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Global Epidemic in the World is Depression

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ABSTRACT

Depression is the most common mood and psychiatric disorder in the world, yet is widely undetected, undiagnosed and untreated. It is an important cause of suicide, burden of disability, dissatisfaction, loss of social function, morbidity and mortality worldwide, reduce quality of life, increased mortality and desire for hastened death. It affects the treatment and prognosis of disease among human and their offspring. From a religious, ethical, social, economic, personal and therapeutic perspective, it seems unwise to leave the patients undetected, undiagnosed and untreated for such a long time in War and Peace conditions.PHQ-2 (Patient Health Questionnaire) and BDI-FS (Beck Depression Inventory-Fast Screen) are two scales simpler, faster, reliable, effective and have cross-cultural and international reliability, accuracy and validity. These two scales help practitioners and psychotherapist, and facilitate their screening and diagnosis. Cognitive and physical therapies are a powerful tool in the treatment of depression and others disorders. These therapies improve quality of life of person.

Key Words: Depression; screening; diagnosis; psychotherapy.

INTRODUCTION

Depression is the largest burden of disease in the world, and could reach the second highest in 2030 worldwide, not so much because of an increasing the number of cases of depression or their severity, but because the others causes of morbidity will be better treated. [1-4] Depression is up sharply in the last decade in all world. [1,5-14] *"Depression is a major human blight"* [4] "*If the extent of human suffering were used to decide which diseases deserve the most medical attention, then depression would be near the top of the list*". [15] Depression is mental disorder very frequent among people in the world, regardless of gender and age. [1,3,6,7,11,16-41] Depression in the population has negative impacts on the personal, social and professional life of the person, on the evolution of the mental state and leads to the risk of suicidal act. [1,5-7,11,12,18,21,30,37,42] Depression is undetected, undiagnosed and untreated, which may delay or render management inadequate. [1,3,4,15,43] Moreover, depression is often undertreated when correctly diagnosed. [1,3,15,43] Correctly diagnose and effective treatment of depression and therapeutic control of a depressive state can improve personal, social and professional life, reduce mortality, improve the mental and physical health outcome. [1,3,44] For further assessment and treatment of depression, [1,7,12,21,45] developing a universally validated screening tool, and establishing acceptable treatment recommendations(46)for busy clinicians are very important. The question here is: How can we best identify and treat the depression in busy clinical practices and other setting?

Depressive mood and anhedonia are the two main depressive symptoms listed in DSM-V, [1,11,12,47-49] are related with others psychiatric disorders anhedonia. [1,12,18,50-54] Difficulties in detecting and/or diagnosing depressionsymptoms can lead to false

diagnoses of depression. [1,7,11,12,55,56] Brief, valid, reliable tools are needed for correctly detecting and/or diagnosing of depression in mental health services in hospital world, busy clinics, with diseases and/or during wartime. Patient Health Questionnaire-2"PHQ-2" [6,12,48,49,57] assess these two main symptoms. [6,49,58-61] The NICE (UK National Institute for Health and Care Excellence) recommended the use ofPHQ-2. [12,58] The BDI-FS (Beck Depression Inventory-Fast Screen) helps practitioners the distinction between the symptoms which are related to depression or physical illness and reduce the number of false positives, [6,11,55] because to not be contaminated by clinical factors. [1,7,11,35,62,63] The results of international and cross-cultural studies support the reliability and validity of the PHQ-2 and BDI-FS are validated on many populations and many cultures and are recommended to screen for depression in chronic diseases, general population, in normal and abnormal conditions. [6,12,38,48,49,55,58,60,61,64-70] These tools are good sensitivity, specificity and a low false-positive rate in world. [1,7,11,12,24,35,62,71,72]

The question, which arises here, is: how should it be treated, taking into account long waiting times in busy clinics, MMHPCHS, and wartime? Psychological intervention is necessary for patients.

Gives the medicaments to cure the diseases, but these medicaments create other diseases. The medicaments (antidepressants) do more harm than good, have negative health effects and increase the risk of relapse into depression. [73,74] Antidepressant therapies have adverse side effects. Unlike medicinal treatments, psychotherapy is no consumption limit or adverse side effects. [21] More attention and studies have been given to the effectiveness of non-pharmacological therapy in depression therapy and other pathology. [1,21,75-78] Psychotherapy as cognitive and behavioral therapy (CBT), cognitive therapy (CT), mindfulness-based cognitive therapy (MBCT), positive psychotherapy (PPT), treatment by repeating phrases of positive thoughts (TRPPT) is effective in treating depression, [1,21,79-81] and could be used in people who do not want to take antidepressants or who have unacceptable, negative and undesirable effects. [1,21,82] Depression has the biggest impact on brain, especially the amygdala and the dorsolateral prefrontal cortex. [1,31,76,83-85] Psychotherapy, cognitive activity (CA) and physical activity (PA)have the impact in right anterior insular cortex, areas of the prefrontal cortex and a brain region that communicates with both the amygdala and the prefrontal cortex, [1,22,31,76,83,84,86,87] as well as relaxation interventions, [88-90] and music interventions. [78,91-95] There is a dose effect: the higher the level of activity, the more brain volumes are increased, less cerebral atrophy and behavioral, neurological, psychiatric and brain disorders. [1,21,22,31,76,83,84,86,87,96]

DISCUSSION

Depression affects around all world. PHQ-2 and BDI-FS are good tools for assessing the depression. The psychotherapy is very efficacy, and can recommend in the routine administration for depression therapy.

Conflict of interest

The author declares that there are no conflicts of interest with respect to this study or its publication.

Disclosure of potential conflicts of interest

The author declares that he has no competing interest.

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