

Depressive Illness in Divorced Females: A Case Study

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Abstract

Major depressive disorder mainly affects the person's mood and behavior toward daily life activities. Patients suffering from major depressive disorder possess symptoms like, negative thinking, sadness, feeling of being worthless, lack of interest, restlessness, insomnia, hypersomnia, fatigue, social isolation, suicidal thoughts, weight gain or weight loss, irritability and lethargy. Patient suffering from major depressive disorder should have some of the mentioned symptoms for more than two weeks. If these symptoms are left untreated, these may lead to poor performance in daily life activities and ultimately one may commit suicide. In this report the referred case study of major depressive disorder is the scenario of 32 years old divorced female suffering from the above mentioned symptoms along with suicidal tendency. She was treated with selective serotonin reuptake inhibitors drugs from one of the most effective class of

antidepressants along with psychotherapy, which finally recovered her from depression.

Keywords

Major depressive disorder, suicidal tendency, psychotherapy, cognitive behavioral therapy

1. Introduction

Major depressive disorder is characterized by low mood aversion to the activity which can affect a person's behavior, thoughts, feelings and sense of well-being. People with depressed mood feel sad, empty, worthless, guilty, ashamed and hopeless. They may experience loss of appetite, overeating, insomnia, hypersomnia, fatigue, pain and other digestive problems. They may lose their interest in activities that were once pleasurable to them (NICE, 2016, WHO, 2017).

Along with psychological symptoms, patient may experience some physical symptoms like backache, pain, poor eye contact or lack

of concentration. Some of the depressed patients may neglect their personal hygiene and can also withdraw themselves from their loved ones and can be socially isolated (Rosenström et al., 2017, Bulloch et al., 2009).

According to global health estimates of World Health Organization (WHO), depression was more common in females due to family issues, divorce and domestic violence (5.1%) than males (3.6%) in 2015 (Bulloch et al., 2009, Rosenström et al., 2017). The ratio of depression due to marital issues is greater in females as compared to males specifically in Pakistan, India and other developing countries because of social pressure and financial issues. Majority of women's are financially unstable and are dependent on their husbands for living and other expenditures (Rosenström et al., 2017).

Pathophysiology of major depressive disorder indicates that it is associated with deregulation of neurotransmitters such as serotonin and norepinephrine. So the cause of major depressive disorder is excessive reuptake or degradation of serotonin and norepinephrine (WHO, 2017).

Diagnosis of depression requires the presence of four out of ten symptoms using 10th revision of International Statistical Classification of Diseases and health related problems classification system, whereas five out of nine symptoms using Diagnostic and Statistical Manual of Mental Disorders fourth Edition classification system. These symptoms should be present for at least two weeks. Severity of depression depends upon both the number and the severity of symptoms. Both system require at least one or two key symptoms (loss of interest, low mood, loss of energy) to be present (NICE, 2016).

Major depressive disorder is treated with the combination of psychotherapy and antidepressant drugs. Combination therapy for depression has proven efficacy over solely pharmacotherapy or psychotherapy (Clark, 2012). Proven effective antidepressants include tricyclic antidepressants, monoamine oxidase inhibitors, selective serotonin reuptake inhibitors group and serotonin norepinephrine reuptake inhibitors (WHO, 2017). Cognitive behavioral therapy is most commonly used psychotherapy for the treatment of major depressive disorder by the psychiatrists. Patient's negative thoughts

specifically negative outlook toward themselves, society and future can be change with the help of cognitive behavioral approach (Clark, 2012).

Major depressive disorder if left untreated, can affect person's behavior and daily activities and may also lead towards suicide (Clark, 2012). Therefore, the present case study will help to portray better understanding of major depressive disorder which can help in early detection and treatment of depressive disorders.

2. Case Presentation

A 32 years old divorced female visited CMH Lahore psychiatric ward on 20th October 2017. She was divorced 5 months ago and was currently receiving food and support from her family. She reported an increase in emotional and physical fatigue, very low mood, anxiety, backache and disturbed sleep from past 3 weeks. She described a very negative perspective toward herself and stated that "my world is falling apart". I should not live any more. Her comments indicated suicidal tendency but she had not attempted yet.

2.1 History of Present Illness

She was complaining of emotional and physical fatigue, low mood, anxiety, insomnia and backache.

2.2 Past Medical History

Nothing significant was reported.

2.3 General Examination

- Height 5'2"
- Weight 60 kg
- BP 110/70mmHg
- Pulse 80/min
- Temperature 96°F

2.4 Diagnosis of Depression

Three key symptoms (low mood, low energy, loss of interest) of depression were present for more than two weeks.

2.5 Medication Therapy

Brands	Generics	Strength	Frequency
Seradip	Esitalopram	10 mg	BD
Xanax	Alprazolam	0.5 mg	HS
Wilgesic	Paracetamol+	650 mg +	BD
	Orpahnadrine citrate	50 mg	

2.6 Psychotherapy

Cognitive behavioral therapy was given to the patient for 4 weeks.

2.7 Pharmacotherapy Assessment

The patient was complaint with the therapy

2.8 Outcomes

The patient reported improved condition on follow up

3. Discussion

Patient in this case was suffering from low mood, anxiety, insomnia, emotional and physical fatigue. She also had suicidal tendency. According to the diagnostic criteria by WHO a depressive patient had three key symptoms low mood, loss of interest and loss of energy for more than two weeks (WHO, 2017). The reason identified behind patient's depression was her divorced and marital issues. The above presented case shows that a significant relationship exist between major depression and marital status. Women's are more prone to depression due to marital disruptions. Besides marital issues, gender could be another contributing factor, as females are more vulnerable to social pressure in developing countries, thus, becoming more

prone towards major depressive disorders (Bulloch et al., 2009, Rosenström et al., 2017, Picco et al., 2017).

The patient was treated with a combination of psychotherapy and pharmacotherapy. A holistic approach for the treatment of depression is combination of both of these therapies (Bulloch et al., 2009, Picco et al., 2017).The drug of choice in this case was esitalopram which is a selective serotonin reuptake inhibitor (SSRI) and treats depression by increasing the level of serotonin, another reason for choosing this drug was cost effectiveness. Patient was also given alprazolam for insomnia and orphenadrine citrate and paracetamol for backache and fatigue. Patient was complaint with the therapy and her parents were ready to take care of her and provide her social support. Patient was also given cognitive behavioral therapy sessions for four weeks, once in each week. The purpose of this therapy was to change the negative outlook of patient towards herself, society and future (Rosenström et al., 2017).

The goal of the treatment of major depressive disorder was to eliminate patient symptoms, change her negative thoughts, to give her positive perspective of life, to encourage her and motivate her for life and

abstain her from suicidal thoughts with improvement in her quality of life.

4. Conclusion

The case report concluded that patient was suffering from major depressive disorder due to her divorce, social and financial pressure faced because of gender. The patient was treated with antidepressants along with psychotherapy. Her condition improved on follow up. However, she was asked to continue her medication and was advised of regular follow up.

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