



A Review Article on the Relation between Anxiety and Depression

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Anxiety depression is the commonest phenomena in preponderant population. Many individuals might have experience it and still not know, very often in a state of constant denial and negligence with the fact knowingly. The causes can vary from psychological, physiological and traumatic past experiences. This article incorporate studies of anxietydepression and their relationship and causes. Anxiety depression are the most common psychological disorder. Their relationship is very baffling, their symptoms overlaps with each other. There are many causes for it physiological, psychological, behavioural, insomnia, or due to past trauma. Physical exercise reduces the symptoms of mild anxiety and depression.

Keywords: Anxiety; Depression; Psychological Disorder; traumatic experiences.

1. INTRODUCTION

Anxiety and depression have very perplexed relationship, the constructs can't be separated

from each other. The symptoms as well are very similar. Anxiety and depression are often used as synonyms due to overlapping sign and symptoms [1] Apart from the reasons mentioned

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above there are some more causes such as parenting, household environment, stress of works or family, performance anxiety, insomnia (in some individuals). Higher suicidal rates are also reported in individuals suffering from depression. If neglected or untreated for longer time it can even cost life of a close one. Physical exercises has been noted with positive effects in reducing the syndromes [2].

The most common psychiatric illnesses in Canada are major depressive disorder and generalised anxiety disorder, all of which have substantial social and economic consequences. Severe depressive disorder and generalised anxiety disorder are treated with pharmacological and psychological treatments. Three common psychological therapies are cognitive behavioural therapy (CBT), interpersonal therapy, and constructive therapy. The aim of this study was to examine the efficacy and safety of these treatments in treating adults with major depressive disorder and/or general anxiety, as well as the cost-effectiveness of psychotherapy (CBT or combination therapy), the effects of budgeting on public health care, and to learn more about the experience. for people who suffer from extreme depression and/or anxiety [3].

In terms of disability, major depressive disorder is the world's second most common health condition. The presence of one or more episodes of depression is a significant factor in major depressive disorder. Major depressive episodes are described as periods of at least 2 weeks characterised by feelings of depression for the majority of the day, almost daily, and/or a marked reduction in interest or enjoyment in all, or nearly all, activities [4] For a clinical diagnosis of the condition, one should address 5 or more symptoms from the extremes of the great depression phase as defined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders in the same 2-week period (DSM- 5) [5].

Concern is a persistent linking (multiplying) concern that is characterised by being constant, fanatical, and impossible to monitor, and that may be followed by medical symptoms (psychological) symptoms, somatic symptoms, and other symptoms (bodily) [6] Is linked to a high degree of comorbidity (the presence of two or more psychiatric disorders at the same time), and 68% of people with a general problem reported having at least one other psychiatric disorder (usually depression, another cause for concern, or the use of drugs) [7].

2. METHODS

The DSM-5 or a study of a dozen of the International Statistical Classification of Diseases and Related Health Conditions was used to classify existing problems of discouragement and anxiety (ICD-10) Mental and Behavioral Disorders: Classification [8].

A study dealing with the current episode of depression found that symptoms of depression, sleep disturbances, mood swings / weight changes, low self-esteem / guilt, and anxiety disorders were more common, and suicidal ideation was uncommon [9] Further, using object-response theory, Cole et al. found that trauma and anhedonia were the most significant indicators of adolescence. Therefore, some symptoms have been found to be particularly prevalent among young people who are already experiencing the current MDE, but little is known about what symptoms may temporarily precede and predict a full MDE before its onset [10].

3. DISCUSSION

Anxiety and depression both generally coexists rather than existing alone. This suggests they are closely related, according to a study by the World Health Organization showed that anxiety and depression were the most common coexisting psychological problems in primary care. Disturbance in serotonin and norepinephrine neurotransmitter is seen in both depression and anxiety. But we still are not able to state weather they are interdepend able or independent from one another. Although Researchers in past decade have proposed three conceptual models. Anxiety and depression differs quantitatively [11] Combined Anxiety and Depression syndrome (anxious depressions) which differs either quantitatively or qualitatively from pure anxiety or depression. It is also said that the distinction between them is conceptually satisfactory than empirically demonstrated. This reconcile the confusing relationship between anxiety and depression.

The occurrence of depression is more in females than that of males more precisely during the adolescence period, it is due to different sex steroid, which have major role in mood regulation. Mice housed independently for 7 days or with siblings were assessed in a free-exploratory model of fear in another fascinating experiment conducted on mice (male and female separately) (where test animals have a choice to

stay in their home cage or to explore an open field). Females who were housed individually had a lower proclivity for experimentation and a higher degree of anxiety than females who were housed in groups. Males that were kept separately continued to have the opposite profile [12]

Another cause of anxiety depression can be parenting of children, study suggests that rejection and control by parents may later develop anxiety depression in child. In which rejection is more related to depression and control leads to anxiety [13]

The household environment also plays predominant role in development of mentally healthy adult , in a study of conducted on children of alcoholics it was found that partially (not all) suffering from young adult anxiety depression .

Insomnia has a two-way relationship with anxiety and depression. Sleep deprivation in childhood predicts a higher degree of depression, as well as a combination depression and anxiety component [14]

Physical exercise has been shown with decreased symptoms of anxiety and depression. Specific study shows that exercise has been used as treatment of mild anxiety [15-16] Endorphin and monoamine hypotheses are most commonly used to describe mood swings after exercise. Exercise also affects the hypothalamus pituitary-adrenal axis and physiological reactivity to stress by increasing blood supply in the brain. Anxiety is most common in people who are less physically involved. Exercise has been found to improve depressive symptoms when used in conjunction with drugs as a first-line therapy for mild to severe depression [17-20]

CONCLUSIONS

Anxiety depression are the most common psychological disorder. Their relationship is very baffling, their symptoms overlaps with each other. There are many causes for it physiological, psychological, behavioural, insomnia, or due to past trauma. Physical exercise reduces the symptoms of mild anxiety and depression.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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