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Editorial

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Psychotic Major Depression: Challenges in Clinical Practice and Research

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Editorial Note

Psychotic depression, also referred to as depressive psychosis, may be a major depressive episode that's amid psychotic symptoms. It can occur within the context of manic depression or major clinical depression. It is often difficult to differentiate from schizoaffective disorder, a diagnosis that needs the presence of psychotic symptoms for a minimum of fortnight with none mood symptoms present. Unipolar depressive disorder requires that the psychotic features occur only during episodes of major depression. Diagnosis using the DSM-5 involves meeting the standards for a serious depressive episode, alongside the standards for "mood-congruent or mood-incongruent psychotic features" specified.

Signs and Symptoms

Individuals with depressive disorder experience the symptoms of a serious depressive episode, alongside one or more psychotic symptoms, including delusions and/or hallucinations. Delusions are often classified as mood congruent or incongruent, counting on whether or not the character of the delusions is keep with the individual's mood state. Common themes of mood congruent delusions include guilt, persecution, punishment, personal inadequacy, or disease. Half patients experience quite one quite delusion. Delusions occur without hallucinations in about one-half to two-thirds of patients with depressive disorder. Hallucinations are often auditory, visual, olfactory (smell), or haptic (touch), and are congruent with delusional material. Affect is gloomy , not flat. Severe anhedonia, loss of interest, and psychomotor retardation are typically present.

Most patients with depressive disorder report having an initial episode between the ages of 20 and 40. Like other depressive episodes, depressive disorder tends to be episodic, with symptoms lasting for a particular amount of your time then subsiding. While depressive disorders are often chronic (lasting quite 2 years), most depressive episodes last but 24 months.

Several treatment guidelines recommend either the mixture of a second-generation antidepressant and atypical antipsychotic or tricyclic immunotherapy or electroshock (ECT) because the first-line treatment for unipolar depressive disorder. There's some evidence indicating that combination therapy with an antidepressant plus an antipsychotic is simpler in treating depressive disorder than either antidepressant treatment alone or placebo.

Pharmaceutical treatments can include tricyclic antidepressants, atypical antipsychotics, or a mixture of an antidepressant from the newer, better tolerated SSRI or SNRI categories and an atypical antipsychotic. Olanzapine could also be an efficient immunotherapy in depressive disorder, although there's evidence that it's ineffective for depressive symptoms as an immunotherapy and olanzapine/fluoxetine is simpler. Quetiapine immunotherapy could also be particularly helpful in depressive disorder since it's both antidepressant and antipsychotic effects and an inexpensive tolerability profile compared to other atypical antipsychotics. The present drug-based treatments of depressive disorder are reasonably effective but can cause side effects, like nausea, headaches, dizziness, and weight gain. Tricyclic antidepressants could also be particularly dangerous, because overdosing has the potential to cause fatal cardiac arrhythmias.

The long-term outcome for depressive disorder is usually poorer than for non-psychotic depression

The risk of suicide is way higher in people with depressive disorder than in those with depression alone. Call 911 or attend a hospital ER if you've got thoughts of killing yourself or harming others. You'll also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). They need trained staff available to talk to you 24 hours each day, seven days every week.

Schizophrenia is one sort of psychotic disorder. People with manic depression can also have psychotic symptoms. Other problems which will cause psychosis include alcohol and a few drugs, brain tumors, brain infections, and stroke.

Psychotic symptoms are often missed in depressive disorder, either because patients don't think their symptoms are abnormal or they plan to conceal their symptoms from others. On the opposite hand, depressive disorder could also be confused with schizoaffective disorder.

Treatment depends on the explanation for the psychosis. It'd involve drugs to regulate symptoms and talk therapy. Hospitalization is an option for serious cases where an individual could be dangerous to himself or others.