CASE REPORT

Asclepius

Gender Relationship with Depressive Disorder

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ABSTRACT

Depression rate is more prevalence in female than in males. There are many hypotheses for gender differences in depression, but still, there is no conclusive theory to explain it fully. Depression in men manifest as more acting out the depression symptoms to the surroundings, while the depressed women keeps the symptoms for themselves.

Key words: Cognitive behavioral therapy, depression, emotional distress, gender difference, health professional, mental health problem, stress

INTRODUCTION

The two most common psychiatric diseases in primary care are depression and anxiety neurosis, which are more common among women. However, substance use disorders and antisocial personality disorders are more common among men.[1]

Depression is the most prevalent non-communicable chronic disease (15–20%) in the developed and developing countries with high comorbidity and mortality.[2,3] Females showed a higher prevalence of depression than males (2:1 ratio), due to biologic, hormonal, or psychosocial factors,[4] yet more males are committing suicidal attempts (4–18 times).[1] Treatment for depression in males is less efficient due to compliance and denial factors, and depression is less likely to be diagnosed in males than in females.[5,6]

The two crucial screening questions for depression judgment depend on the presence of two cardinal symptoms within the past 2 weeks' duration: (1) Persistent and pervasive low mood and (2) loss of interest or pleasure in usual activities.[7]

Although most depressed patients are not committed suicidal attempt, most suicidal people are depressed and came to the clinics for emotional crises. The risk factors for suicidal attempts are hopelessness, previous suicide attempts, widowed and divorced, living alone, and having a recent crises event.[8,9]

Depressed men manifest as acting out their depression symptoms to the surroundings, such as increase irritability, hostility, anger, withdrawn, fatigue, and drink more alcohol, with loss of interest in the work, family, and even hobbies. However, males are less likely to seek early help for depression.[6] In contrary, depression in females manifests more in the patient, such as over-thinking, sadness, eating and sleeping disorder. Fortunately, females are more likely to seek early help for depression.[9]

Case history 1

A 45-year-old female presents with a history of poor sleep and irritable mood for 1-month duration, in the setting of current divorce and ongoing custody battle with her previous husband over their three teenage children. She has also just had a corrupt performance review at work due to her incapability to meet deadlines and is dreadful of losing her job. She explained that her work problems had arisen because she was unable to keep her concentration focused on work. She expressed feelings of worthlessness and sometimes wondered what the point of living was. She had to force herself to stay engaged in her children's activities, and she lost interests that she used to enjoy. She felt "just going through the motions." She had a comparable episode after the birth of her second child, but she cured by itself after several months. There was a family

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history of depression in her mother. Her examination was notable for poor eye contact and many tears. Her test results, including thyroid-stimulating hormone (TSH), were standard.

The partner feels that his home became with unrelenting low mood because of his wife pessimistic view. The partner also notices that his wife have a high level of anxiety with deep psychic pain. She was desperate with hopelessness feeling causing her to withdraw from social activity. He mentioned that she was sleep and eat a lot and she was always frustrated and grumblings from general simple matters.

Case history 2

A 42-year-old woman presents with a 1-month history of poor sleep and irritable mood, in the setting of recent work problems for the last 1 year. He was an infrequent patient attender to local health care; also he had a history of lost interest in daily gems. He has just had a bad performance review at work and many work mistakes because he has been unable to keep his concentration focused on work. He had a history of many anger spells in the family and during labor. He used alcohol and smoking to display his symptoms. He seemed frustrated, irritable, and angry, and his test results, including TSH, were standard. He blamed "the corporate control of publishing companies" for not giving him a chance to demonstrate his talents.

The spouse feels as if she is walking on eggshells when she talks to him, he is ready to explode, and nothing pleases him. He has a terrible temper and a high level of unrealistic anxieties about sex drive, job insecurity, and relationship problems. The partner also notices that he was always frustrated and grumblings and feeling of annoyance at being hindered or criticized. He feels easily frustrated by his relationships with family, friends, and coworkers. The partner stated that her husband has a strong feeling of displeasure or hostility, irritability, aggression, and violence, expressed as hateful words, hurtful actions, or stony silence.

DISCUSSION

Major depression is more frequently seen in females because they are more aware and efficiently expressed their emotions. Major depression in males is mainly due to many predisposing factors (unemployment, single, socially disadvantaged, substance abuse, medical comorbidity, and presence of heart disease).[10-13]

Males are less likely to self- expressing and hinder their depressive symptoms, unable to discuss their distress, and infrequently help seeking; accordingly, they have more risk behaviours such as road rage, drug and alcohol abuse.[14]

The studies showed that males have different depression expression, they less likely cry, overeat, and less likely talk about it. In contrary, females are not enjoying their children's activities; they lose their interests among the things they used to enjoy before.[12,15,16]

A depressed male needs good, understanding support system of the emotional recognition of his distress repression [Table 1]. Depression in men is starting from avoidant behavior and ending to conscious self-harm. Depressed men may have high comorbidity and mortality such as hypertension, heart disease, sudden cardiac death, and decreased cognitive performances.[17,18]

Depression in males is manifested by an increase in acting out the distress at home, work, against friends or relatives; it might lead to IMS and burnout. Males with failure to fulfil the role of the main source of income are associated with higher depression and marital conflict.[19, 23]

The barrier to seek help in depressed males is many including the feeling of weak masculine males figure, fear of breach confidentiality, and personal males' denial depression diagnosis.[19]

The males are more suffering from irritable male syndrome (IMS), which is a state of four acted out, cardinal symptoms (hypersensitivity, anxiety, frustration, and chronic anger), and due to biochemical, hormonal changes, overstress, and loss of male identity.[20]

Table 1: The "big build:" Escalating effects of emotional repression on and "depressive men."[19]

Avoiding "it." (Avoidant behavior)
Overinvolvement with work
The adverse effect of stress in men
Sickness absence
Numbing "it." (Self-medication)
Self-medication, withdrawal, watching TV
Escaping "it." (Escape behavior)
Sexual affairs/encounters
Drug and alcohol abuse also increase the risk of anxiety and depressive symptoms
Gambling
Binge drinking
Hating me, hurting you (Feelings of aggression toward self and others)
Effect on the mental health of men's partners
Increase in amount or frequency of angry outbursts, rage, and violence toward the self
Moreover, others, strongly associated with substance use
Stepping over the line (deliberate self-harm)
Suicidal ideation/attempt, deliberate self-harm
Aggression and alcohol abuse as significant predictors of the severity of suicidal ideation

IMS may be triggered by low levels of serum testosterone and low level of brain serotonin (e.g., sleep disturbances, high protein intake, low carbohydrate diet, and high alcohol consumption).[21-23]

The males often use self-destructiveness way to mask their depression states (e.g., drug abuse, gambling, womanizing, and workaholic).[20]

While the effects of depression on the other partner are many such as, increase in amount or frequency of couple's angry outbursts, rage, and violence toward themselves (deliberate self-harm). Moreover, others strongly associated with substance or alcohol abuse and increased their suicidal ideation.[20]

The females often "act-in," while males often act-out their depression symptoms as a result of gender rule, while the presence of persistent feelings of hopelessness, helplessness, and worthlessness, are the hallmarks of depression in both genders.[24]

Depression should be one of the primary care diseases which need attention; it has both the psychological symptoms such as feelings of sadness, loneliness, irritability, worthlessness, hopelessness, agitation, and emotional guilt feelings. Also, it has physical symptoms as fatigue, insomnia, body pain, loss of interest in sexual activities, and or various vague symptoms.[25,26]

Depression may be overestimated in females and underestimated in males. Sometimes, IMS is masked by many atypical symptoms as mood swinging, irritability, anger spells, aggression, stress, anxiety, and fatigue, which lead to undiagnosed depression in males.[27-29]

IMS may lead to an increased patient's withdrawal from normal relationships, or over-involvement with work tasks, and a decrease in sex drive. It will increase anger outburst, lousy temper, and increase use of a psychoactive substance to get false emotional numbness, harsh self-critic, impulsive behavior, and avoid seeking help from others. They only needs understanding of their suffers. While females always tend to cover their depressed symptoms by becoming more anxious, and enhances inner emptiness and sadness, which needs personal empathy and support.[30,31]

CONCLUSION

In comparing male's and female's responses to depression, female tends to blame herself for problems, she quickly felt sad and tearful, sleep and eat more to numb her psychic pain, and easily hurt and vulnerable, and she was looked depressed mood, slowed down, and nervous. She was withdrawn from a social gathering, and she has good anger control. She felt insecure, overwhelmed with high anxiety, hopelessness, and guilty feelings.

While the physician can recognises depressed males when they blames others for their problems. They have a history of persistent irritability, unforgiving thinking, and more sleep disorder. They have more suspicious and guarded feelings, being overtly or covertly hostile, and could attack others when feels threatened. The depressed males hidding their symptoms and acts-out behaviours through the inappropriate emotion on the world set up to fail them. As a result, they feel continuously restless, agitated, losing anger control and may have sudden attacks of rage. Furthermore, they will have different symptoms such as blunted numb feelings. They will put themselves in rigid boundaries, push others out, feels ashamed of whom they are? Besides, they feels frustrated if they are not praised enough to cover their weaknesses and self- doubts.

Correspondingly, they fear from any failure attempt. They tried to feel safe, by using more alcohol, watching TV, indulge in heavy sports, and practice unsafe sex for self-medicate. They believe that their difficulties could be solved if only their spouse, coworker, parent, and friend treat them better.

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