

Clinical Features of A Depressive Episode in People Who Had and Haven't Had Covid-19

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Submitted: 15 May 2021; **Accepted:** 28 May 2021; **Published:** 10 Jun 2021

Citation: Nadir A. Aliyev (2021). Clinical Features of A Depressive Episode in People Who Had and Haven't Had Covid-19. *Adv Neur Neur Sci.* 4(2): 1-4.

Abstract

Objective: In publications, indicate increased anxiety, depression, and aggression of other mental disorders. The literature on psychiatric disorders associated with the depressive episode in people who had COVID-19. However, there are practically no studies on clinical features of a depressive episode in people who had and haven't had COVID-19.

Materials and Methods: Eligible 100 participants all women meeting the DSM-5 criteria, Hamilton Depression Rating Scale and PHQ-9 for depressive episode. **Results:** Patients who had a depressive episode after the COVID-19 disease were clinically different from those who had had major depressive episodes before COVID-19. On the one hand, this was expressed as a share in the fact that, in the clinical picture of a depressive episode manifested after the COVID-19 disease, visual hallucinations of various contents were encountered. On the other hand, patients who could not tolerate COVID-19, the presence of a pandemic exacerbated the onset of a depressive episode. **Conclusion:** Clinical features of a depressive episode in people who had and haven't had COVID-19 dramatically differ from each other. Accordingly, therapy for these conditions is recommended.

Keywords: Depressive Episode, Had Covid-19, Haven't Covid-19, Therapy

Introduction

Depression is a common disease worldwide, affecting more than 264 million people. Depression is different from the usual mood swings and short-term emotional responses to the challenges of everyday life [1]. Depression can be serious, especially if it is prolonged and of moderate to severe severity. This can lead to great suffering and disruption to the victim at work, at school and in the family. At its worst, depression can lead to suicide. Suicide causes about 800,000 deaths every year. Suicide is the second leading cause of death among people aged 15-29. Depression is one of the priority conditions covered by the WHO Mental Health Gap Action Program (MHGAP).

Depression results from a complex interplay of social, psychological, and biological factors. People who have experienced adverse life events (unemployment, bereavement, and trauma) are more likely to develop depression. There is a relationship between depression and physical health. In previous studies, we found the relationship between depression and the COVID-19 pandemic [2].

In our study, the diagnosis of major depressive disorder is based on DSM-5 [3]. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes a cross-cultural assessment of depression and an updated classification that provides a list of diagnostic symptoms. As described in DSM-5, serious depressive disorders are characterized by severe episodes lasting at least 2 weeks with a minimum of 1 in 2 symptoms, which can be either depressive mood, loss or pleasure, or changes in affect and emotions, cognition, and neurovegetative functions. Although, having one episode may be sufficient for a diagnosis. In most cases, this shows recurring episodes alternating with remissions. The two main classification systems, DSM-5 and International Classification of Diseases-11, define depression in a similar way [4]. Although the DSM-5 accepts irritability rather than depressed mood as the main diagnostic symptom.

Materials and Methods

In accordance with the Helsinki Declaration of the World Medical Association "Recommendations for doctors engaged in bio-

medical research involving people”, adopted by the 18th World Medical Assembly (Finland, 1964, revised in Japan in 1975, Italy-1983, Hong Kong-1989, the South African Republic-1996, Edinburgh-2000); The Constitution of the Republic of Azerbaijan, the Law “On Psychiatric Assistance” (adopted on 12.06.2001, with amendments and additions-11.11.2011, Decisions of the Cabinet of Ministers of the Republic of Azerbaijan No. 83, dated April 30, 2010 “On Approval of the Rules for Conducting Scientific, Preclinical and Clinical studies of medicines “are established:

1. The conditions of the conducted researches corresponded to the generally accepted norms of morality, the requirements of ethical and legal norms, as well as the rights, interests and personal dignity of the participants of the studies were observed.
2. Conducted research is adequate to the topic of research work.
3. There is no risk for the subject of research.
4. Participants in the study were informed about the goals, methods, expected benefits of the study and associated with risk and inconvenience in the study.
5. The subject’s informed consent about participation in the research was received.

The decision of the Ethical Committee at the Azerbaijan Psychi-

atric Association on the article of NA. Aliev, ZN. Aliev “Clinical features of a depressive episode in people who had and haven’t had COVID-19” submitted for publication in medically journals: in connection with compliance with its legislative requirements and regulatory documents is to approve the article by NA. Aliyev, ZN. Aliev “Clinical features of a depressive episode in people who had and haven’t had COVID-19”.

Eligible 100 participants all women to meeting the DSM-5 [3] criteria, Hamilton Depression Rating Scale [5, 6] and Patient Health Questionnaire (PHQ-9) [7] for depressive episode. Patients were observed at the Mental Health Center of the Ministry of Health of the Republic of Azerbaijan from January 2020 to December 2020 for three months. All patients were divided into two groups. The first group included patients in whom a depressive episode manifested after transferring the COVID-19 disease. The second group coped with patients who had previously suffered a depressive episode. Patients took standard antidepressants and antipsychotics 1 mg drugs three times a day (antipsychotics were prescribed only the first). Antidepressant drug-citalopram was taken 10 mg twice a day, in the morning and in the evening.

Table 1: Clinical characteristics of enrolled patients was shown

Characteristic	First grope	Second grope
Number of patients	50	50
Women	50	50
Age	35-55 years	35-55 years
Non-working	20 (40%)	15 (30%)
Disabled persons	10 (20%)	10 (20%)
ICD-11; DSM- 5 296.21 and The Hamilton scale, PHQ-9		
Depression of varying severity:	50	50
Mild depression ICD-11;IDSM- 5 PHQ-9	10 (20%)	10 (20%)
Moderate severe depression ICD-11;IDSM- 5 PHQ-9	25 (50%)	30 (20%)
Moderate severe depression ICD-11;IDSM- 5 PHQ-9	15 (30%)	10 (20%)

Results

Results of this study were presented in the Table 2.

As can be seen from Table 2, Depression of varying severity after

treatment was detected in 5 patients first and 2 patients in second severe depression without psychotic symptoms according to criterion to ICD-11; DSM- 5; PHQ-9.

Table 2: Indicators end of the study

Characteristic	First grope	Second grope
	after treatment	after treatment
ICD-11; DSM- 5 296.21 and The Hamilton scale:		
Depression of varying severity:	50	50
Non Depression	45 (90%)	48 (96%)
Mild depression ICD-11; DSM- 5; PHQ-9	non	non
Moderate severe depression ICD-11; DSM- 5; PHQ-9	non	non
Severe depression without psychotic symptoms ICD-11; DSM- 5 PHQ-9	5 (10%)	2(4%)

Discussion

Our data partially coincide with the available literature data. For example, Perlis et al., found that Perlis et al., [8] among 91,791 respondents, in regression models, age, gender, race, education, and income all exhibited an interaction with prior COVID-19 in risk for moderate or greater depressive symptoms ($p < 0.0001$ in all cases), indicating differential risk in the two subgroups. Among those with such symptoms, levels of motoric symptoms and suicidality were significantly greater among those with prior COVID-19 illness. Depression risk increased with greater interval following acute infection.

Murray B Stein [9] established that, many clinicians who treat patients with coronavirus disease 2019 (COVID-19) develop moderate to severe psychiatric symptoms, including:

Anxiety – 12 to 20 percent of clinicians, depression – 15 to 25 percent, Insomnia – 8 percent, distress – 35 to 49 percent.

These data suggest that the prevalence of depression symptoms in the United States was more than 3 times higher during COVID-19 compared to the period before the COVID-19 pandemic. Individuals with fewer social resources, fewer economic resources, and greater exposure to stressors (eg, job loss) reported a greater burden of depression symptoms. [10].

Min Peng et. all. [11] Suggest that an elevated prevalence of depressive symptom in quarantined general individuals in Shenzhen. Some demographic and clinical variables were associated with depressive symptoms

Nicole Racine, et all. Find that a more pronounced increase in symptoms of depression and anxiety was observed in women who had income disruptions, difficulty combining home schooling with work responsibilities, and women with difficulties in obtaining childcare. White mothers had greater increases in anxiety than non-white mothers, and health workers had less increases in depressive symptoms than non-health workers [12].

Limitations

This study has some limitations. First, we compared female patients. Second, some differences in depression scores may be related to differences in baseline mental health among our study participants. Third, the COVID-19 pandemic peaks in different cities at different times; response to stressors and COVID-19 may differ by

region. This study was not intended to assess regional differences.

Conclusion

Thus, we found that patients who had a depressive episode after the COVID-19 disease were clinically different from those who had already suffered major depressive episodes before COVID-19. On the one hand, this was expressed as a share in the fact that, in the clinical picture of a depressive episode manifested after the COVID-19 disease, visual hallucinations of various contents were encountered. On the other hand, patients who could not tolerate COVID-19, the presence of a pandemic exacerbated the onset of a depressive episode. Clinical features of a depressive episode in people who had and haven't had COVID-19 differ dramatically from each other. Accordingly, therapy for these conditions is recommended.

Funding

The article carried out by own financial resource.

Author Disclosure

Authors declare that the manuscript is submitted on behalf of all authors. None of the material in this manuscript has been published previously in any form and none of the material is currently under consideration for publication elsewhere other than noted in the cover letter to the editor. Authors declare to have any financial and personal relationship with other people or organizations that could inappropriately influence this work. All authors contributed to and have approved the final manuscript.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest

Acknowledgments

The authors would like to thank the team of doctors of the Republican Mental Health center.

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