

Depression and anxiety at the global conceptual level in primary care

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ABSTRACT

As a branch of medicine, psychiatry has developed in close connection with the fields of science in which the various philosophical conceptions have found wide resonance. The onset of depression is usually in young people and affects women more than men. The frequency of depression increases significantly with age. One in four women will receive treatment for depression at some point compared to one in ten men. We can consider that anxiety is a close link between the functions of biology and philosophy, the body and the mind, the sense of conservation and healthy thinking, and personality and education. While it is felt on a psychic level, it can be weighed scientifically, both quantitatively and qualitatively, at the molecular and physiological levels.

Keywords: depression, anxiety, primary care

INTRODUCTION

The exact definition of the transition from normal to mental illness is complicated, the border between the two concepts being fragile due to the interference between them, one trying to increase its stability while the other decreases it.

As a branch of medicine, psychiatry has developed in close connection with the fields of science in which the various philosophical conceptions have found wide resonance [1]. The history of psychiatry is viewed in relation to the development of humankind, being closely related to socio-economic relations.

Mood disorders have historical roots dating back to the pre-Hippocratic period when mental illness was considered a "disease caused by supernatural forces, by gods created from the imagination of each people" [1]. King Saul's troubles or Nebuchadnezzar's bouts of "lycanthropy" (the delusional belief of being turned into a wolf) are known from that time. In seventh-century Egyptian documents, Saturn's temple was dedicated to purifying the mentally ill [2,3].

It has been described since the time of Hippocrates that Nicanor's affection (πάθος) when he went to drinking gatherings at that time was afraid of the girl who played the flute. Whenever he heard the flute's voice begin to sing, masses of terror rose inside him. He mentioned that he could barely stand it at night, but he was not affected if he heard it during the day. Such symptoms persisted for a long time. "Cicero (106 BC to 43 BC) [3,4].

Joseph Lévy-Valensi (1879-1943), a psychiatry professor in Paris who died in Auschwitz, defined "anxiété" in his psychiatry textbook as a dark and painful feeling of waiting. Anxiety has been described as including the psychological and cognitive aspects of worry [3,4].

Seneca, on the other hand, differentiates between anxiety and anxious feelings and brings anxiety closer to a feeling. In the eighteenth century, anxiety was described as melancholy in specialized works. At the beginning of the twentieth century, at the semantic level, the lever between anxiety and anxiety established that anxiety encompasses the psychological and cognitive aspects of worry, while anxiety is a psychosomatic manifestation [3,4].

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Thus, anxiety is considered a deep-rooted phenomenon in human nature. Suffering, worry, and anxiety have been described as disorders due to the connection between a troubled mind and a sick body. According to H. Lindell, anxiety is the shadow of intelligence: “Only man can be happy, but only man can be anxious and worried. I come to believe that anxiety accompanies the intellect like the shadow of the body, and the more we know the nature of anxiety, the more we know about the intellect” [5].

Epidemiological data are essential for the establishment of a Mental Health monitoring system, for the programming of resources and the development of appropriate policies, and for the monitoring of their implementation [6].

The onset of depression is usually in young people and affects women more than men. The frequency of depression increases significantly with age. One in four women will receive treatment for depression at some point compared to one in ten men [6,7].

Thus, mental illness is considered one of the most important public health problems due to the frequency of mental disorders in the population and the extremely high costs that treatment and temporary incapacity for work generate.

Prevalence rates vary by age, reaching peak age in the elderly (over 7.5% among women aged 55-74 years and over 5.5% in men). Depression also occurs in chil-

dren and adolescents under 15, but at a lower level than in older age groups. The total number of people living with depression worldwide is 322 million [8].

THE CONCEPT OF DEPRESSION AND ANXIETY

Psychiatry is the medical discipline that deals with the knowledge and treatment of mental illness. As a branch of medicine and having as an object the mentally ill person and his understanding, it interferes with practical methods and theories of other sciences (psychology, philosophy) and multiple other medical specialties (neurology, internal medicine, endocrinology, infectious diseases).

Depression is defined by a solid, intensely emotional experience of moral discomfort, the disappearance of the feeling of being valuable and devaluing, leading to a state of helplessness, a marked decrease in interest and pleasure in activities usually performed, the decrease “Zest for life” and the ability to function socially, family and professionally.

All the feelings of the depressed person revolve around the evil, his consciousness continuously unfolding the feelings with unpleasant, sad, pessimistic, and threatening content. The depressed mood is accompanied by a gloomy perceptual content, sometimes un-

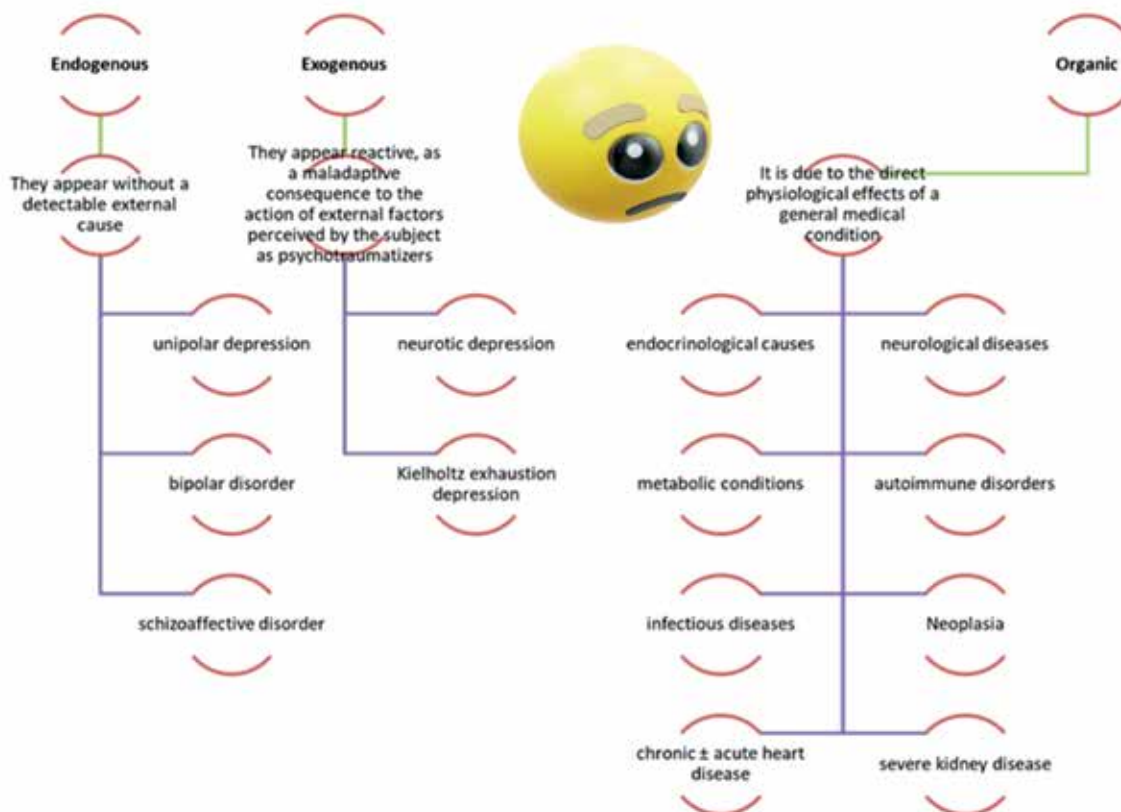


FIGURE 1. Perspective on the classification of depression

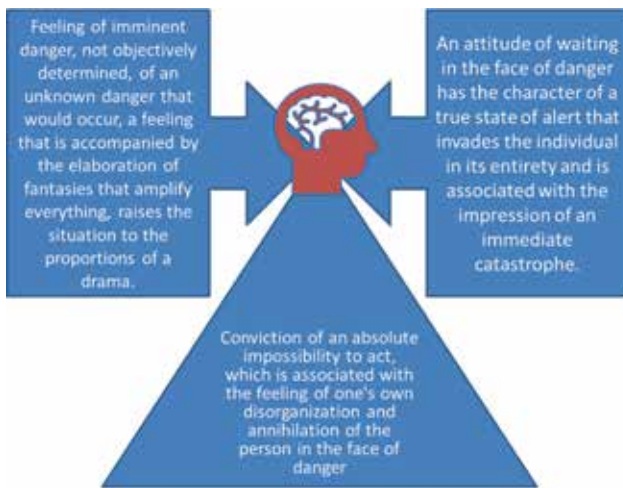


FIGURE 2. Modes of anxiety as a state of psychopathological anxiety

clear, and the loss of the ability to communicate with people in the immediate entourage. A brief perspective of the classification of depressions is shown in Figure 1 [9,10,11].

In DSM-5, anxiety is defined as anticipating a future threat [12]. The emotional reaction to the real or perceived inevitable threat must be perceived differently from fear.

These depressive states are most often accompanied by anxiety, which is defined by a state of fear and mental and motor restlessness with neurovegetative resonance. It is found in a considerable proportion of most syndromes and psychiatric entities, but sometimes, when its clinical amplitude is lower, it plays an adaptive role in certain situations [13].

Thus, when the clinical amplitude exceeds the threshold value of normality, the asceticism will decrease the yield and the ability to adapt and disorganize the individual, this background being conducive to the imbalance between normality and mental illness.

The French psychiatrist Littré retains the idea that anxiety, anxiety, and distress are three different degrees of the same state [1].

Compared with computer technology, anxiety is a hardware problem (the circuits are not installed properly) and a software problem (running the program does not work or gives erroneous results). Anxiety is a state of psychopathological anxiety that can be defined in 3 ways, according to Figure 2 [14].

Given the complexity of anxiety and depression, there is a need for intervention in primary medicine (family medicine), which requires essential communication skills to detect cases and follow their evolution [15]. The diagnosis made correctly and in time by the family doctor, influences the moment of sending the patient to the specialist but also the course of the subsequent illness [16].

CONCLUSIONS

Thus, we can consider that anxiety is a close link between the functions of biology and philosophy, the body and the mind, the sense of conservation and healthy thinking, and personality and education. While it is felt on a psychic level, it can be weighed scientifically, both quantitatively and qualitatively, at the molecular and physiological levels.

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