## Journal of Depression and Anxiety

Commentary

## Study of Anhedonia in Depression

## Henrique Pereira\*

Department of Psychiatry, University of California Davis, California, United States

## DESCRIPTION

Depression is a mental illness characterised by a depressed mood and reluctance to action. Depression affects a person's thoughts, conduct, motivation, feelings, and sense of well-being, and is classified medically as a mental and behavioral disorder.

Anhedonia is thought to be the most common symptom of depression, and it refers to a loss of interest or pleasure in activities that normally bring individuals delight.

Depressed mood is a sign of some mood disorders, such as major depressive disorder or dysthymia. It is a typical temporary response to life events, and it is also a symptom of some physical conditions and a side effect of some drugs and medical treatments.

Sadness, difficulty thinking and concentrating, and a large rise or decrease in food and sleep duration is all possible symptoms. People who are depressed may have hopelessness and suicide ideation. It could be either short or long term.

Depression can also be caused by medical treatment, such as medication-induced depression. Interferon therapy, beta-blockers, isotretinoin, contraceptives, anticonvulsants, antimigraine medicines, antipsychotics, hormonal therapies such as gonadotropin-releasing hormone agonist, magnetic stimulation to the brain, and electric therapy are all treatments for depression.

Hypoandrogenism (in men), Addison's disease, Cushing's syndrome, hypothyroidism, hyperparathyroidism, Lyme disease, multiple sclerosis, Parkinson's disease, chronic pain, stroke, diabetes, and cancer are some of the infectious diseases, nutritional deficiencies, neurological conditions, and physiological problems that can cause depressed mood.

Depressed mood may not necessitate professional intervention and may be a normal transitory reaction to life events, a symptom of a medical condition, or a side effect of some drugs or medical treatments.

A persistently low mood, especially when combined with other symptoms, may indicate a psychological or physical issue that requires treatment.

Antidepressants should not be used consistently for the initial treatment of moderate depression, according to the UK National Institute for Health and Care Excellence (NICE) 2009 guidelines, because the risk-benefit ratio is inadequate. Physical activity has been shown to protect against the onset of depression.

Physical activity can also assist to alleviate depressed symptoms by releasing neurotrophic proteins in the brain, which can aid in the rebuilding, which may be damaged by depression.

Yoga could also be used as an adjunctive treatment for patients with depressive disorders and people who have high levels of depression.

There are no clear recommendations for psychological therapy or combination treatments for preventing recurrence.

- Cognitive theory of depression
- Tripartite Model of Anxiety and Depression
- Behavioral theories of depression
- Evolutionary approaches to depression
- Biology of depression
- Epigenetics of depression

A person suffering from a significant depressive episode usually has a bad mood that pervades all aspects of their lives and an inability to enjoy formerly pleasurable activities. Depressed persons may obsess on thoughts and feelings of worthlessness, inappropriate guilt or regret, helplessness, or hopelessness. Poor focus and memory, withdrawal from social situations and activities, decreased anger, and thoughts of death or suicide are all indicators of depression.

Insomnia is frequent and most common scenario, a person wakes up very early and is unable to return to sleep. Oversleeping, or hypersomnia, can also occur. Because of their stimulating effect, some antidepressants might cause sleeplessness. Depressed people may experience psychotic symptoms in severe circumstances.

Correspondence to: Henrique Pereira, Department of Psychiatry, University of California Davis, California, United States, Email: henriquepereira@gmail.com

Received: 04-Apr-2022, Manuscript No. JDA-22-17400; Editor assigned: 07-Apr-2022, Pre QC No. JDA-22- 17400 (PQ); Reviewed: 21-Apr-2022, QC No. JDA-22-17400; Revised: 27-Apr-2022, Manuscript No. JDA-22- 17400 (R); Published: 06-May-2022, DOI: 10.35248/ 2167-1044.22.11.458.

Citation: Pereira H (2022) Study of Anhedonia in Depression. J Dep Anxiety. 11:458

Copyright: © 2022 Pereira H. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.