

Review Article

Depression

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This review article examines the current landscape of Major Depressive Disorder (MDD), a leading cause of disability worldwide. It synthesizes existing research regarding the biological underpinnings, including the monoamine hypothesis and neuroplasticity, while evaluating traditional and emerging treatment modalities. The article aims to provide a holistic overview of how integrated treatment plans—combining pharmacotherapy, psychotherapy, and lifestyle modifications—offer the highest efficacy in achieving long-term remission.

Keywords: Depression, Major Depressive Disorder.

INTRODUCTION

Major Depressive Disorder is more than a transient state of sadness; it is a debilitating clinical condition characterized by persistent low mood and a loss of interest in daily life. With a global prevalence exceeding 5% among adults, the economic and social burden of depression is staggering. This review explores the shift from purely chemical explanations of depression to more nuanced, biopsychosocial models that account for genetic predisposition and environmental stressors.

Literature Review

Current literature emphasizes three primary domains of depressive research:

- **The Monoamine Hypothesis:** Historically, depression was attributed to a deficiency in neurotransmitters like serotonin and norepinephrine.
- **Neurogenesis and Plasticity:** Recent studies suggest that chronic stress leads to atrophy in the **hippocampus**, and successful treatment often

involves stimulating "brain-derived neurotrophic factor" (BDNF).

- **The Gut-Brain Axis:** Emerging research highlights the role of the microbiome in regulating mood, suggesting that systemic inflammation may be a significant driver of depressive symptoms.

Methodology

This review was conducted by synthesizing peer-reviewed articles, clinical trial data, and meta-analyses published between 2018 and 2026. Data was sourced from databases including PubMed, PsycINFO, and the World Health Organization (WHO) mental health reports. Inclusion criteria focused on randomized controlled trials (RCTs) and systematic reviews regarding MDD treatment and etiology.

RESULTS

The synthesis of data revealed several key findings:

1. **Combination Therapy:** Patients receiving both **Cognitive Behavioral Therapy (CBT)** and

SSRIs showed a **30% higher** recovery rate than those on medication alone.

2. **Treatment Resistance:** Approximately **33%** of patients do not respond to first-line antidepressants, necessitating the use of NMDA receptor antagonists (like Ketamine) or neurostimulation (TMS).
3. **Digital Health:** The efficacy of tele-therapy and AI-driven mental health apps has increased significantly, showing comparable results to in-person care for mild-to-moderate depression.

DISCUSSION

The results underscore that depression is not a "one-size-fits-all" diagnosis. The high rate of treatment resistance suggests that the "chemical imbalance" theory is incomplete. We must move toward **precision psychiatry**, where genetic testing and biomarker identification help clinicians choose the right medication the first time. Furthermore, the success of lifestyle interventions—such as exercise and sleep hygiene—indicates that physical health is inseparable from mental health.

CONCLUSION

Depression remains a complex challenge, but the transition toward integrated, personalized care is promising. Future research should prioritize the reduction of inflammatory markers and the expansion of accessible, community-based mental health resources. Ultimately, early intervention and the removal of social stigma remain the most effective tools for reducing the global impact of MDD..

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