола // Психиатрия и психофармакотерапия. – 2020. – Т.2, №4.
2. Гурова Е. С. Психотравма. как пережить травмирующее событие и преодолеть последствия в условиях цифровизации общества [Электронный ресурс] // Интеллектуальные ресурсы – региональному развитию. – 2021. – № 2. – С. 161-167. – URL: <https://www.elibrary.ru/item.asp?id=46659153> (дата обращения 24.01.2023)
3. Ковалев В.В. Роль психического фактора в происхождении, течении и лечении соматических болезней. – М.: Медицина, 1972
4. Курпатов А.В. 5 спасительных шагов от депрессии к радости. – СПб.: Нева, 2006.
5. Семибратова Т. А. Основные аспекты тревожных расстройств [Электронный ресурс] // Интеллектуальные ресурсы – региональному развитию. –2021. – № 1. – С. 209-215. – URL: <https://www.elibrary.ru/item.asp?id=46220765> (дата подачи заявки: 24.01.2023).
6. Сеницкий В.Н. Депрессивные состояния (Патофизиологическая характеристика, клиника, лечение, профилактика). – Киев: Наукова думка, 1986.
7. Хвиливицкая Т.Я. "Скрытые" депрессии в клинике маниакально-депрессивного психоза // Депрессии и их лечение. – Л., 1973.