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ICD 10 (F 32.9) MAJOR DEPRESSIVE DISORDER: CASE STUDY

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Abstract

The experience of a patient with Major Depressive Disorder (MDD) is examined in this case study, emphasizing the intricate interactions between biological, psychological, and social elements that influence the development and course of the illness. The patient, 35-year-old men, exhibited severe impairments in his everyday functioning in addition to ongoing symptoms of melancholy, exhaustion, and disinterest in once-enjoyable hobbies. According to a thorough professional evaluation, his depression was mostly caused by a history of trauma, mental health problems in his family, and extended exposure to high levels of stress. The diagnosis procedure is examined in the case study, along with the application of clinical interviews and standardized evaluation instruments. Cognitive-behavioral therapy (CBT) and selective serotonin are two examples of treatment methods.

Keywords: *Major Depressive Disorder, ICD, Case Study*

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Introduction

Overview of Depression

Major Depressive Disorder (MDD), the formal name for depression, is a widespread mental illness that impacts millions of individuals globally. It is typified by enduring depressive and dismal feelings as well as a lack of interest in once-pleasurable activities. Depression affects a person's thoughts, feelings, behaviors, and physical health; it frequently results in severe distress and makes it difficult to go about daily tasks. Everyone may feel depressed for a short time, but depression differs in how severe it is, how long it lasts, and what kinds of cognitive and physical symptoms it causes. The World Health Organization (WHO) states that depression is the primary cause of disability worldwide and a significant contributor to the burden of disease worldwide.

Depression has many different causes, including intricate interactions between biological, psychological, environmental, and hereditary components. Depression pathogenesis has long been linked to neurochemical abnormalities, especially those affecting neurotransmitters like dopamine, serotonin, and norepinephrine. Additionally, individuals with depression exhibit both structural and functional abnormalities in their brains, including altered connections in regions like the prefrontal cortex and amygdala that are involved in emotional regulation. Another important factor is genetics, as family history is a reliable indicator of risk. However, life events including early trauma, ongoing stress, and social isolation can influence how depression manifests.

Depressive symptoms can take many different forms, but emotional ones include feelings of worthlessness, anger, and ongoing melancholy. Inability to focus, indecision, and suicidal or death-related thoughts are common cognitive symptoms. Fatigue, alterations in eating and sleep patterns, and unexplained aches and pains are examples of physical symptoms.

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These symptoms can vary in intensity and duration; some people have episodic episodes of depression, while others have long-term, chronic illnesses.

It can be challenging to diagnose and treat depression since it frequently co-occurs with other mental illnesses such anxiety disorders, substance use disorders and eating disorders. It has a well-established link to other long-term disorders like diabetes and cardiovascular disease, with depression worsening the progression and outcome of these conditions.

Depression continues to be underdiagnosed and undertreated in many communities, especially in low-income and rural areas, despite its substantial impact on public health. This problem persists because of a lack of understanding, restricted access to mental health care, and the stigma associated with mental health. However, depression can now be effectively managed thanks to developments in psychopharmacology, psychotherapy, and other therapeutic methods.

For instance, antidepressant drugs can address neurochemical imbalances, and cognitive behavioral therapy (CBT), a popular and scientifically supported psychotherapy, assists people in recognizing and disputing harmful belief patterns.

The purpose of this essay is to examine the many facets of depression, such as its causes, symptoms, and available treatments. This research will offer a thorough knowledge of depression by looking at its biological and psychosocial components, which could lead to more effective diagnosis and treatment approaches.

To improve outcomes for individuals impacted by this crippling illness, it is imperative that we address the socioeconomic, cultural, and healthcare system aspects that influence its detection and management as we continue to advance our understanding of depression.

Everyone may experience depression for a brief period, although the severity, duration, and types of physical and cognitive symptoms of depression vary. According to the World

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Health Organization (WHO), depression is the leading cause of disability globally and a major contribution to the global illness burden. although the severity, duration, and types of physical and cognitive symptoms of depression vary. According to the World Health Organization (WHO), depression is the leading cause of disability globally and a major contribution to the global illness burden.

Case History

Over the previous six months, Mr.X a 35-year-old man, had been experiencing symptoms of anhedonia, exhaustion, difficulties focusing, and ongoing sorrow. He stated that his social and professional functioning had been severely hampered by the progressive worsening of his depression symptoms. Mr.X reported feeling worn out, emotionally numb, and unable to engage in once-pleasurable hobbies like socializing and gaming. He also talked about having problems getting back asleep and waking up early in the morning. He had lost about five to seven kilograms of weight because of his diminished hunger. MR.X also expressed passive suicide ideation, although without any explicit planning or intent, and widespread sentiments of remorse and worthlessness.

Current Course of Illness

For over six months, Mr.X has been experiencing depression symptoms, which have gotten worse over time in terms of both frequency and severity. The symptoms were minor at first, with sporadic bouts of weariness and sorrow. But as time went on, he started to exhibit persistently poor moods, withdraw socially, and stop doing things he used to enjoy. His energy levels dropped dramatically, and he found it difficult to focus on work, which affected his

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performance. He claimed to be unable to handle the responsibilities of his profession and to feel overburdened by even basic chores. His sleep patterns were also noticeably disturbed, with sleeplessness being a major problem. Mr.X blamed these changes on work-related stress, but he couldn't identify a specific cause.

Previous History of Psychiatry

Mr.X had sporadic instances of depression in the past, but they were usually moderate and went away on their own without medical intervention. These episodes were often brief and frequently brought on by outside stressors like personal disputes or work-related demands. Since these previous episodes were controllable and self-limiting, Mr.X chose not to seek mental health care. According to him, these earlier episodes did not substantially affect his functioning and were not as bad as his current one.

Health History

- General Health: Mr.X does not suffer from any long-term illnesses.
- No history of chronic pharmaceutical use.
- No major procedures have been performed in the past.
- No known medication allergies exist.
- Family Medical History: Major depressive disorder (MDD) and other psychiatric diseases do not appear to have a family history. There may be some genetic susceptibility to mood disorders given his father's history of alcohol use disorder. Although he recalled periodic emotional maltreatment from his father as a child, his family dynamic was steady.

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Social History

Mr.X has few close friends and lives alone in a leased flat. He has socially secluded himself during the last few months, and he no longer spends much time with friends and family. Most of his time is spent at work, with little time spent with others. As a software engineer, he works a tough job and frequently puts in long hours to fulfil deadlines. Mr.X claimed that his depressed symptoms were making it harder for him to efficiently manage the workload and that he was feeling more and more cut off from his coworkers. There is no indication of substance misuse, and he only occasionally drinks alcohol at social events. Mr.X has bad eating habits and leads a sedentary lifestyle; his decreased appetite is associated with inconsistent eating patterns.

Clinical Evaluation

- Mr.X claimed that his lack of drive and energy was the reason for his worn-out appearance, which included bad hygiene and grooming.
- Speech: There were many pauses, and the speech was slowed down. He didn't seem interested in the discussion.
- Mood: depressed and flat-handed.
- Cognition: Mr.X had symptoms of cognitive slowdown, such as trouble focusing and sporadic memory loss, but he was still orientated to time, place, and people. There were no reports of hallucinations or delusions.
- Mr.X showed a fair amount of understanding of his illness, admitting that his depression was affecting his life, but he was unsure of his capacity to get better.

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- Psychomotor: Mr.X had slower motions and movements, indicating mild psychomotor impairment.
- Mr.X supported passive suicidal ideation, including brief contemplations of death, according to the risk assessment.

Using the DSM-5 criteria, Mr.X was diagnosed with Major Depressive Disorder (MDD), moderate severity, based on the clinical interview and symptom evaluation. MR.X satisfies the requirements for MDD based on his symptoms, which include poor mood, anhedonia, insomnia, exhaustion, weight loss, feelings of worthlessness, trouble focusing, and passive suicidal thoughts. His social interactions and professional functioning have been severely hampered by his ailments.

Distinctive Diagnosis

- Generalized Anxiety Disorder (GAD): Mr. X's presentation was dominated by depression rather than anxiety, notwithstanding his weariness and sense of worthlessness.
- Bipolar Disorder: Bipolar disorder is unlikely for Mr.X because he has no history of manic or hypomanic episodes.
- Hypothyroidism: His depressive symptoms were unlikely to be caused by hypothyroidism because his thyroid function tests were normal.
- Adjustment Disorder with Depressed Mood: Mr. X's depression symptoms have lasted longer than six months, which makes this diagnosis less likely, even though part of his symptoms may be related to stress at work.
- Substance-Induced Mood Disorder: Mr.X does not report abusing or misusing drugs, and there is no proof that his depression has a substance-induced cause.

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Plan of Treatment

Psychoanalysis

Mr.X will benefit from cognitive behavioral therapy (CBT) in order to recognize and combat the harmful thought patterns and cognitive distortions that fuel his depression symptoms. CBT will concentrate on enhancing self-worth, lowering guilt, and imparting coping mechanisms for stress management and emotional control.

Interpersonal Therapy (IPT): Mr. X's social support system will be strengthened, and interpersonal problems will be addressed through IPT. In treatment, it is important to address his social isolation and work-related stress.

Medications

Mr.X administered sertraline (50 mg per day) as a selective serotonin reuptake inhibitor (SSRI) to treat his depression symptoms. SSRIs have fewer side effects than older types of antidepressants and are typically well-tolerated and effective in treating MDD.

Follow up after two weeks to see if symptoms have improved and to check for any side effects, like gastrointestinal distress or sexual dysfunction.

Changes in Lifestyle

- Exercise: To elevate his mood and lessen his sense of exhaustion, Mr.X was counselled to partake in regular physical activity, such as walking every day.

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- Sleep hygiene: Mr.X received instruction on good sleep habits, such as creating a consistent sleep schedule, cutting back on screen time before bed, and consuming less caffeine.
- Dietary Advice: Mr.X was advised to consume a healthy, well-balanced diet that would increase his energy and appetite. A dietician was recommended.
- Social Assistance: Mr.X was urged to get back in touch with his loved ones. Techniques for boosting social interaction and decreasing loneliness will be discussed in therapy.
- Mr.X was also urged to investigate nearby support organizations for depressed people.
- Workplace Modifications: To lessen work-related stress and enhance Mr. X's mental health, it was suggested that he speak with his employer about possible adjustments, such flexible work schedules or a lighter workload.

The Outlook

Given his current moderate level of depression and his comparatively positive reaction to early therapeutic approaches, Mr. X's prognosis is cautious but hopeful. MR.X has a good chance of experiencing substantial symptom alleviation and regaining his functioning ability with regular psychotherapy, medication, and lifestyle modifications. His lack of a solid support network and the stress he faces at work, however, can make his recuperation take longer. Suicidal thoughts and adverse drug reactions must be continuously monitored. Within 12 weeks, Mr. X is expected to have a considerable reduction in his symptoms, with the potential for a long-term recovery.

Monitoring and Follow-up

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Two-week short-term follow-up: track sertraline's effects, look for adverse effects, and gauge any early gains in mood and functioning.

Mid-Term Follow-Up: Evaluate treatment success and symptom alleviation after one month. Adapt the treatment plan as necessary considering Mr. X's reaction to the medicine and therapy.

Long-Term Follow-Up (3–6 months): Consistent follow-up visits to track long-term progress, avoid relapse, and modify therapy as needed.

In conclusion

This example of major depressive disorder shows a moderate depressive episode in a 35-yearold man who is socially isolated, under a lot of stress at work, and has no support. Addressing his depression and enhancing his general well-being requires a multifaceted treatment strategy that includes psychotherapy, medication, lifestyle changes, and social reintegration. Mr. X's participation in treatment is expected to result in symptom reduction and the eventual restoration of his functionality. To guarantee ongoing development and avoid relapse, routine monitoring and follow-up are essential.

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