Description

The pathophysiology of depression and anxiety implies a mild stressor environment that, act negatively on health and mind of human being and in chronic spectrum initiates deadly secondary pathology. Alteration in the level of three neurotransmitters holds the crucial background of molecular aspects of depression and anxiety. Several external and internal influences have also been reported as major determinants for the occurrence of depression and anxiety, which are severe mental and physical stress, medical condition, and genetic influences. It is very crucial to identify the exact reasons that cause depression and anxiety, because the symptoms of the same will differ person to person. Research suggests that continuous difficulties such as long-term unemployment, living in uncur relationship, loneliness for prolonged period, prolonged work stress are the major reasons to cause depression. Of late combination of events can trigger depression.

The Journal of Depression and Anxiety published several articles in the present issue, covering relevant information on similar field. The articles discussed about the risk associated with electroconvulsive therapy, provided an overview on chemobrain pathogenesis, tried to examine ‘dark side’ correlates of two established measures of neuroticism, stress related depression and anxiety associated with hospitalized patients, determined the risk of suicide in adolescents, evaluated the possible roles of type I IFNs for anxiety-like behaviours in NZB mice, and studied the efficacy of Rework Program’s related to improve work willingness and to prevent relapse in employees who are taking sick leave.

Tardive dyskinesia is a side effect associated with antipsychotic medications. This disorder is characterized by the appearance of involuntary and irregular movements that occurs in different parts of the body. Generally, electroconvulsive therapy is the one, which is successfully employed to this type of disorders. However, Maria [1] reported a case report that, developed tardive dyskinesia after the treatment with electroconvulsive therapy. Although ECT has been successfully employed to manage TD, even case studies have been reported that, the application of this therapy. Although ECT has been successfully employed to manage TD, even case studies have been reported that, the application of this therapy could trigger its onset.

A Cancer survivor develops some memory problems after chemotherapy and this condition is termed as chemobrain. It is also termed as chemo fog, chemotherapy-related cognitive impairment or cognitive dysfunction. Still now there is no information regarding its epidemiology or pathogenesis. Banach and Judyta [2] provided a n overview on chemobrain pathogenesis, its prevention and treatments that are available to treat this condition. The author reported that, the information should be given to the patient regarding their transient nature of the dysfunction that occurs after completion of chemotherapy and details of the pharmacological or cognitive-behavioural therapy so as to reduce the symptoms.

Neuroticism is defined as one of the Big Five higher-order personality traits that are studied in psychology stream. It indicated that, the person, who is high in neurotism has a tendency to easily experience negative emotions and this condition is almost similar, but not identical to being neurotic in the Freudian sense. Adrian [3], tried to examine ‘dark side’ correlates of two established measures of neuroticism, in addition aimed to examine the relationship between the PDs and trait N.

Psychiatric pathology of affective/ anxiety spectrum and psychological stress is high in the people who are hospitalized. Lücke [4] investigated the characteristics of depression and anxiety that occur in hospitalized patient by analysing the data obtained from a large sample of psychiatric consultations of medical inpatients. The study reports asseverated that, a medical hospital stay trigger substantial psychiatric symptom in patients, even though the person has not reported any pre-known psychiatric diagnosis. In case, if the patient diagnosed with pre-existing anxiety disorders initially it seems to develop risk of psychopathology in the course of a somatic hospital stay. Authors, of this article highlighted the need of the importance of betterment in routine psychiatric care to prevent the development or exacerbation of psychopathology in hospitalized patients.

Depression is one of the major factors for eating disorder. The data stated that, depression results in more than half of all patients diagnosed with binge eating disorder. Juliana et al. [5] determined the risk of suicide in adolescents, who are suffering with symptoms of eating disorders and depression. To assess this, a cross-sectional study was conducted with 1379 students of public schools aged between 10-17 years by following evaluation tools such as, EAT-26, BITE, CDI and M.I.N.I-Brazilian version 5.0.0. The results estimated that, the high risk of suicide was more in in adolescent is more than 11 years, in female gender. Finally, they concluded that, risk of suicide is high in adolescents with symptoms of both eating disorders and depression.

The immune system protects our body from pathogenic organism that enter the body but, in case of auto immune disease, the immune system attacks the body due to confusion. Many autoimmune diseases are there, systemic lupus erythematosus is one among them. This disease is accompanied by neuropsychiatric manifestations such as anxiety. It is reported that type 1 interferon plays a role in pathogenesis for SLE and lupus mice. Zhang et al. [6] evaluated the possible roles of type 1 IFNs for anxiety-like behaviours in NZB mice. This study demonstrated that type 1 IFN signalling plays a critical role in autoimmune formation and inflammatory damage in lupus-prone mice, with unchanged anxiety-
like behaviour. Finally, they concluded that, type I-IFN-independent mechanism for behavioural dysfunction in these autoimmune mice.

Persistent feeling of sadness and worthlessness and lack of desire to engage in pleasurable activities, all these are the symptoms of depressive disorder. Many therapies are available to treat this type of disorders. Sick leave due to depressive disorder is a burden faced by all individuals as well as an important socioeconomic problem. Japan has introduced a method called 'Rework Program' to improve work willingness and to prevent relapse in employees who are taking sick leave. However, this program is lacking its efficacy. Sakamoto et al. [7] studied the efficacy of Rework Program by following patient's return to work and for relapse prevention. Finally, the authors of this article concluded that, this program efficacy is good on return to work, nearly 60% of the patients returned to work with over 90% of those successfully completed 12 months follow-up without taking any sick leave. In addition, the duration of work has been increased, when compared to previous year i.e., prior to the attending the programme. This experience led to flexibility against challenges that occurs in the work place. Finally, the author's suggested that Rework Programme would contribute to more filling lives for individuals with depression.

References