

Editorial on Anxiety Disorder and Major Depressive Disorder

Chuanjun Song*

Department of Psychiatry, Zhengzhou University, China

EDITORIAL

Major depressive disorder and generalised anxiety disorder are two of the most common mental diseases in Canada, and both have a significant societal and economic impact. Pharmacological and psychological therapies are used to treat major depressive disorder and generalised anxiety disorder. Cognitive behavioural therapy (CBT), interpersonal therapy, and supportive therapy are three regularly utilised psychological therapies. The goals of this report were to evaluate the efficacy and safety of these types of therapy in the treatment of adults with major depressive disorder and/or generalised anxiety disorder, to evaluate the cost-effectiveness of structured hypnotherapy (CBT or interpersonal therapy), to calculate the budget impact of publicly funding organised psychotherapy, and to gain a better understanding of the cost-effectiveness of structured psychotherapy (CBT or interpersonal therapy), and to give a deeper understanding of the cost-effectiveness of structured psychotherapy (CBT or interpersonal).

Antidepressant therapy is one of the most effective strategies to alleviate or cure depressive symptoms in people suffering from serious depression (MDD). Despite the fact that many research have looked into the disease's efficacy, tolerability, adverse effects, and functional mechanism, there has been no systematic review of the significant findings in this field. In terms of illness-induced impairment, major depressive disorder is the world's second most common health condition. The presence of one or more major depressive episodes is a key hallmark of major depressive disorder. Major depressive episodes are described as periods of at least two weeks in length, characterised by a gloomy mood for the majority of the day, nearly every day, and/or a noticeable decrease in interest or pleasure in all, or nearly all, activities.

A person must encounter 5 or more symptoms from the criteria for a major depressive episode as defined in the fifth edition of the Diagnostic and Diagnostic and statistical Manual within the same 2-week period to be diagnosed with major depressive disorder (DSM-5). Pharmacological treatments (medications such as selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, and tricyclic antidepressants) and psychosocial therapies are commonly used to treat acute major depressive disorder (during the first three months after diagnosis) (talk therapies). The development of the new type of antidepressant medicine called selective serotonin reuptake inhibitors, as well as other newer agents, has resulted in a rise in the prescribing of antidepressant medications over the previous 20 years.

While antidepressants remain the cornerstone of treatment for major depressive disorder, adherence rates are still low, owing to patients' fears of adverse effects and probable reliance. Furthermore, surveys have shown that patients prefer psychosocial therapies to antidepressant therapy. As a result, psychological therapies might be used as an alternate or supplemental treatment for serious depression. In elderly people, depressive symptoms and cognitive decline frequently coexist. It's difficult to tell the difference between Depressive Disorder (DD) and other disorders like Alzheimer's Disease (AD) when elderly people have cognitive impairment.

The purpose of this study was to determine the severity of cognitive impairment in older people with Depressive Disorder. Patients with Depressive Disorder frequently have cognitive abnormalities. The majority of earlier research focused on younger patients. The symptoms of DD are assumed to be consistent throughout maturity. However, because there aren't many research involving older people, it's unclear whether the magnitude of the link between DD and cognitive impairment is age-independent.

Correspondence to: Chuanjun Song, Department of Psychiatry, Zhengzhou University, China; E-mail: Chuanjuns@136.com

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