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DEPRESSION AND ANXIETY IN CLINICAL PRACTICE

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Depression and anxiety represent a serious problem in the Romanian psychiatric pathology. In the last years, an increasing of the incidence of this pathology has been observed, incidence that seems to be tightly connected to the development of the society. Therefore, as the Romanian society continues to develop, the addressability of the anxiety and depression is also increase, but even more the association of this two pathologies, that appear because of the state of exhaustion to which more and more adults voluntarily expose themselves.

In the clinical practice, we frequently encounter the major depressive disorder, as classical form and as subclinical forms (hidden depressions). The major depressive disorder is the psychiatric pathology that has the highest prevalence at all the age categories. WHO estimates that, in 2020, this disorder will be the second morbidity cause at global range.

In decreasing order of frequency, in clinical practice, we encounter the following clinical forms: major depressive disorder with psychotic elements, atypical depression, postpartum affective depression and psychosis, seasonal depressive disorder, depressive disorder with catatonic elements, recurrent depression and treatment-resistant major depression. To a clinician, identifying the risk factors and eliminating the ones that allow this thing (chronic pain, somatic comorbidities, absence of social support, psychoactive substance use) is very important. When evaluating a psychiatric patient, the clinician must not forget the error sources, the obstacles in recognizing depression: masked depression, comorbidity with other diseases, the elderly, the "alliance" between the patient and the medic against depression (tacit collusion).

The evolution of this pathology is usually unfavourable. All the authors report the recurrent tendency of this pathology, chronicity, incomplete remission and frequent relapses after the first year without treatment, relapses being reported to be higher than 85 % in the third year. The general opinion is that maintaining the antidepressant treatment greatly reduces the risk of relapsing, in some cases, the treatment being recommended for an indefinite period. The suicidal risk is a factor that negatively influences the prognosis of this pathology.

Anxiety, along with all its clinical forms, is considered to be the most frequent psychiatric affection (10 % in specialized clinic). Without specific phobias, panic disorder occupies a primordial place for the clinician, as it can raise special problems. A good management of this pathology is necessary, because, in case of depression, the evolution is characterized by a low rate for remissions, and spontaneous evolution or even under treatment is to a high incidence of relapses or chronicity. The clinical studies have revealed a bidirectional relationship between depression and anxiety, characterizing depression as a complication of anxious states in a percentage that can be up to 65 %.



The association of these two pathologies, becoming increasingly more common in practice, should be treated by the clinician with all the attention, being known that these two pathologies reinforce each other.

To conclude, depression and anxiety, both as independent or as a combination, their importance to clinicians in practice rising faster and faster, even more as these psychiatric affections present a continuously increasing morbidity.