



Case Study : Prognosis of Recurrent Depressive Disorder with Somatic Symptoms

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ABSTRACT

Introduction: Depression is a common disease worldwide, with more than 264 million people affected. Especially if it lasts a long time and is of moderate or severe intensity, depression can be a serious health condition. Depression can cause affected people to suffer greatly and function poorly at work, at school, and in the family. At its worst, depression can lead to suicide. In general, the good prognosis of depressive episodes can be achieved as well as good response to treatment and early interventions, but with the absence of any other complication such as psychotic symptoms and somatic complaints. This paper discusses the prognosis of recurrent depressive disorders with somatic complaints through a case study.

Case: Male 23 years old complained of headaches that did not improve with pain medication and often recurred for two weeks, feels tingling and heavy in the back, worsening at night, interfere with the patient's daily activities and sleep in the night. These depressive symptoms have recurred since the patient was 19 years old. The patient experienced repeated stress due to arguments between his parents who were often involved in verbal abuse. The patient's prognosis is analyzed using several aspects according to Maramis prognosis analysis, including age, premorbid personality, type of disorder, course of treatment, hereditary factors, and the presence/absence of precipitating factors.

Discussion: According to the course of the disease, the patient experienced recurrent depression since the age of less than 20 years, with somatic symptoms currently accompanying his depressive disorder. The patient experienced repeated recurrences even though he was stated to have improved by the treating doctor, which indicates that the patient's stress management was inadequate. The patient is currently experiencing a skin disorder that worsens his pessimistic feelings and is receiving SSRI antidepressants to improve his depressive symptoms. Based on the analysis of the course of the disease, the prognosis for depressive disorders in patients is poor, or *dubia ad bonam*.

Conclusions: Recurrent depressive disorders involving younger ages, complications such as somatic symptoms, suboptimal social support, inadequate coping mechanisms, will worsen the prognosis of depression even after receiving adequate treatment.

Introduction

Depression is a common disease worldwide, with more than 264 million people affected. Especially if it lasts a long time and is of moderate or severe intensity,

depression can be a serious health condition (J.C. *et al.*, 2013). Depression can cause affected people to suffer greatly and function poorly at work, at school, and in the family (Chang, Hong and Cho, 2012).

At its worst, depression can lead to suicide. Nearly 800,000 people die by suicide every year. Suicide is the second leading cause of death among 15 – 29-year-olds (Bilsen, 2018).

A person suffering from depression may exhibit a range of behaviors, such as being extremely sensitive and irritated, sobbing uncontrollably, not wanting to socialize with others, or displaying a lack of excitement at school (Gomez et al, 2018). Research has shown that a multitude of physical complaints, a depressed mood or anhedonia, or behavioral changes including bullying, violence, or social disengagement are among the symptoms that can occur (James et al. 2018). Because the behavior shown does not have certain characteristics, often these symptoms of depression are not detected by those around teenagers. Parents, family, or friends are often insensitive to the changes shown by depressed teens (Juwita et al. 2015).

Surely the depression is treatable, and the prognosis of depressive episodes is good, based on the recurrence of the episodes, the absence of complications such as psychotic symptoms and somatic complaints, early intervention planning and the treatment responses (Krauz et al, 2019). The prognosis of depressive episodes is evaluated by several factors, including premorbid personality, disease course (acute or chronic), the type of disorders and

complications, disorders occurrence either in young or old age, and heredity. This paper discusses those prognostic factors of recurrent depressive episodes with somatic complaint based on a cases study.

Case

Present disorders

Male 23 years old complained of headaches that did not improve with pain medication and often recurred for two weeks, feels tingling and heavy in the back, worsening at night, interfere with the patient's daily activities and sleep in the night. The patient had also felt intermittent chest palpitations for the past few days. He also complained itching in the forearm, felt pain and pus appeared and had been taken to a dermatologist and given medication so that the complaint improves. After all, the patient felt hopeless about his general condition. He then came to the psychiatry outpatient clinic and received the antidepressant treatment Sertraline.

History of past disorders

The patient had suicidal ideation and self-harm in 2017, because felt betrayed by his own friends. He became difficult to trust others and became less confident. During his initial visit in 2017 to 2019, the patient had administered combined therapy such as maprotiline 50 mg, risperidone 2 mg, trihexyphenidyl 2 mg, and lorazepam 2

mg. In 2019 patient had recovered from depression and agreed to tapering the medication off by the psychiatrist at that moment.

In 2020, he was studying in a private university majoring in oceanography. This major was a choice from his parents, due to his indecisive act about his future. The patient felt angry and was not enthusiastic about studying and has been truant for a month. He felt sensitive and very uncomfortable with all the regulations in his major and admitted that he had been on leave for a year before finally drop out from his university in 2022. The patient has a view that his future is gloomy because he couldn't finish college according to his parents' expectations. The patient also felt a dilemma because basically he didn't like the major. The patient in 2021-2022 had been treated again in a psychiatric outpatient clinic with a diagnosis of depression, had received treatment with the same medication as before, and felt better and was in remission in 2022.

Family history

The patient is the eldest of the two siblings, has a good relationship with his brother, poor relationship with father since childhood but closes to his mother. His last education was high school, when in high school the patient was active in the organization as a student council.

Since teenager, the patient stressed due

to patient's parents' marriage was not well. They have frequent quarrels and verbal abuses, so that it interfered with patient's attention on his work. The patient felt pessimistic and confused about his future. The patient did not want this bad influence to be experienced by his younger sibling, so the patient tried to be a good older sibling by accompanying his younger sibling in the room when his parents were quarreling. Patients feel that self-esteem and confidence are reduced as he couldn't perform well at work.

The patient diverted his stress by getting involved in playing games, wanted to take part in tournaments, but on the one hand, patient often refuse friends' invitations to take part in matches and felt unsure about winning in the game tournament.

Physical and mental examinations

Currently in 2023, the patient decided to work as a freelancer at an animation company. The patient uses his animation talents to find a job that suits his interests. As time goes by, patients experience stress at work because deadlines pile up. The patient had experienced skin allergies for several months, an illness he had never experienced before. His skin was itchy and festering, so he received treatment from a dermatologist. The patient feels under pressure due to his physical condition.

Physical examination was obtained after

the patient calmed down in the treatment ward. During the interview, the general condition of the patient was *compos mentis*, the appearance was appropriate for age, the patient sat quietly and could answer all questions well and made good eye contact with the examiner. The patient was cooperative during the interview. Spontaneous speech with clear articulation. The patient had a sad mood, depressive affect, but harmonious. The patient did not find a history of hallucinations and delusions. Thinking processes were realistic, the flow of conversation was good, and the content of thought was adequate. The patient did not have any delusion or hallucination. Movement and psychomotor within normal limits and the intellectuality there seem to be no problem. The patient has a good insight of his condition.

At the current psychiatric outpatient clinic, the patient is receiving therapy with sertraline 50 mg and clobazam 10 mg as well as psychotherapy for the patient and the patient's family in the form of education about the disease and the treatment given to the patient.

Discussion

In this instance, the patient's antidepressant of choice was sertraline when it was discovered that he had signs of depression. The antidepressant medication

sertraline is a member of the SSRI (Selective Serotonin Reuptake Inhibitor) class. The first class of antidepressant medications is sertraline. SSRIs are generally safe since they have little adverse effects (which improve drug adherence), are broad spectrum antidepressants, cause very little withdrawal symptoms, and have high lethal dosages. The working principle of anti-depressant drugs is to inhibit aminergic transport, causing desensitization of serotonin receptors, resulting in desensitization of serotonin receptors. serotonergic pathways normalize. Hopefully the state of the patient's depressive phase can be resolved. And given Clobazam 10 mg as a benzodiazepine augmentation. Clobazam as a benzodiazepine augmentation is convincing evidence that antidepressants are useful in the treatment of depression in rational patients (Kraus et al. 2019).

Administration of a combination of antidepressants and benzodiazepines is recommended, where benzodiazepines do have maximum efficacy quickly, but the effect diminishes after 4 weeks (Gomez et al. 2018), in contrast to antidepressants which gain maximum efficacy after 4-8 weeks. From this the authors see that the combination of these two drugs can relieve the side effects of dependence on benzodiazepines (Maslim, 2013).

Non-pharmacotherapeutic therapy is

given with interpersonal psychotherapy, which focuses on the social context of depression and the patient's relationship with others, and cognitive psychotherapy, namely behavioral therapy focuses on correcting negative thoughts, feelings of guilt, and pessimism of the patient. Patient education in the form of education about the condition and explaining the patient's illness, the therapy used will take a long time and the side effects of treatment that can occur, educate the patient about his condition so that he can accept his condition, and the family that the patient's condition requires support from the family in, especially in terms of motivating patients to achieve their recovery.

The prognosis is dependent on several elements, such as the nature of the issue, how long it has persisted, the patient's strengths and limitations, and the presence of a support network. The projected result of any kind of medical therapy, including mental health, is referred to as a prognosis. It basically forecasts the course of a person's potential recovery and the degree of that recovery (Maslim, 2013).

Different factors can affect the prognosis in everyone. The basis for making prognostic decisions of moderate recurrent depressive disorder with somatic symptoms is influenced by several factors, namely: premorbid personality, disease course (acute or chronic), type of disorder, young

age or oldage, and heredity (Maramis and Maramis, 2009)

a. Premorbid Personality

The prognosis in depressive individuals with premorbid personality traits is *ad bonam* and personality disorder is *adnight*. Psychiatric comorbidities have been shown to influence outcomes in both treated and untreated patients. In a meta-analysis study it was stated that comorbid personality disorders increase the likelihood of a worse outcome (Patton *et al.*, 2014).

b. Acute or Chronic

When a depressive episode occurs acutely, the prognosis is better than if the illness starts slowly (Maramis, 2009).

c. Type of depression

The prognosis of mild depressive episodes is better than other types because they have a good response to treatment moderate depressive types with somatic symptoms are a complex problem which can lead to the prognosis of *dubia ad malam* (Maramis and Maramis, 2009)

d. Age

Age is an important factor in the onset of a depressive episode in a person. The prognosis for adult-onset age is better than that of early-onset age. This is because at the early age of onset symptoms usually appear slowly, tend to be chronic, show large deficits in almost all cognitive measurements, so that most of the prognosis is poor and sometimes can be

exacerbated by environmental factors (Wulandari, 2013).

e. Early/late intervention

The sooner treatment is given, the better the prognosis (Maramis and Maramis, 2009). Social support is associated with a prognosis that is independent of treatment but has a better prognostic direction by adjusting for depressive symptoms and duration of depression (Buckman et al. 2021). Early intervention in the form of drugs and psychosocial is very important because the longer the person is not treated, the more likely it is to relapse and the resistance to therapy increases strong (Syarif, 2020).

f. Heredity Factor

The prognosis becomes more severe if in the family there are one or more people who also suffer from depression (Shadrina, Bondarenko and Slominsky, 2018). Even though his parents often quarreled and were involved in verbal abuse, there was no history of depression from the patient's parents or the two generations above them.

g. Etiology Factor

Prognosis of depressed patients will be better if the patient has precipitating factors such as physical illness or psychological stress. This is because a depressive episode whose main identification is stress will respond faster than without a clear cause (Maramis and

Maramis, 2009).

Table. 1 Prognosis Evaluation Items

Evaluati on Items	Ad Bonam	Ad Malam
Premorbid personality	Active, Sociable	-
Acute or chronic	-	Chronic, recurring, breaking up treatment
Type of depression	-	moderate depression with somatic symptoms
Age	-	<20 years old
Early/late intervention	-	Late intervention
Etiology factor	-	Yes
Heredity factor	No	-

From the evaluation table above, it can be concluded that the prognosis of the patient in this case is *Dubia Ad Malam*.

Conclusion

The conclusion offers the most important findings from the case without references. This section should highlight current

understanding of the scientific problems in the case report/study.

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