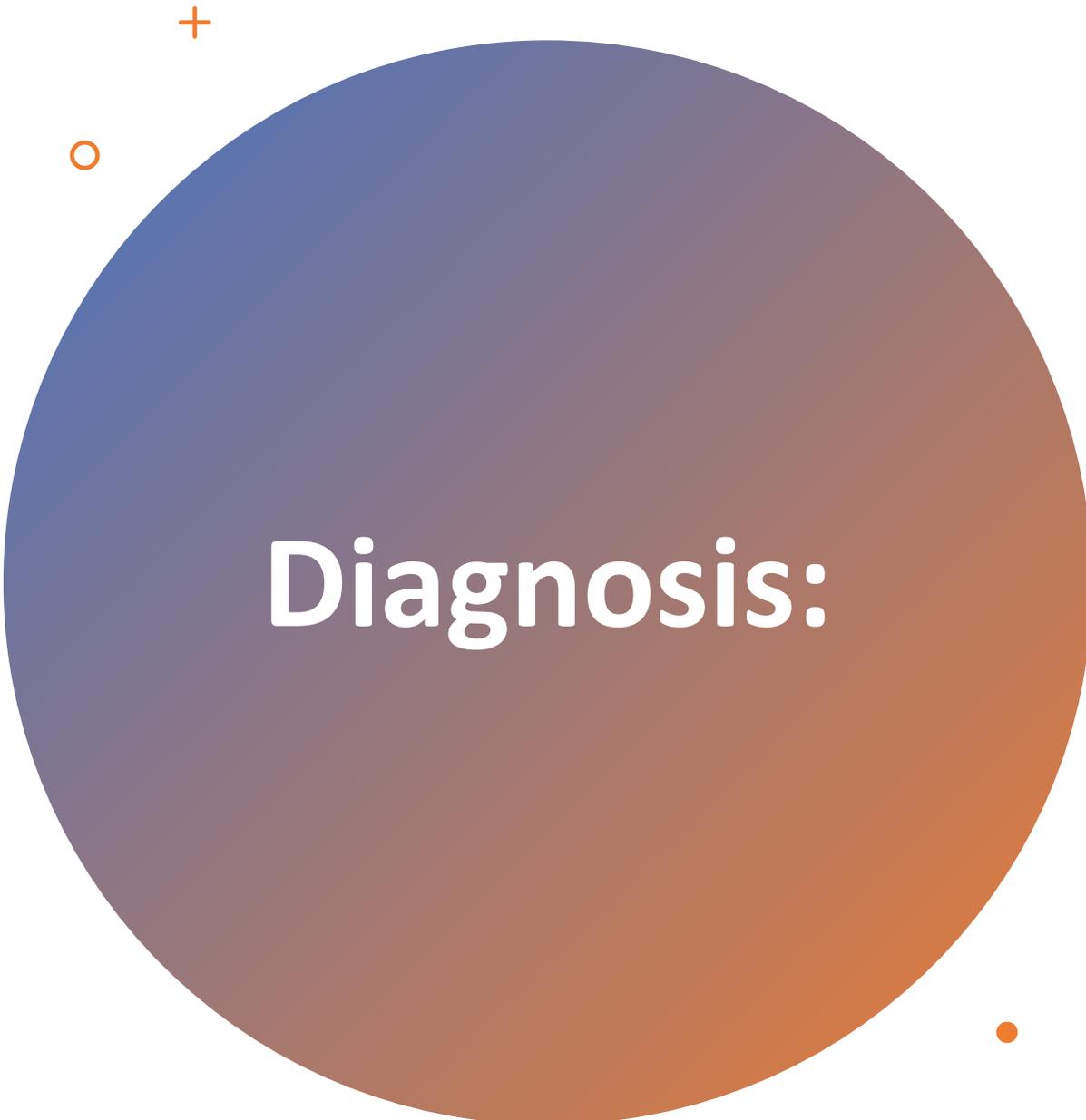




Depression

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-



Diagnosis:

- Depression is classified as a mood disorder and is diagnosed when an individual experiences 5 of the specific criteria found in the DSM-5. Significant distress or impairment in social, occupational, and other areas of functioning must be perceived by the individual for 2 weeks or more for a diagnosis. The specific criteria for depression in the DSM-5 includes...
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Diagnoses Continued:



- Depressed mood most of the day, nearly every day.
 - Markedly diminished interest or pleasure in all, or almost all, activities most of the day, for almost everyday.
 - Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
 - A slowing down of thought and a reduction of physical movement. This is observed by others, not just based on the individual's perception.
 - Fatigue or loss of energy nearly every day.
 - Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
 - Diminished ability to think or concentrate, or indecisiveness, nearly every day.
 - Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
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Prevalence:

- Socioeconomic status, lifestyle changes, stress management, exercise regularly, cut back on social media time, build strong relationships, minimize daily choices, maintain treatment, get enough sleep, avoid toxic people, eat adequate food, maintain healthy weight, reduce alcohol intake and drug use (legg, 2017).



Risk Factors:

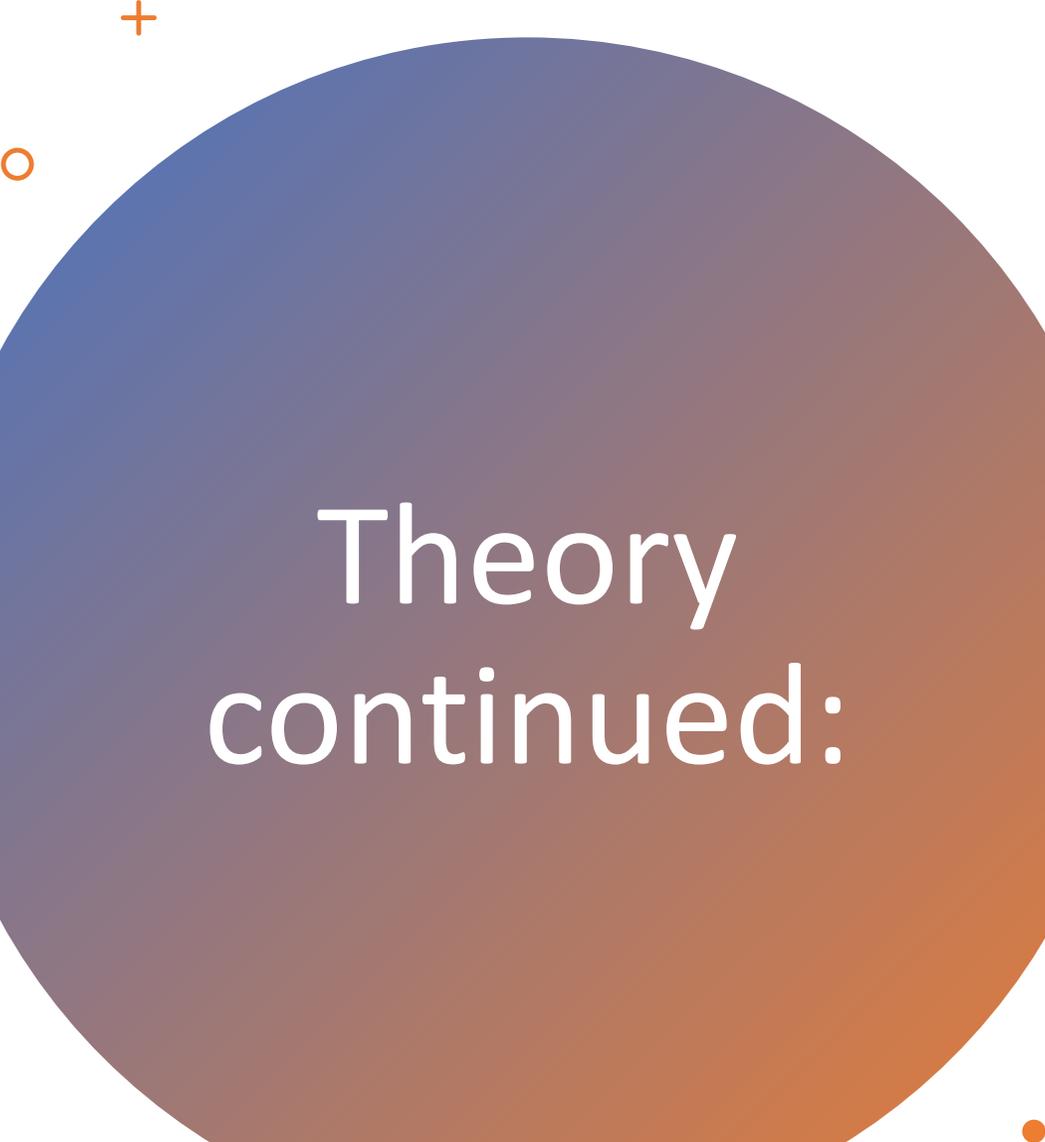
- Family history and previous personal history of depression are the most risk factors of depression. Also, clients over age 65, neurotransmitter deficiencies, women are more prone to have depression than men. Other risk factors are stressful life events, illness, trauma, biological factors, inherited traits, personal life circumstance and culture. Depression is also associated with anxiety, personal disorder, psychotic disorders, eating disorders, and drug or alcohol misuse.



Theory:

- Aaron Beck, theorist and founder of cognitive therapy believed our thoughts determine our feelings and our behaviors. He identified three mechanisms that he thought were responsible for depression, which are the following...

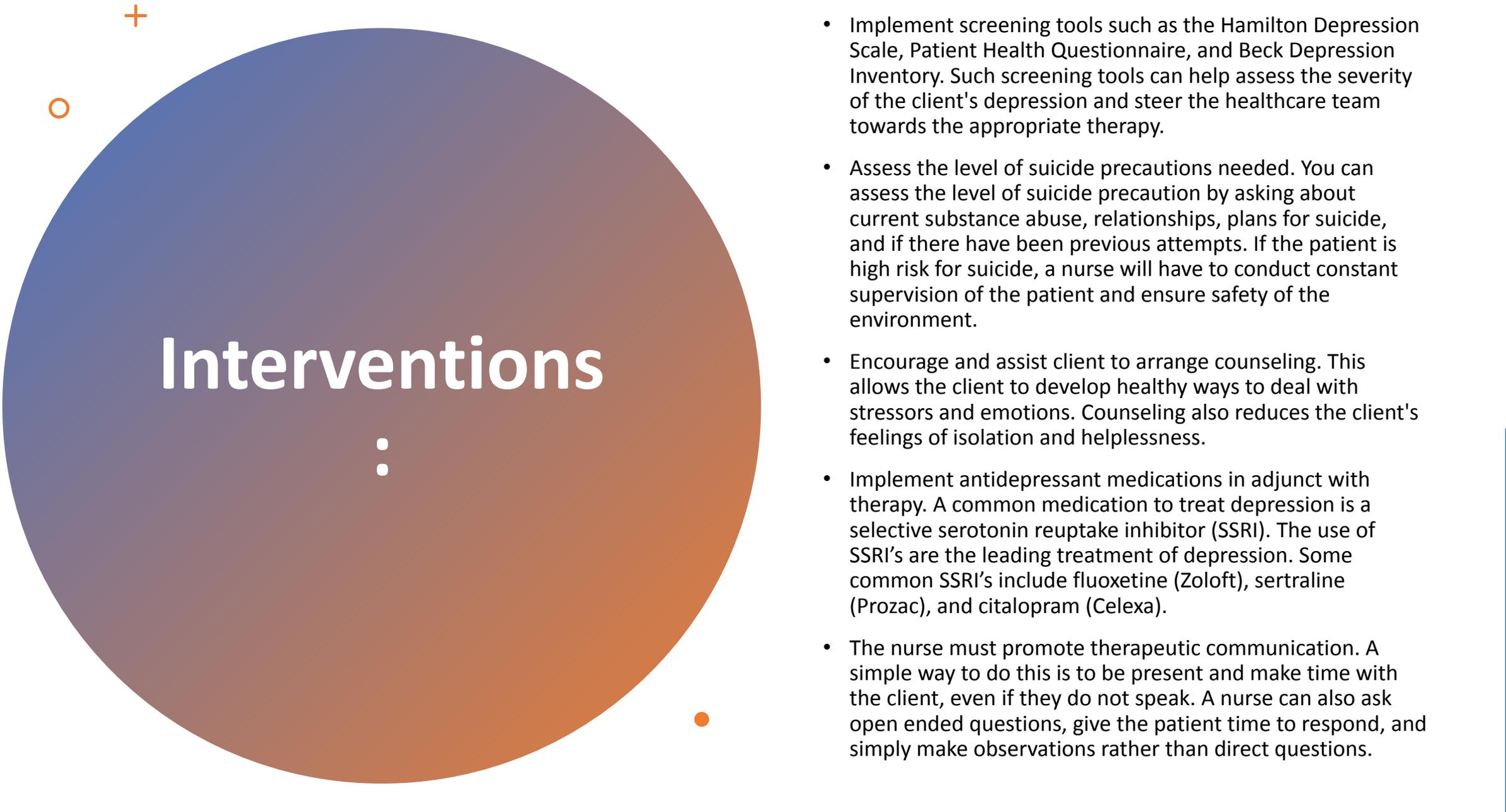
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Theory continued:

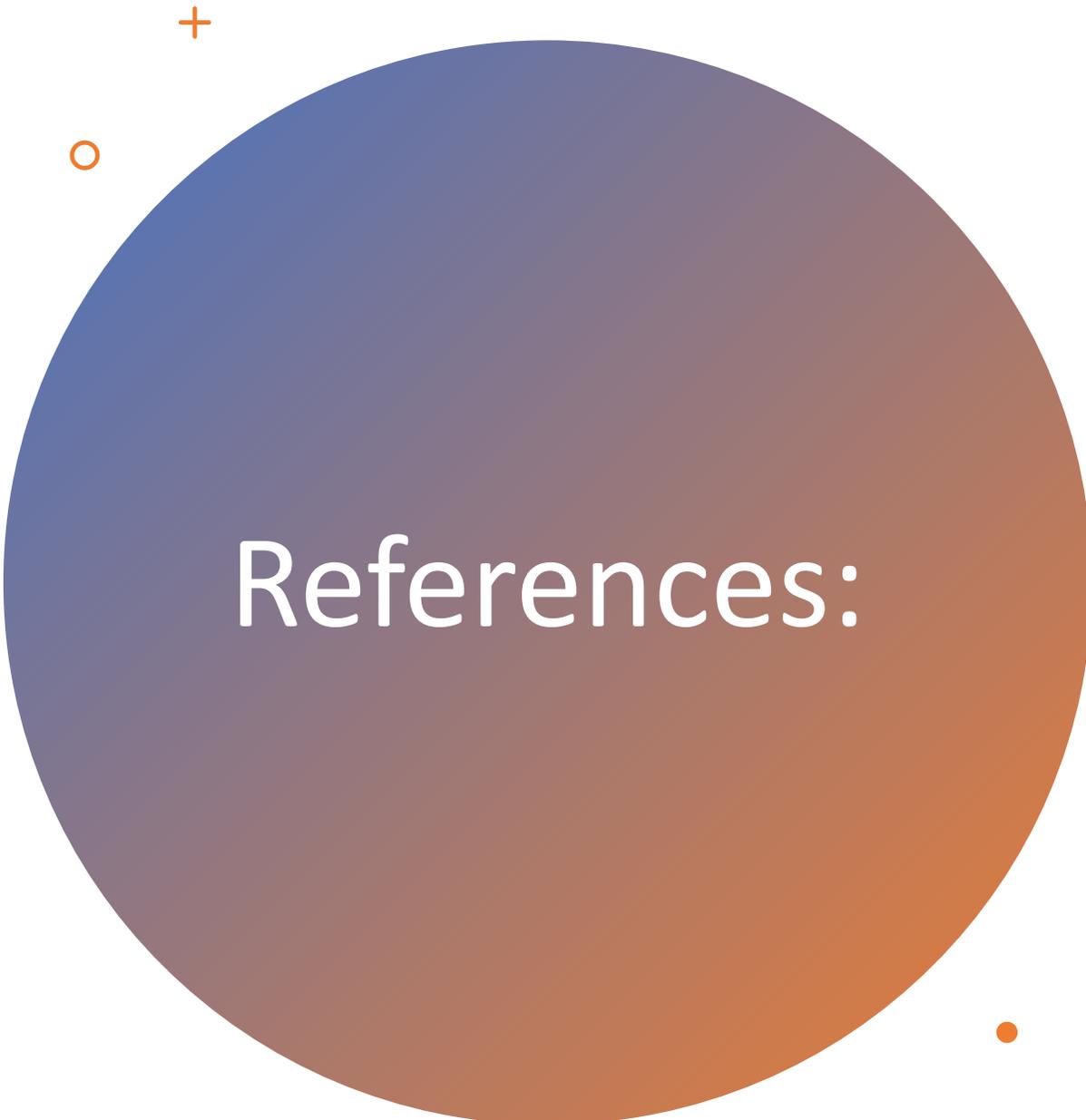
- 1. The cognitive triad, which are three forms of negative thinking, negative thoughts about the self, the world, and of the future. As these triad of negative thinking interact, they interfere with normal cognitive processing which leads to impairments in perception, memory, and problem solving.
- 2. Negative self schemas, where they have a negative and pessimistic set of beliefs and expectations about themselves. They are prone to making logical errors in their thinking and they tend to focus on certain aspects of the situation while ignoring others.
- 3. Errors in logic. There are several illogical thinking processes that Beck identified as being self defeating such as arbitrary interference where they draw conclusions on irrelevant evidence. Selective abstraction, where they focus on a single aspect or a situation and ignores others. Magnification, and exaggerating the importance of undesirable events. As well as minimization, overgeneralization, and personalization.

Beck developed cognitive therapy which helps clients to recognize the negative thoughts and errors in logic that cause them to be depressed.



Interventions

- Implement screening tools such as the Hamilton Depression Scale, Patient Health Questionnaire, and Beck Depression Inventory. Such screening tools can help assess the severity of the client's depression and steer the healthcare team towards the appropriate therapy.
- Assess the level of suicide precautions needed. You can assess the level of suicide precaution by asking about current substance abuse, relationships, plans for suicide, and if there have been previous attempts. If the patient is high risk for suicide, a nurse will have to conduct constant supervision of the patient and ensure safety of the environment.
- Encourage and assist client to arrange counseling. This allows the client to develop healthy ways to deal with stressors and emotions. Counseling also reduces the client's feelings of isolation and helplessness.
- Implement antidepressant medications in adjunct with therapy. A common medication to treat depression is a selective serotonin reuptake inhibitor (SSRI). The use of SSRIs are the leading treatment of depression. Some common SSRIs include fluoxetine (Zoloft), sertraline (Prozac), and citalopram (Celexa).
- The nurse must promote therapeutic communication. A simple way to do this is to be present and make time with the client, even if they do not speak. A nurse can also ask open ended questions, give the patient time to respond, and simply make observations rather than direct questions.



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