

Insights on the Anxiety Disorders

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Editor's Note

Depression and anxiety conditions originate as a result of chemical reaction in the brain and body leads to abnormal variations in the mood of a person. Research evidences shows that 90% of patients with anxiety disorders happen to develop depression disorder. The symptoms which are associated with the depression and anxiety, which include feelings of guilt, loss of pleasure or interest, low self-esteem and loss of appetite. The current volume no. 5, issue 3 has published 14 research article, editorial, review article and mini reviews which are in line with the scope of the journal.

Rabie et al. tried to explore the patterns which clinicians have observed in the occurrence of obsessive or compulsive symptoms within the course of bipolar disorder. This study employed a cross sectional study on selected patients to diagnose bipolar disorder (BD) and comorbid obsessive compulsive (OC) symptoms. Investigations of the study found that underlined symptoms were observed in case of unemployment, greater functional impairment, and less smoking and most common obsessions were contamination, religious and aggressive obsessions, cleaning and counting compulsions [1].

Banhato et al. aimed to identify the depressive symptoms and biological psychosocial risk factors associated among patients with multiple chronic conditions (MCC) and it was conducted in a centre for the treatment of hypertension, diabetes, and chronic kidney disease in Brazil.

The MCC looks very similar with the somatization symptom disorder. Somatic symptom disorder (SSD) is characterized by somatic symptoms that are either very distressing or result in significant disruption of functioning, as well as excessive and disproportionate thoughts, feelings and behaviours regarding those symptoms. DSM-5 replaces somatoform disorders with somatic symptom and related disorders and makes significant changes to the criteria to eliminate overlap across the somatoform disorders and clarify their boundaries. The changes better reflect the complex interface between mental and physical health. The results of the study depict that high prevalence of depressive symptoms in the selected study population and they are associated with the complex relationship between depressive symptoms and MCC. This article reinforced the need for screening, early diagnosis and management of depression among patients with MCC [2].

Geng et al. presented paper on the topic titled "Influence of childhood physical neglect on depression: potential moderation by a polymorphism in the *QKI* gene". The study concluded that CPN are associated with ODCs and with myelin-related gene *QKI* and they may influence adult depressive symptoms in most of the depression disorder (MDD) patients. This study suggests the need for further studies with a larger sample [3].

Studies of Muzik et al. offered comprehensive models like the other MP Program, which play a vital role in reaching out to the needs of young mothers and their babies in order to reduce the mental health symptoms and increase positive parenting skills [4]. The study of Yoshimura et al. has meticulously studied the relationships among clinical efficacy, brain-derived neurotrophic factor (BDNF), 3-methoxy-4-hydroxyphenylglycol (MHPG), and paroxetine concentration in patients with major depressive disorder (MDD) treated with paroxetine monotherapy [5]. Aragão-Almeida et al. study evaluated the possible influence of the ovarian cycle of healthy women on the acute effect of diazepam. The study outcome states that the ovarian cycle may alter the effects of the acute administration of diazepam, which can vary from no effect to sedation, without going through anxiolysis [6].

References

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