

Features of New Methods of Treating Depressive Conditions

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Annotation: Depression is one of the most common mental illnesses. Epidemiological studies conducted in Europe over the last decade have shown a prevalence of depression of 3–6% in the past 12 months. There is evidence that 10% of men and 20% of women may develop various types of depression during their lifetime. At least 200 million people are diagnosed with depressive disorders every year. According to WHO, the prevalence of unipolar depression is 1.9% for men and 3.2% for women; 5.8% of men and 9.5% of women experience a depressive disorder over 12 months.

Relevance. Our time is characterized by a clear intervention of psychiatry in the general somatic clinic, which emphasizes the importance of integrating physical and mental approaches to both mentally and physically ill individuals. Naturally, this implementation is accompanied by an increase in the detection of mental pathology. It is important to note that the attitude of internists and psychiatrists to the mental (in particular, emotional or affective) state of patients is different. The vast majority of psychiatrists consider mood disorders as a psychiatric category, and among non-psychiatrists this point of view is shared by the majority of specialists. Such a range of opinions between specialists also reflects their attitude to the organization of psychological and psychiatric care for the contingent of general somatic institutions, and reflects significant disagreements between psychiatrists and general physicians in their understanding of the organization of psychiatric services. Only half of general practitioners are satisfied with the support of psychiatrists in a general clinic. They believe and expect that mental health services should be more open and helpful. Depression (depressive disorder) is a common mental disorder that can affect anyone. It is characterized by long periods of low mood or loss of interest in, or ability to enjoy, usual activities.

Depression is different from regular changes in mood and emotions in relation to the realities of everyday life. Episodes of depression last most of the day and occur almost every day for at least two weeks. Those suffering from depression may experience sleep disturbances and changes in appetite. They may experience low self-esteem and have thoughts of death and feelings of hopelessness about the future. In addition, depression is often accompanied by fatigue and decreased concentration. Depression results from a complex interaction of social, psychological and biological factors. People who have experienced violence, bereavement, or other adverse events are more likely to develop depression. Problems with school or work can also lead to depression. Prevention programs have been shown to reduce the prevalence of depression. In addition, psychological and drug treatments can be effective for depression. Often, however, such services are not provided at all or are not available to people who need them, especially in low- and middle-income countries. In low- and middle-income countries, it is estimated that more than 75% of people with mental disorders do not receive treatment.

Depression in Latin means to suppress, to put pressure on something. As a medical term, it is used to define a mental disorder characterized by low mood, manifested by depressed, depressed, sad, anxious or indifferent state. Accompanied by anhedonia - a reduced or completely lost ability to enjoy life and have fun.

The main symptoms of depression are: • Low self-esteem. • Loss of interest in normal activities. • Exaggerated feelings of guilt. • Decreased mood. • Pessimistic outlook on life. • Fatigue and lack of energy. • Impaired concentration, sleep and appetite. • Suicidal thoughts.

Severe forms of depression are characterized by the so-called depressive triad: • Low mood. • Slow thinking. • Decreased motor activity with a predominance of inhibition processes.

A state of temporary depression can be a normal reaction to negative life circumstances - job loss, divorce, financial loss, illness or loss of loved ones. In such cases, a person sometimes begins to abuse alcohol, drugs, antidepressants and other psychoactive substances.

Depressive disorder can be a symptom of a medical condition or a side effect of certain medications. If the cause of depression is not identified, then it is differentiated as endogenous. Screening for types of depression is carried out using self-esteem tests, for example, the Zang or Beck scale, the large depression questionnaire. By the way, the main symptoms of depression were described by Hippocrates, who defined this condition as melancholy.

The relevance of identifying and diagnosing depression is explained not only by the fact that it significantly reduces a person's quality of life, but is also the most common mental disorder. Every tenth person over the age of 40 suffers from it, and 2/3 of them are women. Children are less susceptible to depression, but nevertheless, 5% of adolescents 10-16 years old experience a depressive disorder. Depression is a leading cause of morbidity and disability in children and youth, and also significantly increases the risk of suicide in these age groups.

The etiology of depression is multifactorial. The main reasons can be combined into the following groups:

- Social and psychological, leading to the so-called reactive (psychogenic) depression. Depression in this case develops as a response to external influences of events, situations and stress.
- Somatic, more precisely somatogenic. An example is Alzheimer's disease, atherosclerosis of the cerebral arteries, head injury, viral infections, endocrinological disorders, especially with hypothyroidism (7 times higher than in healthy people), etc.
- Iatrogenic, developing in response to taking certain drugs - corticosteroids, benzodiazepines, antipsychotics, sedatives and hypnotics. This group also includes depression caused by abuse of alcohol, cocaine, opiates, and other psychostimulants. They usually heal on their own or go away after stopping medications.
- Endogenous, arising without any apparent external cause, as if from within the body. About 35% of depressions develop autochthonously without any external influences. Risk factors for developing depression include:
 - Dramatic childhood experiences, including abuse, loss of parents or their antisocial behavior, presence of physical abnormalities in the child, bullying and from peers or teachers.
 - Personal characteristics of the patient, for example, perfectionism.
 - Periods of hormonal changes – adolescence, menopause, as well as pregnancy and childbirth. About 10% of pregnant women may suffer from depression, and postpartum depression occurs in 12-16% of women who give birth.

As for the neurobiological mechanisms of the development of major depressive disorder, there are several hypotheses, among which the most popular is the monoamine hypothesis, which associates depression with a lack of amine neurotransmitters - serotonin, norepinephrine, dopamine. This theory has not yet received a convincing evidence base. There is also an evolutionary theory of depression, which considers it as a survival mechanism and the possibility of solving pressing problems in the least painful way. Avoidant behavior in depression allows you to solve problems such as:

- bypass unpleasant moments in the process of comprehending negative situations and making often forced compromise decisions;
- adapt to circumstances that cause unpleasant sensations, and in a social environment in which there are opportunities to avoid them.

The classification of the main types of depression is based on the etiology, clinical picture, prevailing symptoms, frequency of occurrence, duration of course and other features. If the mood remains stably depressed, then such depressive disorders are classified as unipolar, if episodes of depression alternate with manic (enthusiastic mood and excitement) - They talk about mixed or bipolar depression, more likely related to bipolar disorder.

The following types of unipolar depression are classified:

- Major depressive disorder (clinical depression) with all the characteristic symptoms outlined above.

- Minor depression, in which not all the symptoms of clinical depression are observed, but for at least 2 weeks 2 main criteria for depression are present.
- An atypical form, in which, along with the typical symptoms of a depressive disorder, atypical ones are also present - increased appetite, weight gain, emotional reactivity.
- Recurrent, fleeting form of depression (RBD) with a characteristic course. Episodes occur approximately once a month and last less than 2 weeks, most often 2-3 days. To establish a diagnosis, regular occurrence of episodes throughout the year without reference to MC in women is required.
- Dysthymia is a mild form of mood disorder characterized by milder and less severe symptoms compared to clinical depression. Despite this, it has a protracted course, lasting much longer, at least 2 years, sometimes stretching for decades. Therefore, it is often called chronic depression. Sometimes it develops into major depressive disorder and in this case is called double depression.
- In domestic medicine, the concept of vital is widespread, i.e. life depression. It is characterized by pronounced melancholy and anxiety, which can manifest itself even on a physical level, for example, pain in the solar plexus, lack of need for food and sleep. This is why it is also called “sad depression.” It is quite difficult, but has a favorable prognosis, as it responds well to treatment with antidepressants.
- The resistant form, unlike the vital form, does not produce a pronounced clinical effect when using even two 4-week courses of antidepressants.
- Anxiety-depressive disorder. It resembles depressive symptoms, but unlike it, anxiety and depressive syndromes are presented equally in the clinical picture.
- The neurotic form is characterized by low self-esteem, lack of confidence in one’s strengths and abilities, as well as an acute sense of guilt.
- Autonomic depression with pronounced physical symptoms in the form of tachycardia, changes in blood pressure, tinnitus.
- Masked with hidden, weakly expressed signs of apathy, with a desire for solitude and self-isolation, reduced interest in life. Masked as chronic fatigue.
- Asthenic. It occurs with weakness, lethargy, sleep disturbances, emotional instability, aggravated by stress, physical and mental overload.
- Postpartum. It develops 10-14 days after birth due to hormonal changes, anxiety for the baby, constant lack of sleep and excessive fatigue.
- Somatogenic. It is a consequence of endocrine disorders, neoplasms, brain injuries, disruption of its blood supply, and some psychotic conditions.
- Alcohol depression. It is a mental disorder accompanied by dependence on alcohol, detachment, non-recognition of the problem and often self-flagellation, an acute sense of guilt. Women are at particular risk due to their increased emotionality.

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.

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