

The Role of Internal Medicine in Diagnosing and Treating Depression in Chronic Disease

Jordan Silk*

Department of Anesthesiology, Mansoura University, Cairo, Egypt

DESCRIPTION

Depression, a common and debilitating mental health condition, has a significant impact on both physical and mental well-being. It is characterized by persistent feelings of sadness, hopelessness, and a lack of interest or pleasure in daily activities. Depression is not merely a psychological disorder; it has extensive implications for the entire body and is increasingly recognized as an important issue in internal medicine. As internal medicine physicians manage complex medical conditions, they must also address the co-occurrence of depression with various chronic diseases, as well as the impact depression has on disease progression, treatment outcomes, and patient quality of life. Depression is one of the most common psychiatric disorders worldwide, affecting millions of people across all demographics. Studies show that depression often coexists with chronic conditions such as heart disease, diabetes, hypertension, and chronic pain. In fact, patients with chronic medical conditions are at an increased risk of developing depression due to the physiological and psychological burdens of managing long-term illnesses. The diagnosis of depression in an internal medicine setting can be challenging, as its symptoms overlap with other medical conditions, and patients may present with vague somatic complaints such as fatigue, sleep disturbances, and gastrointestinal symptoms. It is essential for internal medicine practitioners to be vigilant and screening tools such as the Patient Health Questionnaire-9 (PHQ-9) to accurately identify depression in patients. Timely diagnosis can lead to more effective management, improved outcomes, and a better quality of life for patients. The pathophysiology of depression involves a complex interplay between genetic, environmental, and neurobiological factors. The most well-known theory is the monoamine hypothesis, which suggests that depression results from an imbalance of neurotransmitters, such as serotonin, norepinephrine, and dopamine, in the brain. Additionally, structural changes in certain areas of the brain, including the hippocampus and prefrontal cortex, have been observed in patients with depression. Chronic medical conditions can also exacerbate the biological mechanisms underlying depression. For instance, inflammation, oxidative

stress, and hormonal imbalances are often present in both depression and diseases such as diabetes, cardiovascular disease, and autoimmune disorders. The relationship between depression and chronic disease is bidirectional. On one hand, depression can worsen the prognosis of chronic illnesses, leading to poorer adherence to treatment regimens, increased healthcare utilization, and a reduced ability to manage symptoms effectively. For example, patients with depression and diabetes may have difficulty adhering to dietary recommendations and medication schedules, leading to suboptimal glucose control and an increased risk of complications. Similarly, depression is associated with worse outcomes in cardiovascular disease, including higher mortality rates following a myocardial infarction. On the other hand, the presence of a chronic illness can contribute to the development or exacerbation of depression. The physical limitations imposed by a chronic illness, the financial burden of ongoing treatment, and the emotional strain of managing a long-term health condition can create a perfect storm for depression. Internal medicine physicians must recognize this bidirectional relationship and take a holistic approach to patient care, addressing both physical and psychological health. In addition to medication, psychotherapy plays an essential role in managing depression. Cognitive-Behavioral Therapy (CBT) and Inter Personal Therapy (IPT) have been shown to be effective in treating depression and can be integrated into the treatment plan. For patients with treatment-resistant depression, newer therapies such as Transcranial Magnetic Stimulation (TMS) and Electro Convulsive Therapy (ECT) may be considered. Given the strong association between depression and chronic disease, managing depression can also have a positive impact on the management of the underlying medical conditions. Addressing depressive symptoms can improve medication adherence, enhance the patient's ability to manage their chronic disease, and promote a better overall quality of life.

CONCLUSION

Depression is a significant concern in internal medicine, not only due to its high prevalence but also because of its profound

Correspondence to: Jordan Silk, Department of Anesthesiology, Mansoura University, Cairo, Egypt, E-mail: silkjo27637@edu.eg.com

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impact on the management and outcomes of chronic diseases. Internal medicine physicians are uniquely positioned to identify and treat depression, given their expertise in managing complex, multi-system diseases. A comprehensive, integrated approach to treating both physical and mental health is essential for improving

patient outcomes and enhancing quality of life. Recognizing the signs of depression and implementing appropriate treatment strategies can lead to better management of chronic diseases and an overall improvement in the health and well-being of patients.