

# Types of depression

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Bereda G. Types of depression. *J Clin Psychiatry Neurosci*. 2023; 6(1):72-4.

## ABSTRACT

Depressive disorders can be characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Depression is a frequent psychiatric disorder, with an approximate lifetime prevalence of 10% in the general population. Postpartum depression is defined as a depression affected the mother following childbirth typically arising from the combination of hormonal changes, psychological adjustment to motherhood, and fatigue, postnatal depression. Major depressive episodes may occur once or twice in a lifetime, or they may recur

frequently and they may also take place spontaneously, during or after the death of a loved one, a romantic breakup, a medical illness, or other life event. A major depressive disorder include the following episodes of symptoms such as persistent sad mood, most of the day, nearly every day, loss of interest or pleasure in hobbies and activities, including sex, feelings of guilt, worthlessness, helplessness, lowered energy, fatigue, feeling “slowed down”, difficulty concentrating, remembering, making decisions, insomnia, early-morning awakening, or excessive sleeping, low appetite and weight loss or overeating and weight gain, thoughts of death or suicide, suicide attempts and restlessness or irritability.

**Key Words:** *Depression; Major depressive disorder; Postpartum depression; Psychiatric disorder*

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## INTRODUCTION

Depression can be characterized as a feeling of being sad, disturbance of emotion, discouraged, hopeless, irritable, unmotivated, as well as a general lack of interest or pleasure in life. Depression can be also called as clinical depression” or a “depressive disorder” which is described as a mood disorder that causes distressing symptoms that affect how individual feel, think, and handle daily activities, such as sleeping, eating, or working [1, 2]. Depression has been correlated with an elevated mortality and morbidity, functional disability, lowered quality of life, and accelerated health services usage, and health care costs [3]. Depression is a frequent psychiatric disorder, with an approximate lifetime prevalence of 10% in the general population [4]. Depression can be long lasting or recurrent, substantially impairing an individual’s ability to function at work or school or cope with daily life [5].

hormonal changes, psychological adjustment to motherhood, and fatigue, postnatal depression [6]. Postpartum depression is correlated with severe and persistent symptoms that are present most of the day.

Nearly every day for at least two weeks and also correlated with lowered mother-infant bonding and elevated marital stress and divorce. Postpartum depression can be mostly affect the new mothers and it is prevalent more than 85% [7]. In the mothers previously affected from depression the risk of postpartum depression is great, but there is certain evidence that some subgroup of women only experience depression during the postpartum period [8]. The symptoms of postpartum depression often commence within the first four weeks of giving birth, although certain women demonstrate lowering mood in the late third trimester of pregnancy. The common symptoms of postpartum depression listed below are sad mood, loss of interest in things that normally enjoy, fatigue or loss of energy, appetite elevate or lower, sleeping too much or insomnia, feeling restless, feelings of worthlessness or excessive guilt, difficulty concentrating or indecisiveness, thoughts of death or a suicide plan and anxiety and ruminating thoughts [9, 10].

## LITERATURE REVIEW

There are some types of depression which discussed in turn below:

### Postpartum depressive disorder

Postpartum depression is defined as a depression affected the mother following childbirth typically arising from the combination of

### Melancholic depressive disorder

Melancholic depression can be a profound presentation of extreme depression characterized as a fear, or tearful sadness and irrational fears that last a long time [11]. Melancholic depression is more

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Received: 12-December-2022, Manuscript No. PULJCPN-22-5868; Editor assigned: 14-December-2022, Pre QC No. PULJCPN-22-5868 (PQ); Reviewed: 15-December-2022 PULJCPN-22-5868 (Q); Revised: 16-December-2022, Manuscript No. PULJCPN-22-5868 (R); Published: 28-January-2023, doi:10.37532/puljcpn.2023.6(1).72-4.



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frequent in older age and more severe and psychotic depressions. The symptoms of melancholic depression includes loss of interest in activities that were once enjoyable, having a lack of energy, feeling anxious and irritable [12].

#### **Seasonal affective depressive disorder**

Seasonal affective disorder is described as a type of depression that comes and goes with the seasons, typically starting in the late fall and early winter and going away during the spring and summer [13]. Seasonal affective disorder occurs at least for two consecutive years and more common in women [14].

#### **Persistent depressive disorder (dysthymia depressive disorder)**

Persistent depressive disorder is a chronic form of depression that often continues for at least two years. A person diagnosed with dysthymia disorder form of depression may have episodes of major depression along with periods of less severe symptoms. Dysthymia disorder affects the individuals with age of onset of less than fifteen years and not reversed spontaneously unlike major depression disorders [15-17]. The clinical symptoms of persistent depressive disorder is include sad mood combined with low energy, poor appetite or overeating, stress, irritability, mild anhedonia and insomnia or oversleeping [18].

#### **Major depressive disorder**

Major depression is having the symptoms of depression most of the day, nearly every day for at least two weeks that interfere with the ability to work, sleep, study, eat, and enjoy life [19]. Major depressive episodes may occur once or twice in a lifetime, or they may recur frequently and they may also take place spontaneously, during or after the death of a loved one, a romantic breakup, a medical illness, or other life event [20]. A major depressive disorder include the following episodes of symptoms such as persistent sad mood, most of the day, nearly every day, loss of interest or pleasure in hobbies and activities, including sex, feelings of guilt, worthlessness, helplessness, lowered energy, fatigue, feeling "slowed down", difficulty concentrating, remembering, making decisions, insomnia, early-morning awakening, or excessive sleeping, low appetite and weight loss or overeating and weight gain, thoughts of death or suicide, suicide attempts and restlessness or irritability [21, 22].

#### **Psychotic depressive disorder**

Psychotic depression is characterized as a type of depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions), hearing or seeing upsetting things that others cannot hear or see (hallucinations), disorganized speech or thought disorder, catatonia or movement disorder, affect flattening, alogia, anhedonia, asociality and etc [23, 24].

#### **Recurrent brief depressive disorder**

Recurrent brief depression can be defined as a mental disorder described by intermittent depressive episodes, not related to menstrual cycles in women, occurring between approximately six to twelve times per year, over the last one year. Recurrent brief depression was not correlated with bipolar disorders. A recurrence is a new episode that comes after 6 months or longer since the previous

episode has resolved. Recurrent brief depression can be occurred due to financial problems, loss of a loved person, traumatic or stressful life events [25-27].

#### **Minor depressive disorder**

Minor depression disorder is characterized by the symptoms of the major depressive episode, which had to be less than five but more than two, lasting at least two weeks. When compared minor depression with major depressive disorder, minor depressive disorder had more mood and cognitive symptoms, but not the classical neuro-vegetative symptoms [28, 29].

#### **Atypical depressive disorder**

Atypical depression is a subtype of major depressive disorder, in which a person's mood may ameliorate when conditions alters [30]. The symptoms of atypical depression are include hyper insomnia, low mood, mood reactivity, hyperplasia, leaden paralysis, and long standing pattern of interpersonal rejection sensitivity [31].

#### **Mixed depressive disorder (agitated depressive disorder)**

Mixed depression can be characterized by the combination of depression and manic/hypomanic symptoms, often below the minimum number required for the diagnosis of mania and hypomania, and not involving elevated mood. Mixed depression has been explained in bipolar I disorder, bipolar II disorder, and major depressive disorder. The most common manic/hypomanic symptoms of mixed depression are irritability, mental over activity (flight of ideas, racing thoughts, crowded thoughts), and behavioral over activity (psychomotor agitation, over talkativeness) [32].

#### **Bipolar depressive disorder (manic depressive illness)**

Bipolar disorder also called manic depression can be characterized by moods that shift from severe highs (mania) or mild highs (hypomania) to severe lows (depression). The mood episodes correlated with the disorder persist from days to weeks or longer and may be dramatic. Severe changes in behavior go along with mood changes. There are certain symptoms of bipolar disorder listed as feelings of guilt and despair, self-doubt, feelings of emptiness, loss of pleasure in everyday activities, lack of energy and difficulty in concentrating [33, 34].

## **CONCLUSION**

Depression can be also called as clinical depression" or a "depressive disorder" which is described as a mood disorder that causes distressing symptoms that affect how individual feel, think, and handle daily activities, such as sleeping, eating, or working. Seasonal affective disorder is described as a type of depression that comes and goes with the seasons, typically starting in the late fall and early winter and going away during the spring and summer. Seasonal affective disorder occurs at least for two consecutive years and more common in women. Melancholic depression can be a profound presentation of extreme depression characterized as a fear, or tearful sadness and irrational fears that last a long time. Melancholic depression is more frequent in older age and more severe and psychotic depressions. The symptoms of melancholic depression are includes loss of interest in activities that were once enjoyable, having a lack of energy, feeling anxious.

## REFERENCES

1. Liu Y, Chen H, Zhang N, et al. Anxiety and depression symptoms of medical staff under COVID-19 epidemic in China. *J affect disord.* 2021;278:144-48.
2. Collaborators GB. Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017.
3. Jaarsma T, Johansson P, Agren S, et al. Quality of life and symptoms of depression in advanced heart failure patients and their partners. *Curr Opin Support Palliat Care.* 2010;4(4):233-37.
4. Katona C, Peveler R, Dowrick C, et al. Pain symptoms in depression: definition and clinical significance. *Clin Med.* 2005;5(4):390.
5. Van der Velden PG, Hyland P, Contino C, et al. Anxiety and depression symptoms, the recovery from symptoms, and loneliness before and after the COVID-19 outbreak among the general population: Findings from a Dutch population-based longitudinal study. *PloS one.* 2021;16(1):0245057.
6. Kettunen P, Koistinen E, Hintikka J. Is postpartum depression a homogenous disorder: time of onset, severity, symptoms and hopelessness in relation to the course of depression. *BMC pregnancy childbirth.* 2014;14(1):1-9.
7. Saleh ES, El-Bahei W, Del El-Hadidy MA, et al. Predictors of postpartum depression in a sample of Egyptian women. *Neuropsychiatr dis treat.* 2013;9:15.
8. Pawar G, Wetzker C, Gjerdingen D. Prevalence of depressive symptoms in the immediate postpartum period. *J Am Board Fam Med.* 2011;24(3):258-61.
9. Viguera AC, Tondo L, Koukopoulos AE, et al. Episodes of mood disorders in 2,252 pregnancies and postpartum periods. *Am J Psychiatry.* 2011;168(11):1179-85.
10. Sharma V, Khan M, Corpse C, et al. Missed bipolarity and psychiatric comorbidity in women with postpartum depression. *Bipolar disord.* 2008;10(6):742-47.
11. Benazzi F. Melancholic outpatient depression in Bipolar-II vs. unipolar. *Prog Neuro-Psychopharmacol Biol Psychiatry.* 2004;28(3):481-85.
12. Benazzi F. Psychomotor changes in melancholic and atypical depression: unipolar and bipolar-II subtypes. *Psychiatry Res.* 2002;112(3):211-20.
13. Sohn CH, Lam RW. Update on the biology of seasonal affective disorder. *CNS spectr.* 2005;10(8):635-46.
14. Terman M, Terman JS. Light therapy for seasonal and nonseasonal depression: efficacy, protocol, safety, and side effects. *CNS spectr.* 2005;10(8):647-63.
15. Akiskal HS. Dysthymia and cyclothymia in psychiatric practice a century after Kraepelin. *J affect disord.* 2001;62(1-2):17-31.
16. Angst J, Sellar R, Merikangas KR. Depressive spectrum diagnoses. *Compr psychiatry.* 2000;41(2):39-47.
17. Angst J, Gamma A, Benazzi F, al. Toward a re-definition of subthreshold bipolarity: epidemiology and proposed criteria for bipolar-II, minor bipolar disorders and hypomania. *J affect disord.* 2003;73(1-2):133-46.
18. Angst J, Cassano G. The mood spectrum: improving the diagnosis of bipolar disorder. *Bipolar disord.* 2005;7:4-12.
19. Judd LL, Akiskal HS, Schettler PJ, et al. The long-term natural history of the weekly symptomatic status of bipolar I disorder. *Arch gen psychiatry.* 2002;59(6):530-37.
20. Judd LL, Schettler PJ, Akiskal HS, et al. Long-term symptomatic status of bipolar I vs. bipolar II disorders. *Int J Neuropsychopharmacol.* 2003;6(2):127-37.
21. Goldberg JF, Garno JL, Harrow M. Long-term remission and recovery in bipolar disorder: a review. *Curr psychiatry rep.* 2005;7(6):456-61.
22. Hantouche EG, Akiskal HS. Bipolar II vs. unipolar depression: psychopathologic differentiation by dimensional measures. *J Affect Disord.* 2005;84(2-3):127-32.
23. Bereda G. Clinical symptoms of schizophrenia.
24. Paykel ES. Classification of depressed patients: a cluster analysis derived grouping. *Br J Psychiatry.* 1971;118(544):275-88.
25. Huang WL. Apex Ear Bloodletting, Restriction of Dairy Products, Psychotropic Medication and Energy Disturbances in Patients with Depression Treated with Auricular Acupuncture-A Double Blind Study. *Arch Neurol Neuro Disord.* 2019;2(2):31-42.
26. Benazzi F. Diagnosis of bipolar II disorder: a comparison of structured versus semistructured interviews. *Prog Neuro-Psychopharmacol Biol Psychiatry.* 2003;27(6):985-91.
27. Akiskal HS, Benazzi F. Optimizing the detection of bipolar II disorder in outpatient private practice: toward a systematization of clinical diagnostic wisdom. *J clin psychiatry.* 2005;66(7):1349-3.
28. Mitchell PB, Malhi GS. Bipolar depression: phenomenological overview and clinical characteristics. *Bipolar Disorders.* 2004;6(6):530-39.
29. Rapaport MH, Judd LL, Schettler PJ, et al. A descriptive analysis of minor depression. *Am J Psychiatry.* 2002;159(4):637-43.
30. Angst J, Hochstrasser B. Recurrent brief depression: the Zurich Study. *J clin psychiatry.* 1994.
31. Benazzi F. Depression with DSM-IV atypical features: a marker for bipolar II disorder. *Eur arch psychiatry clin neurosci.* 2000;250(1):53-5.
32. Akiskal HS, Benazzi F. Atypical depression: a variant of bipolar II or a bridge between unipolar and bipolar II? *J affect disord.* 2005;84(2-3):209-17.
33. Mitchell PB, Malhi GS. Bipolar depression: phenomenological overview and clinical characteristics. *Bipolar Disord.* 2004;6(6):530-39.
34. Akiskal HS, Benazzi F. Optimizing the detection of bipolar II disorder in outpatient private practice: toward a systematization of clinical diagnostic wisdom. *The J clin psychiatry.* 2005;66(7):1349-3.