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عنوان البحث :-

State of the Art in the Care of the Depressed Patient

Abstract

Introduction:-Depression is a brain disease associated with widespread impairment in biopsychosocial functioning, and continues to be major cause of morbidity and mortality. Depression is a common debilitating illness that can happen to anyone, at any age, and to people of any race or ethnic group. Females are more vulnerable than males; one out four women may have depression sometime during their lifetime. Despite the wide range of people who suffer from this serious disorder and the associated high risk of death from suicide, only 20 percent are currently receiving treatment. Moreover, it is well recognized that depression greatly contributes to fatality associated with heart disease. The 1990 Global Burden of Disease Study ranked depression as the fourth leading disease burden worldwide as measured by life-years lost to disability, and it is projected to be ranked as the second leading disease burden by the year 2020 after ischemic heart disease, and the first leading disease burden by the year 2030. In light of these data, there is a clear need to develop new methods to adequately diagnose and treat those who are overwhelmed by depressive disorders.

Evidence from neuroscience indicated that depression is a disorder of the brain. Modern brain imaging technologies are revealing that, in depression, neural circuits responsible for the regulation of moods, thinking, sleep, appetite, and behavior fail to function properly, and that critical neurotransmitters are perhaps out of balance. Genetics research indicates that vulnerability to depression results from the influence of multiple genes acting together with environmental factors. Studies of brain chemistry and of mechanisms of action of antidepressant medications continue to inform the development of new and better medical and psychotherapy treatments. "STAR* D", a large study funded by the National Institutes for Mental Health, found that less than half of patients got completely well after a single antidepressant was taken, and although more patients got well once they were switched to another medicine, the proportion of those who got better decreased each time a person had to switch to another medication.

Recent advances in treatment have occurred for patients with mood disorders, these include: pharmacotherapy, combined psychotherapy pharmacotherapy, and novel physical therapies. The focus of new drug development reflects a shift from serotonin specificity to combined or specific noradrenergic activity. The efficacy of sequencing cognitive therapy after anti-depressant treatment in patients who were partially remitted was examined recently by Paykel and colleagues. The cumulative relapse rate was reduced significantly from 47% in the clinical management control group to 29% in the group that received 16 sessions of cognitive therapy .

Improved recognition, treatment, and prevention of depression are critical public health priorities. Recent years have been associated with significant advances in the understanding of depressive disorders with reflections on the nature and quality of care offered to the depressed patient. These advances occurred in perspectives of neurobiology of depression at neuroanatomical and neuro- molecular levels. The objective of this paper is to highlight recent developments in the neurobiology and treatment of depression.