



RESEARCH ARTICLE

DEPRESSION AND SUICIDE, THE RISK AND COGNITIVE BEHAVIOURAL THERAPY AS A WAY OF DEALING WITH IT : A COMPREHENSIVE REVIEW AND UPDATES

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ABSTRACT

Depression today is quite common and the word itself is used as an adjective (eg “I am so depressed.”) but the fact is many people are mistaken with this term itself. Depression is a serious life taking disorder, it can be triggered due to small significant factors like low mood or sad emotion due to failure, small family problems and many miscellaneous but minor jolt in the emotion. This article aims to do a comprehensive review of what depression actually is and the various researches made to understand depression and the link between depression and suicide and to review Cognitive Behavioural Therapy along with other ways of dealing like medication as an effective way of dealing with depression.

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INTRODUCTION

Depression is the layman term for major depressive disorder which earlier in DSM IVtr (Diagnostic and statistical manual for mental disorders) used to be categorised under Axis I of the multi axial system but with the revision of DSM V the multi axial system was eliminated. Major depressive disorder can be diagnosed with the help of DSM V and ICD10. The essential features of a Major Depressive Episode is a period of at least 2 weeks in which there is either depressed mood or the loss of interest or pleasure in nearly all activities (although children and adolescents may be in a more irritable than sad mood) along with experiences of at least 4 additional symptoms 1) depressed and irritable mood most of the day, nearly every day 2) significant weight loss or weight gain 3) insomnia or hypersomnia nearly every day 4) fatigue nearly every day 5) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day 6) recurrent thoughts of death 7) diminished ability to think or concentrate or indecisiveness, nearly every day and all of these symptoms should not be due to any other factor like substance abuse etc.

Depression and suicide

Suicide is the act of taking one's own life. According to the WHO (2012) about 800000 people commit suicide every year. According to the 2012 statistics the highest suicide rates can be found in Tamil Nadu, Maharashtra and West Bengal (*Suicides in India*, The Registrar General of India, Government of India 2012). There are many causes for this act like failure, love affairs, unemployment, poverty, diseases etc but one major cause of it can be underlined to depression. Depression or major depressive disorder if not treated well and on time leads the person suffering to commit suicide. Recent studies done by National Crime Records Bureau statistics reveal that a total of 1,35,445 people committed suicide in 2012. 15 suicides took place every one hour in 2013, the number of suicides in the country over the decade has increased from 21.6% from 2003 to 2013 (*accidental deaths and suicides in India*, national Crime Records Bureau, government of India). There has been a link between depression and suicide and many studies all over the world have proved this point. One study done by Rohtash Singh and Hardeep Lal Joshi, Kurukshetra university (July, 2008) aimed to explore the association between suicidal ideation and depression, life stress and personality and also to find out the role of depression, life stress and personality in suicidal behaviour among college students. Their results indicated that there was a positive correlation between suicide

ideation and depression which means that subjects scoring high on depression tend to have lack of ability to overcome suicidal thoughts. People scoring high on life stress tend to have higher tendency for suicidal ideation or suicidal attempts. According to their measurements of personality and the link between the personality dimension and suicide ideation, psychoticism and extraversion dimensions of personality has a positive correlation with suicide ideation. "In Chennai, 25% of completed suicides were found to be due to mood disorders. However, the suicide rate increased to 35% when suicide cases with adjustment disorder with depressed mood were also counted. The crucial and causal role of depression in suicide has limited validity in India. Even those who were depressed for a short duration and had only mild to moderate symptomatology. The majority of cases committed suicide during their very first episode of depression and more than 60% of the depressive suicides had only mild to moderate depression" (vijaykumar L. *Suicide and its prevention: the urgent need in India*. Indian J Psychiatry 2007;14:8-4). "A history of deliberate self harm is a significant risk factor for suicide in patients with depression" Sinclair JM, Harriss L Baldwin, DS King EA, *Suicide in depressive disorders: a retrospective case-control study of 127 suicides*. J affect disord. 2005 Jul;87(1):107-13. Another study done on *Suicidal Risk Factors of Recurrent Major Depression in Han Chinese Women* by Yuzhang Zhu, Hongni Zhang, Shenxun Shi, Jingfang Gao, Youhui Li, Ming Tao, Kerang Zhang, Xumei Wang, Chengge Gao, Lijun Yang, Kan Li, Jianguo Shi, Gang Wang, Lanfen Liu, Jinbei Zhang, Bo Du, Guoqing Jiang, Jianhua Shen, Zhen Zhang, Wei Liang, Jing Sun, Jian Hu, Tiebang Liu, Xueyi Wang, Guodong Miao, Huaqing Meng, Yi Li, Chunmei Hu, Yi Li, Guoping Huang, Gongying Li, Baowei Ha, Hong Deng, Qiyi Mei, Hui Zhong, Shugui Gao, Hong Sang, Yutang Zhang, Xiang Fang, Fengyu Yu, Donglin Yang, Tieqiao Liu, Yunchun Chen, Xiaohong Hong, Wenyan Wu, Guibing Chen, Min Cai, Yan Song, Jiyang Pan, Jicheng Dong, Runde Pan, Wei Zhang, Zhenming Shen, Zhengrong Liu, Danhua Gu, Xiaoping Wang, Xiaojuan Liu, Qiwen Zhang, Yihan Li, Yiping Chen, Kenneth Seedman Kendler, Jonathan Flint, and Ying Liu¹, (2013) resulted in the significant association of depressed mood, increased appetite, weight gain and psychomotor agitation to suicide attempt. Another research was done by Nakagawa A, Grunebaum MF, Oquendo MA, Burke AK, Kashima H, Mann JJ on 151 patients with major depressive disorders and a lifetime history of suicide attempt was studied and the results declared that seriousness of suicide attempt planning correlated with lethality of suicidal acts.

Dealing Depression and suicidal thoughts with Cognitive Behavioural Therapy

There are many ways in dealing with depression and suicidal thoughts or tendencies. Studies show that depression and suicidal thoughts can be dealt and the tendency can be kept at bay with the help of various methods but it cannot cure depression as such. Some of the effective ways include medication facilities, meditation, yoga and psychotherapies. One of the most effective ways that researchers have put a tick mark on is Cognitive Behavioural Therapy. Cognitive Behavioural Therapy or CBT as it is commonly called was

developed by Dr Aaron T Beck in 1960s. CBT has always been helpful in dealing with depression and suicidal thoughts or tendency however it has been seen most effective when provided along with another form of therapy or medication. A study done by John R. Weisz, Michael A. Southam-Gerow, Elana B. Gordis, Jennifer K. Connor-Smith, Brian C. Chu, David A. Langer, Bryce D. McLeod, Amanda Jensen-Doss, Alanna Updegraff, and Bahr Weiss on "*Cognitive-Behavioral Therapy versus Usual Clinical Care for Youth Depression: An Initial Test of Transportability to Community Clinics and Clinicians*" and the findings showed that patients who were provided with CBT were influential in parent engagement, it reduced use of medication and other services, overall cost, and there was possible speed of improvement. Another study done by March J, Silva S, Petrycki S, Curry J, Wells K, Fairbank J, Burns B, Domino M, McNulty S, Vitiello B, Severe J, Duke Clinical Research Institute, Department of Psychiatry, Duke University Medical Center, Durham, NC 27710, USA on "*Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents With Depression Study (TADS) randomized controlled trial*" conducted a study on volunteer sample of 439 patients between the ages of 12 to 17 years who were diagnosed with major depressive disorder according to the diagnostic and statistical manual for mental disorder fourth edition and the study concluded that "*the combination of fluoxetine with CBT offered the most favourable trade off between benefit and risk for adolescents with major depressive disorder.*" Another interesting study done by Paula D. Riggs, MD; Susan K. Mikulich-Gilbertson, PhD; Robert D. Davies, MD; Michelle Lohman, RN; Constance Klein, MSW; Shannon K. Stover, BA Department of Psychiatry, University of Colorado at Denver and Health Sciences Center was performed to see the effect of a combination of fluoxetine hydrochloride and CBT as opposed to CBT and placebo on subjects suffering from major depressive disorder, substance use disorder and conduct disorder, this study was conducted on one hundred and twenty six adolescents aged 13 to 19 years who met the criteria of the above stated disorder according to the Diagnostic and Statistical Manual for Mental Disorder, they were intervened with sixteen weeks of fluoxetine hydrochloride, 20 mg/d, or placebo along with Cognitive Behavioral Therapy and the results showed that the combination of fluoxetine and CBT had a greater efficacy in reducing depression than CBT and placebo. To end the discussion it is safe to say that depression does lead to suicide tendency and Cognitive Behavioural Therapy alone or with a combination with any other medication or therapy is effective when reducing the risk of suicidal tendency and dealing with depression.

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