



## MANAGEMENT OF DEPRESSION—AN OVERVIEW

**Nimitha Elizabeth Mathew**

Medical Officer, Karunya Visranthi Bhavan, Thiruvananthapuram

**Mevin Iype Mathew\***

Post Graduate Fellow In Psychiatry, Mosec Medical College, Kochi  
\*Corresponding Author

**ABSTRACT**

Depression management encompasses a multifaceted approach tailored to individual needs. This article outlines key components of depression management, including lifestyle changes, medication, psychotherapy, social support, crisis intervention, and holistic approaches. Lifestyle modifications such as regular exercise, balanced diet, adequate sleep, and relaxation techniques play a crucial role in managing symptoms. Antidepressant medications, including SSRIs (selective serotonin reuptake inhibitors), SNRIs (serotonin-norepinephrine reuptake inhibitors), TCAs (tricyclic antidepressants) and atypical antidepressants, are commonly prescribed, with individualization based on symptom severity and treatment response. Psychotherapy, such as CBT (cognitive-behavioral therapy) and IPT (interpersonal therapy) aids in modifying negative thought patterns and enhancing coping skills. Social support networks provide emotional comfort and encouragement, while crisis intervention is vital for individuals experiencing severe depression or suicidal thoughts. Complementary approaches like yoga may complement traditional treatments. Regular monitoring and open communication with healthcare providers are essential for optimizing treatment outcomes. Overall, collaborative efforts between individuals, healthcare providers, and support networks are crucial for achieving and maintaining recovery from depression.

**KEYWORDS :** Depression, Antidepressants, Psychotherapy, Holistic approaches.

**AN OVERVIEW OF MANAGEMENT OF DEPRESSION**

Managing depression typically involves a combination of various approaches tailored to the individual's needs. Following are some key components of management of depression:

**Lifestyle Changes:**

Adopting healthy lifestyle habits can significantly contribute to managing depression. Regular exercise has been shown to improve mood and reduce symptoms of depression. A balanced diet, rich in fruits, vegetables, whole grains, and lean proteins, supports overall well-being. Prioritizing adequate sleep and practicing relaxation techniques, such as mindfulness meditation or deep breathing exercises, can also reduce stress and improve mood<sup>1,2</sup>

**Medication:**

Antidepressant medications are commonly prescribed to alleviate symptoms of depression. These medications belong to several classes, including selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), and others. The choice of medication depends on factors such as the severity of symptoms, potential side effects, and individual response to treatment. It's crucial for individuals to adhere to their prescribed medication regimen and promptly communicate any concerns or side effects to their healthcare provider.

The medical treatment of depression typically involves the use of antidepressant medications, which work by targeting neurotransmitters in the brain to alleviate symptoms. Here's an overview of the medical treatment options for depression:

- Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) work by increasing the levels of both serotonin and norepinephrine in the brain. They are typically prescribed when SSRIs are ineffective or not well tolerated. Examples of SNRIs include venlafaxine, duloxetine, and desvenlafaxine<sup>3</sup>
- Monoamine Oxidase Inhibitors (MAOIs) inhibit the enzyme monoamine oxidase, which breaks down neurotransmitters like serotonin, norepinephrine, and dopamine. Although effective, MAOIs are used less

frequently due to their potential for serious side effects and interactions with certain foods and medications. Examples include phenelzine and tranylcypromine.

- Atypical Antidepressants encompass medications that don't fit into traditional classes. For instance, bupropion primarily affects dopamine and norepinephrine levels, while mirtazapine enhances serotonin and norepinephrine activity while blocking certain serotonin receptors<sup>4,5</sup>
- In cases of treatment-resistant depression, augmentation or combination therapy may be considered. This involves adding a second medication, such as lithium, an antipsychotic, or a different class of antidepressant, to enhance the antidepressant effect. Ketamine and its derivative esketamine have shown promise in treating treatment-resistant depression. Administered intravenously or via nasal spray in a clinical setting, they work through a different mechanism than traditional antidepressants<sup>6</sup>
- It's crucial to individualize medication management for depression based on factors such as symptom severity, treatment response history, potential side effects, and coexisting medical conditions. Close monitoring by a healthcare provider is necessary to ensure the effectiveness and safety of antidepressant treatment. Additionally, psychotherapy and lifestyle interventions may complement medication to optimize treatment outcomes for depression.

**Psychotherapy:**

Various forms of psychotherapy, including cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), and psychodynamic therapy, have been shown to be effective in treating depression. Psychotherapy assists individuals in identifying and modifying negative thought patterns, acquiring coping skills, enhancing communication and interpersonal relationships, and addressing underlying emotional issues contributing to their depression.

**Social Support:**

Building and maintaining strong social support networks is crucial for individuals coping with depression. Spending time with friends and family, engaging in social activities, and

seeking support from others can offer emotional comfort, encouragement, and a sense of belonging. Additionally, participating in support groups, whether in-person or online, can provide valuable connections with individuals who understand and can relate to one's experiences.

#### **Crisis Intervention:**

For individuals experiencing severe depression or suicidal thoughts, immediate intervention may be necessary. Access to crisis hotlines, emergency mental health services, or hospitalization can be crucial. Seeking help from trusted individuals or professionals during times of crisis can save lives and provide the necessary support and treatment.

#### **Holistic Approaches:**

Some individuals may find complementary and alternative treatments, such as yoga, massage therapy, or herbal supplements, beneficial in managing depression. While these approaches may not be standalone treatments for depression, they can complement traditional treatments and promote overall well-being.

Regular monitoring and follow-up are essential components of depression treatment. Individuals should have regular check-ins with their healthcare provider to monitor their progress, assess treatment effectiveness, and make any necessary adjustments to their treatment plan. Open communication with healthcare providers about symptoms, concerns, and treatment preferences is critical for optimizing care and promoting recovery.

The management of depression is multifaceted and often requires a personalized approach that considers the unique needs, preferences, and circumstances of each individual. Collaboration between the individual, their healthcare providers, and their support network is essential for achieving and maintaining recovery from depression.

#### **REFERENCES:**

1. Blumenthal, J. A., Babyak, M. A., Doraiswamy, P. M., Watkins, L., Hoffman, B. M., Barbour, K. A., ... & Sherwood, A. (2007). Exercise and pharmacotherapy in the treatment of major depressive disorder. *Psychosomatic Medicine*, 69(7), 587-596. [DOI: 10.1097/PSY.0b013e318148c19a]
2. Jacka, F. N., O'Neil, A., Opie, R., Itsiopoulos, C., Cotton, S., Mohebbi, M., ... & Berk, M. (2017). A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial). *BMC medicine*, 15(1), 1-13. [DOI: 10.1186/s12916-017-0791-y].
3. Kasper, S., & Montgomery, S. A. (2007). Treatment of SSRI-resistant depression: a meta-analysis comparing within-versus across-class switches. *Human Psychopharmacology: Clinical and Experimental*, 22(6), 361-367. [DOI: 10.1002/hup.867]
4. Masi, G., & Liboni, F. (2002). Management of early-onset panic disorder in a 7-year-old girl with citalopram. *Journal of Child and Adolescent Psychopharmacology*, 12(2), 173-177. [DOI: 10.1089/104454602760219287]
5. Davis, R., Whittington, R., Bryson, H. M., & Nemeroff, C. B. (1996). Mirtazapine: a review of its pharmacology and therapeutic potential in the management of major depression. *CNS drugs*, 6(4), 375-388. [DOI: 10.2165/00023210-199606040-00008]
6. Papakostas, G. I., & Fava, M. (2009). A meta-analysis of clinical trials comparing mirtazapine with selective serotonin reuptake inhibitors for the treatment of major depressive disorder. *The Journal of clinical psychiatry*, 70(4), 450-457. [DOI: 10.4088/jcp.08r04507]