

Editorial A SCITECHNOL JOURNAL

The Typology of Depressions with Comorbid Other Mental Disorders

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Received date: 07 September 2021; Accepted date: 22 September, 2021;

Published date: 29 September, 2021

Editorial Note

Psychological typologies are classifications employed by psychologists to explain the distinctions between people. The matter of finding the essential basis for the classification of psychological types that is the idea of determining a broader spectrum of derivative characteristics is crucial in psychology. Comorbidity may be a term that has become increasingly common during the past 10 years approximately, particularly within the field of psychiatry as practiced in Europe and North America. This idea now represents a serious theme in clinical psychiatry. Comorbidity means the state of being jointly morbid and it's defined as the presence of quite one disease during a single person during a particular period of your time.

A large-scale national survey on the comorbidity of depression was administered within the U.S. principally by the University of Michigan. The results indicated that quite half all patients with a DSM-III-R diagnosis of major clinical depression were related to a comorbid mental disorder, which quite one-third of patients showed the comorbidity of drug or alcohol dependence. Thus it's safe to mention that depression is usually present alongside other mental disorders. Patients with pure depression i.e., without comorbidity, accounted for less than one-fourth of all patients thereupon diagnosis. However, as approximately 20% of patients with depression have comorbid Post-Traumatic Stress Disorder (PTSD), diagnoses of those coexisting disorders are based simply on the very fact the patient has met the wants for quite one disease within the current operational diagnostic

criteria. This is often because the previous system of diagnosis was likely to adopt one diagnosis while deliberately or inadvertently excluding others; it doesn't mean that the comorbidity of mental disorders has increased particularly in recent years. The presence of comorbidity brings several important issues to the surface. First, when depression coexists with another mental disturbance, these disorders are reported to be severer than when either is present alone. The frequencies of admissions and suicide attempts are higher and therefore the prognosis worse, in patients with comorbid depression. This trend is especially prominent among young patients with depression.

A second issue is that the temporal relationship between depression and other comorbid mental disorders. There are 3 ways of considering the order of onset: 1: When depression precedes the opposite disorder, depression may function a causative factor for the next disorder; 2: When the opposite disorder precedes depression, that disorder may function a causative factor for depression; and 3: when depression and therefore the other disorder occur simultaneously, the symptoms of those two diseases could also be considered due to a special cause. Generally, in patients with comorbid depression, the opposite mental disturbance often precedes the initial episode of depression, and this is often particularly so when the patient is male.

It has been a firmly rooted belief that mood disorder is said to premorbid mental disorder, and, specifically among psychiatrists during this country, it's generally accepted that major depressive episode and melancholic personality are related. However, recent etiological studies of an outsized number of patients have resulted in negative findings, indicating the necessity for caution with reference to this issue.

There's a stimulating finding from the aspect of comorbidity between depression and mental disorder. Comorbid conditions that are likely to be seen frequently within the clinical setting for medical care of depression are outlined. The concept of comorbidity expressed through the names of multiple diseases that satisfy diagnostic criteria is rational from one point of view, conforming because it does to certain operational diagnostic criteria, and is useful in understanding a patient's symptoms also as in clarifying treatment and prognosis.

Citation: Nick Maguire (2021) The Typology of Depressions with Comorbid Other Mental Disorders. J Forensic Toxicol Pharmacol 10:5.

