Major Depressive Disorder: Nursing Management

Introduction

The world is advancing and is changing day by day. With the advancement in the technologies people has been getting busier day by day. This busy life has created so many problems in daily life of the people that they have become a consumer of mental health. Depressive disorder is one of the mental health issues that people has been going to all these times of life that affects individuals physical and emotional aspects. These aspects are preventing them to use their life in a productive way. There may be many symptoms that individual will be experiencing while being a consumer of depressive disorder. To manage such symptoms individuals must seek help from the medical personal involved in psychiatry practicing including the mental health nurse where mental health nurse plays significant role in planning and providing the medical as well as nursing care for the consumer of mental health. Conducting appropriate mental state examination, identifying risk and utilising this information significantly help to plan and evaluate for treatment with consumer of depressive disorder. Katie is a consumer of major depressive disorder who is being treated effectively in IPU with the help of psychiatric team members. This essay intends to discuss relevant mental health nursing assessments, psychopathology, evidence-based guidelines for the treatment of the Katie's disorder (including pharmacological and non- pharmacological treatment interventions) including the consumer perspective, discharge planning strategies and relapse prevention.

Clinical Manifestations

Major depressive disorder (MDD) is one of the common psychiatric disorder also known by clinical depression. It is projected to be affecting millions of people across the globe. It causes severe noticeable problems in individuals which affects their ability to cope their own personal issues. Consumers like Katie is finding it hard to maintain appropriate relations with family, peers and obligations of school and experiences anhedonia. These early symptoms persist for longer than 2 weeks. According to Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM5), If an individual suffers more than 5 of the symptoms that falls on the criteria regulated by DSM5 than an individual is the consumer of mental health for MDD. Symptoms are as follows;

- Depressed mood
- Anhedonia
- Fatigue or feeling of tiredness
- Insomnia or hypersomnia
- Significant Wt. Changes (loss or gain) without dieting (? 5% in 1/12)
- Feeling worthless or excessive guilt
- Diminished ability to concentrate
- Suicidal ideation

Consumer of MDD may present themselves in dishevelled appearance. Postures may be slumped with flat, dull affect of facial expression. Crying evidence can be bearded by the same consumer. We can see such consumer usually finds hard to make an eye contact while

communicating. They may also lack their sense of humour with extremely low self-esteem. They also pose behavioural changes such as getting into fights and quarrels quickly and being very aggressive, drinking excessively as well as being very impulsive. (Davis & Lockhart, 2017) They will also be harming themselves without self-realisation. Katie matches more than 5 symptoms that falls under DSM 5 Criteria. Hence, Katie has been the consumer of Mental Health in IPU.

Psychopathology

The underlying psychopathology of major depressive disorder remains uncertain. Current evidence suggests a complex interaction between the availability of neurotransmitters and the regulation of receptors and the responsiveness that underlies the symptoms of the affections. Decreased metabolic activity in neocortical structures and increased metabolic activity in limbic structures is associated with the depressed state. There were many biological mechanisms that were been identified which has a possible role in major depressive disorder (MDD)'s pathophysiology. These mechanisms were hypothesised by researchers that they have a role both in the etiology and progression of the disorder. The involvement of different pathological mechanisms were supported by meta-analyses such as; inflammation, hypothalamic-pituitary (HPA)-axis, tropical growth and vitamin D in MDD. What is still not clear that these dysregulation in the mechanisms are more pronounced when MDD progresses toward multiple episodes or chronicity. Development of major depression is also carried out by the involvement of upregulation of inflammation by decreasing the production of monoamines for example serotonin and increasing the production of tryptophan catabolites that are toxic for the brain as it increases the pro inflammatory cytokines interleukin (IL)-6 and acute-phase C-reactive active protein (CRP). Malfunctioning of glucocorticoid receptors impairing the negative feedback circuit of the HPA-axis are the main cause of hyperactivity which results depression via impaired neurogenesis and reduced hippocampus volumes. The. consumer of MDD might have cortisol levels that determines risk of and time to recurrence of an MDD episode. Thus HPA-axis dysfunction is associated with MDD progression. Reduced neurotropic growth is considered as an indicator of low levels of brain derived neurotrophic factor (BDNF). Consumer of MDD have been seen they have lower BDNF levels then controls. Low levels of vitamin D is also been associated with depression as vitamin D might be neuroprotective by reducing neurotoxic calcium levels in the brain. Generally, vitamin D are comparatively low in the consumers of MDD. However, MDD has much more to do than a reduced concentration on the world. It appears that the most frustrating thing is that all thoughts and concerns revolve around oneself. As Katie gradually withdraws from loved ones, the emphasis becomes more and more self-centered, with feelings of 'I am guilty,' I am not worth it, 'and so on. These feelings of worthlessness are subjective, and they can be further exacerbated throughout the illness, particularly when the patient recovers from multiple episodes of chronic depression by objective difficulties (e.g., money problems, relationship problems, job loss).

Nursing Management

The acute inpatient unit is a very challenging environment to work in but there is also no doubt that it provides cure for the most acutely unwell people experiencing any sort of mental illness. The main focus of the care is to identify high-risk of harm and to manage it effectively so that the consumers such as Katie feels motivated to be independently productive as before. The role of MH Nurse is pivotal. The consumer of major depressive disorder like Katie requires proper nursing care and therapy rather than the medicines. Conducting appropriate Mental State

Examination, risk assessment and observation are the main strategy which are used to maintain patient safety within inpatient units. Below are the best roles of the mental health nurse which implies both with Katie and in general practice.

1. Mental health nurse needs to conduct a comprehensive psychiatric assessment as well as physical assessment so that it is clear, if there is any physical conditions triggering the cause of MDD for Katie.
2. Conducting MSE and Risk assessment on a regular basis and reporting and documenting the relevant changes so that effective steps can be put forward with involvement of Psychiatric teams for productive risk management.
3. Creating a therapeutic relationship with consumers based on empathy and trust so that consumers reveal all the truth and gets encouraged to approach the staff for any concerns.
4. Preparing and following up with Katie regarding medical treatment order assigned by the doctor.
5. Creating a safer environment for all of the members inside IPU for risk of any sorts of harms including self-harm to Katie as well as she is in High risk.
6. Engaging Katie in group or purposefull activities, social and support network so that they can ease her level of depression and any sorts of pain and improve in the mental stability.
7. Monitoring the ADLs to promote the independency, rest, sleep and food and nutrition like before just to see if she is progressing in her day to day life. As, groomed personality shows good signs of progression.
8. Educating Katie about her condition, giving her the psychoeducation regarding the treatment and vital education will enable her to somehow participate in her own treatment process which can help her to build self-esteem and confidence level. As, it encourages Katie to be more compassionate towards herself .
9. Promoting coping as well as problem-solving skills in such a way that is regularly empowering Katie.