



Review Of Depression

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Abstract

Depression is a common and serious mental health disorder that affects emotional well-being, physical health, and daily functioning. It is characterized by persistent sadness, loss of interest in activities, and cognitive and physical symptoms that interfere with normal life. Depression affects people of all ages and is a leading cause of disability worldwide. The condition arises from a complex interaction of genetic, biological, psychological, and environmental factors. If untreated, depression can result in severe complications, including chronic illness, functional disability, and suicide. This review article provides a comprehensive overview of depression, including its definition, prevalence, types, etiology, pathophysiology, clinical features across different age groups, risk factors, complications, prevention strategies, and the role of the PHQ-9 scale in assessment and diagnosis.

Keywords: Depression, mental disorder, prevalence, pathophysiology, PHQ-9, risk factors

1. Introduction ^[1]

Depression is among the most widespread mental health conditions worldwide and poses a serious challenge to public health. It influences a person's emotions, thinking patterns, behavior, and physical well-being, often resulting in difficulties in social relationships and work or academic performance. Unlike temporary feelings of sadness or emotional distress caused by life stressors or loss, depression is long-lasting and usually requires professional diagnosis and treatment.

Depression can develop at any age and commonly occurs alongside long-term physical illnesses, which can further aggravate health complications and reduce overall quality of life. Although effective treatment options are available, many individuals with depression remain undiagnosed or inadequately treated because of social stigma, insufficient awareness, and restricted access to mental health care services.



2. Definition ^[1]

Depression is a mental health disorder marked by a sustained low mood or a diminished ability to experience interest and pleasure in daily activities. Unlike typical emotional changes, it is distinguished by its severity, persistence, and significant interference with everyday functioning. The condition influences emotional, cognitive, behavioral, and physical domains of life and may recur over time if not properly treated or managed.

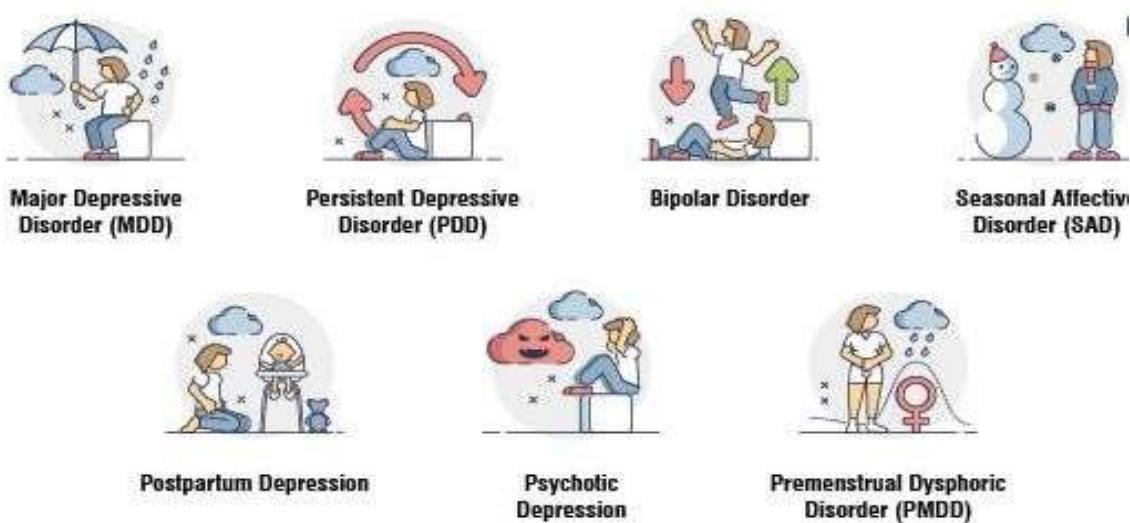
3. Prevalence ^[2]

Depression impacts an estimated 4% of the world's population, affecting over 330 million individuals globally. Among adults, prevalence rates are generally reported to be around 5–6%, with women experiencing depressive disorders more frequently than men. A substantial burden is also observed among older adults, especially those aged 70 years and above, highlighting depression as a significant concern across the lifespan.

Women are approximately 1.5 times more likely to develop depression than men, a difference often attributed to hormonal influences and psychosocial stressors. Depressive disorders during pregnancy and the postpartum period affect over 10% of women. Suicide, one of the most serious consequences of depression, continues to be a leading cause of mortality among adolescents and young adults aged 15–29 years. Despite the substantial burden of the disorder, many individuals with depression do not receive timely or adequate treatment.

4. Types of Depression ^[3]

Depression manifests in various forms, each with distinct clinical features:



4.1 Major Depressive Disorder (MDD)

This is the most common type, characterized by persistent sadness, loss of interest, feelings of hopelessness, fatigue, and impaired functioning lasting at least two weeks.

4.2 Persistent Depressive Disorder (PDD)

Also known as dysthymia, this condition involves chronic depressive symptoms lasting for two or more years, often with less severity but long-term impact.

4.3 Bipolar Disorder

This disorder includes episodes of depression alternating with periods of mania or hypomania, marked by elevated mood, increased energy, and impulsive behavior.

4.4 Seasonal Affective Disorder (SAD)

SAD occurs seasonally, most commonly during winter months, and is associated with reduced exposure to sunlight.

4.5 Postpartum Depression

This form affects some women after childbirth and includes severe emotional distress, anxiety, and exhaustion that interfere with maternal responsibilities.

4.6 Psychotic Depression

A severe subtype of depression accompanied by psychotic symptoms such as hallucinations or delusions.

4.7 Premenstrual Dysphoric Disorder (PMDD)

PMDD is a severe mood disorder related to the menstrual cycle, characterized by emotional instability, irritability, and depressive symptoms.

5. Etiology^[4]

Study carried out by Chand et al., in 2023 in that Depression is a common mental disorder marked by persistent sadness, loss of interest, and reduced daily functioning. It results from a combination of biological, psychological, and social factors. Diagnosis is based on DSM-5 criteria, and treatment includes psychotherapy, antidepressant medications, and lifestyle changes. Early treatment improves outcomes and reduces the risk of complications such as suicide⁵. Study carried out by Lukas Kirchner et al., 2025 in Depression involves persistent negative social expectations that distort interpersonal perception and behavior, contributing to the development and maintenance of depressive symptoms. These expectations resist change despite positive evidence, and targeting them in treatment may help explain and improve differences in symptom severity and course⁶. Study carried out by Xianyang Wang et al., 2024 in This study found that burnout among college students has a multidimensional structure and is distinct from depression. Cynicism, rather than exhaustion, was the most central feature of burnout and played a key role in its link with depression. Depressive symptoms such as anhedonia and fatigue contributed most to burnout–depression comorbidity, supporting burnout as a separate concept rather than a form of depression⁷.

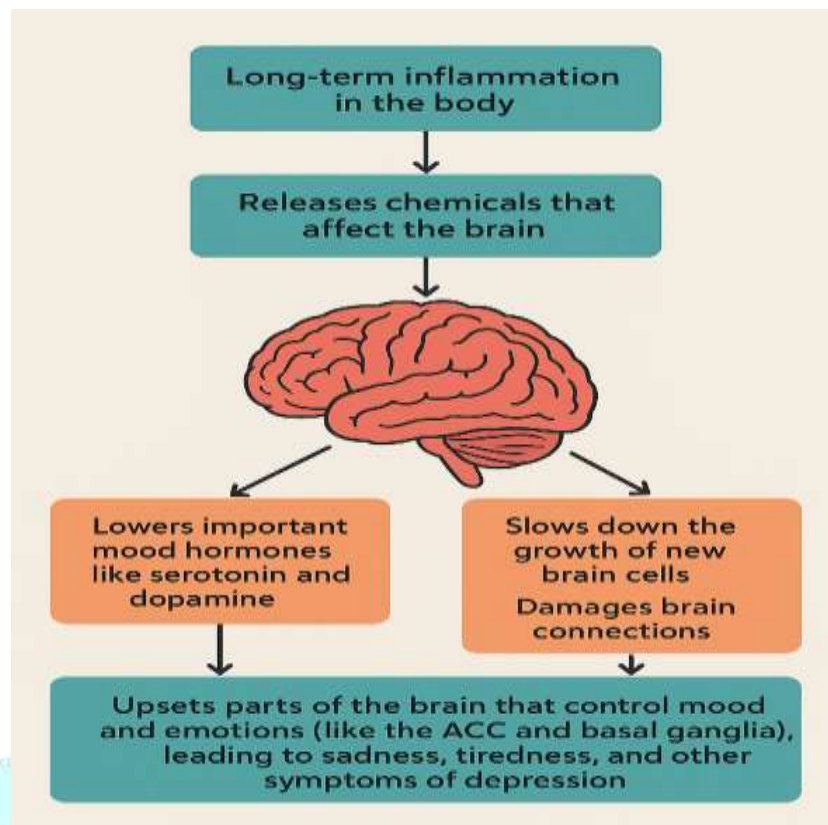
The etiology of depression is multifactorial and involves the interaction of several factors:

- Genetic predisposition
- Environmental stressors
- Hormonal disturbances
- Neurotransmitter imbalance
- Structural and functional brain changes
- Trauma and adverse childhood experiences
- Sleep disorders
- Certain medications

6. Pathophysiology^[8]

Depression is associated with alterations in brain chemistry and neural functioning. Chronic inflammation leads to the release of inflammatory cytokines that affect brain regions involved in mood regulation. These cytokines reduce levels of key neurotransmitters such as serotonin, dopamine, and norepinephrine, which are essential for emotional stability and motivation.

Inflammation also disrupts neurogenesis, particularly in the hippocampus, impairing memory and emotional processing. Abnormal functioning of brain regions such as the anterior cingulate cortex and basal ganglia contributes to symptoms including low mood, fatigue, cognitive impairment, and loss of interest in activities.



7. Clinical Symptoms ^[9, 10]

Depressive symptoms may occur during single or multiple episodes and typically persist most of the day, nearly every day. Common symptoms include:

- Persistent sadness or emptiness
- Loss of interest or pleasure
- Sleep disturbances
- Fatigue and reduced energy
- Appetite and weight changes
- Anxiety or restlessness
- Psychomotor slowing or agitation
- Feelings of guilt or worthlessness
- Difficulty concentrating and making decisions
- Impaired daily functioning

Physical symptoms are also common and may include unexplained pain, gastrointestinal discomfort, and headaches.

8. Depression across Age Groups ^[11,12]

8.1 Children and Adolescents

Depression in younger individuals may present as irritability, clinginess, excessive worry, school refusal, poor academic performance, substance use, social withdrawal, and self-harm.

8.2 Older Adults

In older adults, depression may appear as memory problems, personality changes, fatigue, appetite loss, sleep disturbances, chronic pain, and increased suicidal ideation, particularly among elderly men.

9. Risk Factors ^[113,14,15]

Factors that increase the risk of developing depression include:

- Family history of mood disorders
- Female gender
- Trauma or chronic stress
- Low self-esteem and pessimistic personality traits
- Co-existing mental health disorders
- Substance abuse
- Chronic medical illnesses
- Use of certain medications
- Social isolation and lack of support

10. Complications ^[16]

Untreated depression can lead to serious complications such as:

- Increased risk of premature death
- Cardiovascular disease
- Poor control of chronic illnesses
- Functional disability
- Reduced quality of life
- Substance abuse
- Suicidal thoughts and behaviors

Depression also negatively affects recovery after surgery and increases healthcare utilization.

11. Prevention ^[15]

Preventive strategies focus on early detection, stress management, healthy lifestyle practices, social support, and adherence to treatment. Timely intervention can reduce disease severity and prevent long-term complications.

Summary

Depression is a common and serious mental health disorder that causes persistent sadness, loss of interest, and impaired daily functioning. It affects people of all ages and is more prevalent in women. Depression results from a combination of genetic, biological, psychological, and environmental factors. It presents in various forms, including major depressive disorder, persistent depressive disorder, bipolar depression, seasonal affective disorder, postpartum depression, and psychotic depression. Common symptoms include low mood, fatigue, sleep and appetite changes, poor concentration, and feelings of guilt or worthlessness. Depression is associated with significant complications such as chronic illness, disability, and suicide. Early detection, prevention, and proper management are essential, and tools like the PHQ-9 help in screening and assessing the severity of depression.

REFERENCES

1. Depression - World Health Organization (WHO) <https://www.who.int/health-topics/depression>
2. Kendler, K. S., Gatz, M., Gardner, C. O., & Pedersen, N. L., "A Swedish National Twin Study of Lifetime Major Depression." *Am. J. Psychiatry*, **2006**, *163*(1), 109–114.
3. National Institute of Mental Health. (n.d.). *Depression*. U.S. Department of Health and Human Services. **Oct 2025**, <https://www.nimh.nih.gov/health/topics/depression>
4. Krishnan, V., Nestler, E., "The molecular neurobiology of depression." *Nature*. **2008**, *455*, 894–902.
5. Chand SP, Arif H, Kutlenios RM. Depression (Nursing) *National Library Of Medicine* **2023**
6. Kirchner, L., Kube, T., Berg, M. *et al.* Social expectations in depression. *Nat Rev Psychol* **2025**, 20–34.
7. Xianyang Wang, Mengyuan Yang. *et al.* burnout and depression in college students *psychiatric research* ,**may 2024**, 335.
8. ALDOUS, N. R., & MANN, A. M. THE PATHOPHYSIOLOGY OF DEPRESSION. *CMAJ*, **1963** *89*,(18), 937–943.
9. Mayo Clinic Staff. (n.d.). *Depression (major depressive disorder)*. Mayo Clinic. Retrieved [Insert date you accessed the site], from <https://www.mayoclinic.org/diseases->

[conditions/depression/symptoms-causes/syc-20356007](https://www.ijcrt.org/conditions/depression/symptoms-causes/syc-20356007)

10. Mathew, R. J., Weinman, M. L., & Mirabi, M. Physical Symptoms of Depression. *Br J Psychiatry*. ,**1981**,*139*(4), 293–296. doi:10.1192/bjp.139.4.293.
11. Holzel, L., Harter, M., Reese, C., & Kriston, L. Risk factors for chronic depression — A systematic review. *J. Affect. Disord*,**2011**,*129*(1–3), 1–13
12. Mayo Clinic Staff. (n.d.). *Depression (major depressive disorder)*. Mayo Clinic. Retrieved [Insert date you accessed the site], from <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>
13. Chan, J. K. N., Solmi, M., Lo, H. K. Y., Chan, M. W. Y., Choo, L. L. T., Lai, E. T. H., Wong, C. S. M., Correll, C. U., & Chang, W. C. All-cause and cause- specific mortality in people with depression: a large-scale systematic review and meta-analysis of relative risk and aggravating or attenuating factors, including antidepressant treatment. *World psychiatry : official journal of the World Psychiatric Association (WPA)*,**2025**,*24*(3), 404–421.
14. Lynch, C. P., Gebregziabher, M., Zhao, Y., Gilbert, G. E., Cushman, W. C., & Egede, L. E. Impact of medical and psychiatric multi-morbidity on mortality in diabetes: Emerging evidence. *BMC Endocrine Disorders*,**2014**,*14*(1), 68.
15. Bains, N., & Abdijadid, S. (2023, April 10). *Major depressive disorder*. In StatPearls. StatPearls Publishing.