

The diversity of clinical features of depressive disorders and their diagnostic challenges

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Abstract. Depression disorder, a mental illness characterized by persistent low mood, has a variety of symptoms, including emotional, cognitive, physiological and behavioral manifestations. However, the non-specificity of these symptoms, the differences in subjective feelings of patients, the influence of sociocultural factors, and the concealment of patients all pose challenges for the accurate diagnosis of depressive disorders. This paper discusses the clinical characteristics of depressive disorder and the challenges faced in the diagnosis process, and puts forward coping strategies and suggestions, such as detailed medical history inquiry, comprehensive physical examination, the use of standardized rating scales, and the improvement of doctors' cognition and diagnostic ability, so as to improve the diagnostic accuracy of depressive disorder and provide patients with more accurate treatment plans.

Keywords: depression disorder; Clinical characteristics; diagnosis.

1. Introduction

Depression disorder is a psychological disorder with low mood as its main manifestation[1]. During an attack, patients may show symptoms such as unresponsiveness and impaired cognitive function. It can also be accompanied by physical symptoms such as sleep disturbances and changes in appetite, as well as behavioural problems such as suicidal thoughts or social withdrawal[2]. The World Health Organization estimates that 350 million people worldwide suffer from depression. The lifetime prevalence of depressive disorder in China is 6.8%[3]. According to the National Blue Book of Depression, the prevalence of depression among adolescents is 15% to 20%[4]. In the depression group, 50% of students are in school, and 41% of students have dropped out of school because of depression. This indicates that adolescents have a high incidence of depressive disorder, and depression has a significant impact on their studies and daily life. Another study showed that the prevalence of mental disorders in Chinese children and adolescents was 17.5%, of which major depressive disorder accounted for 2%[5].

The incidence of depressive disorder is related to many factors, including psychological factors, social environment and so on. In addition, research in recent years has found that public safety events such as the COVID-19 pandemic can also adversely affect people's mental health, thereby increasing the risk of depressive disorders[6]. Women and young people, in particular, may be more susceptible to these factors. At present, the diagnosis of depressive disorder mainly relies on detailed medical history, comprehensive physical examination, and standardized rating scales. In terms of treatment, in addition to psychotherapy, drug therapy is also commonly used. However, depressive disorder is not a single, stereotypical mental illness[7]. On the contrary, its clinical manifestations are remarkably diverse, ranging from low mood and loss of interest, to sleep disturbances, changes in appetite, to self-blame and feelings of worthlessness. This diversity is not only reflected in different patients, but also in the same patient at different stages of the disease course. It is precisely because of the diversity of clinical features of depressive disorders that many challenges remain in the diagnosis process. Although depression disorder is a common mental illness, there are still some prejudices and misunderstandings about it in society. This leads many patients to hide their symptoms or avoid seeking help, which further complicates diagnosis.

The main purpose of this paper is to explore the clinical characteristics and diversity of depressive disorders, analyze the challenges faced in the diagnosis process, and propose corresponding coping strategies. We hope that through this article, we can deepen readers' understanding of depression disorder, improve clinicians' diagnostic ability in the face of this complex disease, and provide patients with more accurate and personalized treatment plans.

2. Clinical characteristics of depressive disorder

2.1. Emotional symptoms

Persistent sadness: People with depressive disorders often fall into a deep, persistent sadness[8]. This grief goes far beyond the normal emotional fluctuations of everyday life and takes on a depth and permanence. Patients often feel depressed for a long time, and lose interest and pleasure in daily activities and entertainment. This state may stem from an imbalance in central neurotransmitters, especially a decrease in neurotransmitters such as serotonin and dopamine.

Anxiety: Patients may experience constant restlessness, nervousness, and fear, filled with unnecessary worries about the future. This state of anxiety may be related to the patient's excessive attention to their own condition and increased sensitivity to the external environment.

Emotional numbness: Some patients may experience emotional numbness or alienation, as if there is a barrier between themselves and the world around them. This state of emotional numbness reflects a diminished or absent emotional response in the patient and may be related to reduced activity in emotional processing areas of the brain.

2.2. Cognitive symptoms:

Poor concentration: People with depressive disorders often find it difficult to concentrate on tasks. Whether in work, study or daily life, their attention is easily distracted, and their thoughts often drift away involuntarily. This cognitive impairment may be related to dysfunction in the prefrontal cortex, resulting in a decreased ability to process information and distribute attention.

Memory loss: Depressed states may affect patients' memory, especially short-term memory. They may have difficulty remembering new information or recalling previous knowledge and experiences[9]. This memory impairment can lead to impaired function in memory-related brain areas such as the hippocampus, further exacerbating the patient's cognitive distress and feelings of helplessness.

2.3. Physical symptoms:

Insomnia: People with depressive disorders often face sleep problems, including difficulty falling asleep, poor sleep quality, or waking up early. These sleep disorders may be related to patients' circadian rhythm disturbances and neurotransmitter imbalances. Long-term sleep problems not only affect the patient's physical recovery and energy state, but also may worsen depressive symptoms.

Altered appetite: Depressive disorder may cause significant changes in the patient's appetite. Some patients may experience a loss of appetite, leading to weight loss; Others may overeat, leading to weight gain. These appetite changes may be related to the endocrine system disorder and emotional state of the patient, and have adverse effects on the physical health of the patient[10].

Decreased libido: People with depressive disorders may have reduced or lost interest in sex. This loss of libido may be related to the patient's low emotional state and decreased physiological function, causing distress to the patient's sexual life and intimate relationships.

2.4. Behavioral symptoms:

Suicidal thoughts or behaviors: In the severe stages of depressive disorder, the person may have suicidal thoughts or attempt to commit suicide. This is one of the most serious and dangerous

symptoms of depressive disorder and requires immediate medical intervention. Suicidal behavior may be related to the patient's sense of hopelessness about the future and the denial of their own worth.

Social withdrawal: People with depressive disorder may gradually withdraw from social activities and avoid interacting with others. They may feel that socializing is a burden, or worry that their condition will make others feel uncomfortable or excluded. This social withdrawal behavior may be related to the patient's decreased self-esteem and increased sensitivity to social environments[11].

3. Challenges in diagnosing depressive disorders

3.1. Non-specificity of symptoms

The clinical manifestations of depressive disorders, such as fatigue, insomnia, and loss of appetite, are not specific symptoms and can be caused by a variety of other conditions, including but not limited to hypothyroidism, various chronic diseases, and side effects of certain medications. For example, hypothyroidism may lead to a slow metabolism, which can lead to fatigue and low mood; The side effects of some medications can also cause insomnia and loss of appetite. This non-specificity makes it difficult for doctors to make a differential diagnosis, which must be combined with a detailed history, physical examination, and laboratory tests to rule out other possible causes. In addition, depressive disorders may also be accompanied by somatization symptoms, such as headache, stomach pain, etc[12]. These symptoms are easily mistaken by patients for purely physical illnesses, leading them to seek non-psychiatric medical help, thereby delaying the diagnosis and treatment of depressive disorders.

3.2. Subjective perception difference

The core symptoms of depressive disorder, such as low mood, loss of interest and decreased energy, are largely based on the subjective feelings of the patient. However, the perception and description of these symptoms can vary significantly between patients. Some patients are able to articulate their inner experiences, while others may be unable to accurately describe their feelings due to impaired cognitive function or emotional numbness. This difference in subjective feeling puts forward higher requirements for doctors' diagnostic ability[13]. Doctors need to accurately capture the true feelings of patients through careful observation and inquiry, as well as the use of professional psychological assessment tools, and make a correct diagnosis based on it. At the same time, the doctor also needs to be aware of possible self-deprecation or exaggeration of symptoms in the patient to ensure the objectivity of the diagnosis.

3.3. Influence of social and cultural factors

Sociocultural factors play an important role in the diagnosis of depressive disorder. Depression may be understood and expressed differently in different cultures. For example, in some cultures, depression may be seen as a sign of weakness or incompetence, leading to an unwillingness to admit it or seek help. In addition, there are differences in the perception and acceptance of mental health issues across cultures, which can influence patients' reporting of symptoms and doctors' diagnostic decisions. In the diagnosis process, doctors need to fully understand the cultural background and belief habits of patients to avoid misdiagnosis or missed diagnosis caused by cultural differences. For example, for patients from certain cultural backgrounds, doctors may need to use more indirect or tactful questioning in order to obtain more realistic information about symptoms.

3.4. Concealment of patients

Due to social misconceptions and prejudices about mental illness, many people with depressive disorders may choose to hide or deny their symptoms to avoid being discriminated against or ostracized. This concealment not only increases the difficulty of obtaining accurate medical history, but also may lead to delayed diagnosis or misdiagnosis. In addition, some patients may be resistant

to psychotherapy or medication, which also increases the difficulty of diagnosis and treatment. Doctors need to build a trusting relationship with patients and encourage them to be open about their symptoms and feelings. This can be done by patiently listening, expressing understanding and support, and providing professional medical advice. At the same time, doctors can also use psychological assessment tools to assist diagnosis to improve the accuracy of diagnosis.

4. Coping strategies and suggestions

4.1. A detailed history and a thorough physical examination

Detailed medical history: The doctor should conduct a comprehensive and detailed medical history inquiry when receiving treatment. This includes, but is not limited to, the time of onset of symptoms, the course of their development, the volatility and persistence of symptoms, and any accompanying psychological or physical symptoms. At the same time, in-depth knowledge of the patient's family history, personal history and past medical history can help doctors identify potential risk factors for depression or genetic factors.

Thorough physical examination: A thorough physical examination is an important part of diagnosing depressive disorder. Through careful physical examination, doctors can rule out physical conditions that may trigger depression-like symptoms, such as hypothyroidism, anemia, or other chronic conditions. In addition, the evaluation of the patient's nervous system and endocrine system is also a key step to ensure the accuracy of the diagnosis.

Use of quantitative assessment tools: With the help of standardized depression rating scales, physicians can more objectively assess the severity of depression in patients. For example, Hamilton Depression Scale (HAMD) and Baker Depression Scale (BDI), etc. These tools can reflect patients' depression symptoms in multiple dimensions, so as to provide doctors with more accurate treatment basis. Quantitative assessment not only helps in the initial diagnosis, but also can be used to monitor changes in the course of treatment, evaluate the efficacy, and provide a basis for adjustment of the treatment plan.

4.2. Improvement of doctors' professionalism

Ongoing professional education and training: Given the complexity and diversity of depressive disorders, physicians should continue to participate in relevant professional education and training activities. By learning deeply about the latest research findings, diagnostic criteria, and treatment strategies, physicians are able to keep their expertise up to date, thereby improving their awareness and ability to diagnose depressive disorders.

Open and multi-dimensional diagnostic thinking: In the diagnosis process, doctors should avoid relying on a single symptom or sign to make a judgment. Instead, they should adopt an open and multi-dimensional diagnostic thinking, taking into account the patient's medical history, physical examination results, psychological evaluation and other aspects of information to ensure the accuracy and comprehensiveness of the diagnosis.

4.3. Construction of patient education and social support network

Mental health education and popularization: Educate the public about depressive disorders through community lectures, online resources, brochures and other forms. This will not only help to improve social awareness and understanding of depressive disorders, but also reduce discrimination and prejudice against patients, thereby creating a more friendly and supportive social environment for them.

Psychological support and social encouragement: Doctors should provide necessary psychological support to patients and their families, including explaining the condition, guiding treatment and providing coping strategies. In addition, encouraging patients to actively participate in social

activities and maintain contact with family and friends is also an effective way to reduce their feelings of loneliness and helplessness. By building a strong social support network, patients are able to access more emotional support and substantive help to better cope with the challenges posed by depressive disorders.

5. Conclusion

Depressive disorder is not a single mental state, but a complex disease involving emotional, cognitive, physiological and behavioral aspects. Its clinical manifestations are remarkably diverse, ranging from persistent feelings of sadness and anxiety, to declines in cognitive function, to physical symptoms such as sleep disturbances, altered appetite, and even possible behavioral problems such as suicidal thoughts or social withdrawal. This diversity is not only reflected in differences between individuals, but may also present different combinations of symptoms at different stages of the same patient. The non-specificity of symptoms makes depressive disorder easily confused with other diseases, and the difference of subjective feelings, the influence of sociocultural factors and the concealment of patients increase the difficulty of diagnosis. These challenges require doctors to have a high degree of professionalism and keen observation in the diagnosis process. When diagnosing depressive disorder, doctors need to consider a combination of factors. In addition to a detailed medical history and a comprehensive physical examination, a standardized rating scale is also required for quantitative assessment. At the same time, the physician's expertise and clinical experience are also critical to help the physician capture the core features of the depressive disorder in its complex symptom presentation. Given the complexity and challenging diagnosis of depressive disorders, we call for increased research and education in related areas. In the future, we expect to see more in-depth research on depressive disorders, especially the exploration of its pathogenesis and novel treatment methods. Technological innovations such as brain imaging techniques and genetic testing may lead to new breakthroughs in the diagnosis and treatment of depressive disorders. As medicine advances, the requirements for doctors' expertise and skills will continue to increase. The training and education of doctors should be increased to ensure that they are up-to-date with the latest diagnosis and treatment methods. With the increasing social attention to mental health problems, it is hoped that the public's awareness and acceptance of mental health problems such as depression disorders will gradually improve, so as to reduce discrimination and prejudice against patients. It is very important to establish a sound social support and rehabilitation system for the rehabilitation of patients with depressive disorder. It is hoped that there will be more community resources, rehabilitation centers and mutual aid groups to provide all-round support and help for patients in the future. By further studying the pathogenesis, clinical manifestations and diagnosis of depressive disorders, we can more accurately identify and treat the disorder. At the same time, improving the awareness and understanding of doctors and the public about depressive disorders through education and training can help reduce misdiagnosis and missed diagnosis, and improve the treatment effect and quality of life of patients.

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