Features of minor depressive disorder subtypes in conditions of COVID-19 pandemic

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ABSTRACT

Background: The continuous research on minor depressive disorder is one of the pressing issues in the context of the COVID-19 pandemic. We studied the features of minor depressive disorder subtypes in conditions of the COVID-19 pandemic.

Materials and Methods: Sixty-two patients were observed with the administration of clinical follow-up research method.

Results: The following major subtypes of minor depressive disorder were identified: Asthenic, hysterical, hypochondriacal, apathetic, and minor depressive disorder with obsessive-compulsive symptoms.

Conclusions: The COVID-19 pandemic lead to an increase in the development of the minor depressive disorder with a predominance of asthenic and obsessive-phobic symptoms. Therapy of minor depressive disorder requires the involvement of a wide range of specialists, preferably with the inclusion of community-based treatment.

Key words: Anxiety, COVID-19, depression

INTRODUCTION

A minor depressive disorder is a group of maladaptive disorders that includes a wide range of affective disorders, the manifestation of which is associated with the adverse effects of psychosocial stress.[1] Moreover, at present, mental trauma is most commonly associated with extensive worldwide changes the COVID-19 pandemic.[2] Along with psycho-traumatic and situational influences, factors such as constitutional predisposition, the hereditary burden of mental illness, age, cultural characteristics of patients, somatic and mental illnesses are also important for the development of the minor depressive disorder.[3] The continuous research on minor depressive disorder due to psychological trauma is one of the pressing issues in the context of the COVID-19 pandemic.[4]

Data from a series of review studies show that less than half of patients with minor depressive disorder receiving treatment in primary care are prescribed adequate doses and type of drugs.[5] Moreover, the data demonstrated that the duration of medication was often <1 month which is clearly insufficient for successful treatment.[6] On the other hand, it is known that one of the main psychological consequences of the COVID-19 pandemic is depression and anxiety disorders and the subsequent sharp decrease in the quality of life.[7]
Therefore, currently, the situation with the coronavirus pandemic requires the coverage of aspects of minor depressive disorder, such as general course patterns and various development specificities for a timely and adequate treatment of this disorder.

**Objectives**
The aim of this work was to study features of minor depressive disorder subtypes in conditions of the COVID-19 pandemic.

**MATERIALS AND METHODS**

Sixty-two patients (34 men and 29 women) were observed, who were hospitalized in the state psychiatric hospital or specialized private clinics during the first half of 2020, as well as patients who received outpatient care in the outpatient care services. The selection criteria were the presence of minor depressive disorder for at least 1 month; maintaining, albeit at a reduced level, professional activity in the absence of signs of social and labor maladaptation and disability.

The age of patients ranged from 23 to 55 years (an average of 31.6 ± 4.6 years). The duration of the minor depressive disorder was from 1 to 2 months. Forty-nine patients were engaged in skilled labor in accordance with their education, 13 patients were unemployed. Various depressive disorders were detected earlier in different periods of life in 14 patients.

This preliminary study was conducted by the clinical follow-up method. All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975 (in its most recently amended version). Informed consent was obtained from all patients included in the study.

**RESULTS**

In all cases, the onset of minor depressive disorder was characterized by a relatively rapid progression and deterioration of patients' condition. Several periods of the development of the disease were identified, taking into account the rate of progression and the characteristics of clinical manifestations: A manifestation of the disease, a period of active course with the development of the main symptoms and a period of stabilization of the disease process with the development of the relatively persistent minor depressive disorder.

The following major subtypes of minor depressive disorder were identified:

1. Asthenic minor depressive disorder (21 patients). The most frequently occurring symptoms in asthenic minor depressive disorder were: sleep disorders (insomnia, intermittent sleep, early awakening), tearfulness, intensity-varying anxiety, weakness, decreased activity, self-pity, often combined with tendencies to blame others. Manifestations of the disorder included increased exhaustion, decreased activity, complaints of physical impotence, and loss of energy. The social functioning of patients could be maintained but was accompanied by increased exhaustion.

In cases of more severe depression, complaints of fatigue were present even when performing the usual morning routine (washing, dressing, and combing). There could be signs of irritable weakness and increased sensitivity to external stimuli (loud sounds, bright light, etc.). It was noted that in conditions of the COVID-19 pandemic such symptoms, as lack of self-esteem and guilt, were not that common. Pessimism was prevalent with a sense of hopelessness, mood decrease, and indifference. The manifestation of the minor depressive disorder mostly coincided with the quarantine regime.

2. Minor depressive disorder with obsessive–compulsive symptoms was observed in 19 patients, where obsessions were noted in such forms, which were noted earlier in different periods of life. Remarkably, personality abnormalities were detected in these patients in the premorbid period. The content of obsessive thoughts associated with the COVID-19 pandemic (to wash hands more often, to always wear a mask) retained psychological adequacy. Thus, the development mechanism of the obsessions included a direct link with the psychological effects of quarantine. In this group of patients, a minor depressive disorder with anxiety-phobic manifestations should be especially noted. Phobias were based on fear of an external threat: The penetration of pathogenic viruses into the body. Phobias of an external threat were accompanied by protective obsessive actions (complex manipulations that prevent contact with contaminated objects, thorough processing or disinfection of clothing that was in contact with dust throughout the day). In order to avoid potential dangers, patients did not communicate with family members and felt safe only within their own room.

Obsessive assumptions about a viral disease led to unnecessary examinations by various medical specialists, as well as obsessive feelings of coronavirus damage (cough, nasal discharge, fever, followed by its repeated measurement). Even transient pain could be perceived as a sign of coronavirus.

3. Hysterical minor depressive disorder (7 patients). This subtype of minor depressive disorder is derived from initial emotional instability, anxiety, and sensitivity to interpersonal relationships. The...
tendency to exaggerate their own suffering was noteworthy. Thoughts about the pandemic were mostly representations with vivid reproduction of mourning ceremonies, scenes of funerals, partings, and were accompanied by tearfulness and mood decrease. The desire to draw the attention of others to their grief was often accompanied by demonstrative auto-aggressive behavior (surface cuts, scratches, etc.) with threats to commit suicide. The prevalence of exploitative behavior with a demonstration of their suffering and attempts to manipulate others had the goal of subordinating their own interests.

Hysterical disorders in most cases were already clearly expressed from childhood or formed in crisis periods, manifesting in hysterical reactions associated with psychological trauma. Hysterical manifestations were distinguished by intense emotionality, monotony, and pronounced phenomena of egocentrism.

4. Hypochondriacal minor depressive disorder (10 patients). Hypothymia was combined with anxiety for one’s health, hypochondriacal phobias, and various somatic complaints. The hypochondriacal minor depressive disorder includes a pessimistic perception of an imaginary disease (coronavirus pneumonia) and a hypertrophic assessment of its effects. Thoughts about the dangers of disturbances in the activity of internal organs prevailed with fear of unfavorable outcomes of imaginary disease, negative social consequences, and the futility of treatment. Such depressive disorders are more likely to occur in primary care, and according to various estimates, from 1/3 to 2/3 of all patients observed by general practitioners, suffer from a hypochondriacal minor depressive disorder. Pain, tachycardia, cardiac arrhythmias, blood pressure fluctuations often mask mood disorder in these cases.

5. Apathetic minor depressive disorder (5 patients) is characterized by a predominance of the phenomena of negative affectivity. The apathetic psychological status was deprived of expressiveness and was associated with the impoverishment of facial expressions, the monotony of speech, slowness of movements, that in several cases reached the level of pronounced akinesia. The minor depressive disorder manifested with a sudden sense of detachment from all previous desires and involvement in life events, indifference to the whole environment, lack of interest in the results of one’s activity. Overall, stiffness in the muscles and impotence were clearly combined with a lack of motivation and desire.

DISCUSSION

Based on the duration criterion, we identified two types of minor depressive disorder: Short-term (not more than 1 month) and prolonged (1–2 months). A short-term (acute) minor depressive disorder was most often directly related to the sudden impact of an individually significant mental trauma. Prolonged minor depressive disorder more often occurred in connection with a long stressful situation, usually associated with prolonged quarantine. The spectrum of clinical manifestations in the latter case was much wider than with short-term minor depressive disorder.

CONCLUSIONS

The COVID-19 pandemic leads to an increase in the occurrence of the minor depressive disorder, usually prolonged, with a predominance of asthenic and obsessive-phobic symptoms. Therapy of minor depressive disorder requires the involvement of a wide range of specialists, preferably with the inclusion of community-based treatment.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

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