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# Propensity Score Matching Differences in Cognitive Functions of Atypical and Non-Atypical Depression

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#### Introduction

Atypical depression is a subtype of major depressive disorder (MDD) that is characterized by a specific set of symptoms. Here are some of the key features of atypical depression:

**Mood reactivity:** Unlike typical depression, individuals with atypical depression experience an improvement in mood in response to positive events or news.

Increased appetite and weight gain: Individuals with atypical depression may experience an increase in appetite and significant weight gain, often craving carbohydrates.

**Hypersomnia:** People with atypical depression may sleep more than usual, and find it difficult to get up in the morning.

**Sensitivity to rejection:** People with atypical depression may be extremely sensitive to criticism or rejection, and may experience intense feelings of sadness or despair in response to these situations.

**Heavy feeling in the arms and legs:** Individuals with atypical depression may experience a feeling of heaviness in their arms and legs, making it difficult to move.

Atypical depression can be treated with psychotherapy, medication, or a combination of both. Treatment may involve cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), or psychodynamic therapy. Antidepressant medications such as selective serotonin reuptake inhibitors (SSRIs) or monoamine oxidase inhibitors (MAOIs) may also be prescribed [1-5].

It's important to seek professional help if you are experiencing symptoms of atypical depression, as this can be a serious condition that can significantly impact your daily life and well-being. With the right treatment and support, individuals with atypical depression can achieve and maintain recovery.

## **Atypical Depression Types**

## Melancholic-type depression

This type of atypical depression is characterized by a loss of pleasure or interest in almost all activities, a depressed mood that is worse in the morning, early morning awakening, significant weight loss or loss of appetite, and excessive or inappropriate guilt (Figure 1).

## Non-melancholic-type depression

This type of atypical depression is characterized by mood reactivity, increased appetite or weight gain, hypersomnia, heavy feeling in the arms or legs, and sensitivity to rejection [6-8].

It's important to note that atypical depression is a subtype of major depressive disorder (MDD) and can occur alongside other types of depression. It's also possible to have more than one subtype of depression. If you are experiencing symptoms of depression, it's important to seek professional help to receive an accurate diagnosis and appropriate treatment.

## **Methods to Recover Atypical Depression**

Recovering from atypical depression usually involves a combination of therapy and medication. Here are some methods that may be helpful in the treatment of atypical depression:

## **Psychotherapy**

Psychotherapy, also known as talk therapy, is an effective treatment for atypical depression. Cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) are types of therapy that have been shown to be effective for treating atypical depression [9-11].

## Medication

Antidepressant medication, such as selective serotonin reuptake inhibitors (SSRIs) and monoamine oxidase inhibitors (MAOIs), may be prescribed to treat atypical depression. Your doctor or psychiatrist will work with you to find the medication that works best for you.

## Light therapy

Light therapy involves exposure to bright light, usually in the morning, to help regulate your body's natural sleep-wake cycle. This can be helpful for people with atypical depression who experience hypersomnia and difficulty waking up in the morning.



Figure 1: Pictorial representation of anxiety disorders.

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#### **Exercise**

Exercise has been shown to be an effective treatment for depression, including atypical depression. Regular exercise can improve your mood, increase your energy levels, and reduce symptoms of depression.

#### Self-care

Self-care is an important part of recovery from atypical depression. This can include getting enough sleep, eating a healthy diet, avoiding drugs and alcohol, and engaging in activities that you enjoy.

## **Treatment for Atypical Depression**

The treatment for atypical depression usually involves a combination of medication and psychotherapy. Here are some common treatments for atypical depression:

## Antidepressant medication

Antidepressant medication, such as selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, and monoamine oxidase inhibitors (MAOIs), can be effective in treating atypical depression. Your doctor or psychiatrist will work with you to find the medication that works best for you [12-14].

## **Psychotherapy**

Psychotherapy, also known as talk therapy, can help you learn coping strategies and ways to manage your symptoms. Cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) are types of therapy that have been shown to be effective for treating atypical depression.

## Light therapy

Light therapy involves exposure to bright light, usually in the morning, to help regulate your body's natural sleep-wake cycle. This can be helpful for people with atypical depression who experience hypersomnia and difficulty waking up in the morning.

## **Electroconvulsive therapy (ECT)**

ECT is a type of brain stimulation therapy that involves passing electrical currents through the brain to induce a seizure. It can be an effective treatment for severe cases of atypical depression that have not responded to other treatments.

#### Self-care

Self-care is an important part of recovery from atypical depression. This can include getting enough sleep, eating a healthy diet, avoiding drugs and alcohol, and engaging in activities that you enjoy.

It's important to work with a mental health professional to create an individualized treatment plan for atypical depression. With the right treatment and support, people with atypical depression can achieve and maintain recovery [15].

## Precaution to be taken in atypical depression

Here are some precautions that can be taken for atypical depression:

• Follow your treatment plan: It is important to stick to the treatment plan prescribed by your doctor or mental health professional, whether it is medication, therapy, or a combination of both. Be sure to take your medication as prescribed and attend your therapy appointments.

- Avoid drugs and alcohol: Drugs and alcohol can worsen symptoms of depression, including atypical depression. It is best to avoid them altogether or use them in moderation if you do choose to drink
- **Practice self-care:** Practicing good self-care can help manage symptoms of atypical depression. This includes getting enough sleep, eating a healthy diet, exercising regularly, and engaging in activities that you enjoy.
- Reach out for support: It's important to reach out for support from friends, family, or a support group if you're feeling overwhelmed or struggling with your symptoms.
- Watch for warning signs: Be aware of the warning signs of a relapse or worsening of symptoms, such as changes in appetite, sleep patterns, or mood. If you notice any warning signs, contact your mental health professional right away.

#### **Future Effects on Atypical Depression**

Atypical depression can have long-term effects on a person's mental health and well-being if left untreated or improperly managed. The symptoms of atypical depression can interfere with a person's ability to function in their daily life, including work, school, and relationships.

If left untreated, atypical depression can lead to chronic depression, anxiety, and other mental health issues. It can also increase the risk of developing physical health problems, such as heart disease, stroke, and diabetes. Additionally, atypical depression can increase the risk of substance abuse and addiction.

However, with proper treatment and management, people with atypical depression can achieve full recovery and lead fulfilling lives. It is important to seek help from a mental health professional if you are experiencing symptoms of atypical depression or any other mental health condition.

## Conclusion

In conclusion, atypical depression is a subtype of major depressive disorder that is characterized by symptoms that are different from those of typical depression. These symptoms include oversleeping, overeating, sensitivity to rejection, and a heavy feeling in the limbs. Atypical depression can have significant effects on a person's mental health, well-being, and ability to function in their daily life.

Fortunately, there are effective treatments for atypical depression, including medication, psychotherapy, and lifestyle changes. It's important to seek help from a mental health professional if you are experiencing symptoms of atypical depression or any other mental health condition. With proper treatment and management, people with atypical depression can achieve full recovery and lead fulfilling lives.

## References

- O'Brien CP, Greenstein R, Woody GE (1978) Update on naltrexone treatment. NIDA Res Monogr 19: 315-320.
- Gowing L, Ali R, White JM (2009) Buprenorphine for the management of opioid withdrawal. Cochrane Database Syst Rev 8:CD002025.
- Darke S, Ross J (1997) Polydrug dependence and psychiatric comorbidity among heroin injectors. Drug Alcohol Depend 48:135-141.
- Hamilton M (1960) A rating scale for depression. J Neurol, Neurosurg Psychiatry 23:56-62.
- 5. Tebes J, Irish T, Puglisi VMJ, Perkins DV (2004) Cognitive transformation as a

- marker of resilience. Substan Use Misuse 39: 769-788.
- Ntoumanis N, Healy LC, Sedikides C, Duda J, Stewart B, et al. (2014) When the Going Gets Tough: The "Why" of Goal Striving Matters. J Personality 82: 225-236
- 7. Elkington R, Breen JM (2015) How senior leaders develop resilience in adversity: A qualitative study. J Leadership, Accountability Ethics 12: 93-110.
- 8. Burns JM (2004) Transforming Leadership. Grove Press, USA.
- George B, Bennis W (2003) Authentic Leadership: Rediscovering the Secrets to Creating Lasting Value. John Wiley & Sons, USA.
- Bass BM, Riggio RE (2006) Transformational leadership. Psychology press, United Kingdom.
- 11. Mysels DJ, Cheng WY, Nunes EV, Sullivan MA (2010) The association between

- naltrexone treatment and symptoms of depression in opioid-dependent patients. Am J Drug Alcohol Abuse 37: 22-26.
- Spooner C, Kate Hetherington K (2004) Social determinants of drug use. National drug and alcohol research centre, University of New South Wales, Sydney, USA.
- Hollister LE, Johnson K, Boukhabza D, Gillespie HK (1981) Aversive effects of naltrexone in subjects not dependent on opiates. Drug Alcohol Depend 8: 37-41.
- Crowley TJ, Wagner JE, Zerbe G, Macdonald M (1985) Naltrexone-induced dysphoria in former opioid addicts. Am J Psychiatry142:1081-1084.
- Almatroudi A, Husbands SM, Bailey CP, Bailey SJ (2015) Combined administration of buprenorphine and naltrexone produces antidepressant-like effects in mice. J Psychopharmacol 29:812-821.