

## Case report on Mixed Anxiety-Depression Disorder

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### ABSTRACT:

Anxiety and Depression are two different mood disorders that frequently coexist. Mixed anxiety-depression disorder is a psychiatric disorder. Mixed anxiety-depression disorder is a diagnosis category that describes patients with restricted and equal anxiety and depression symptoms, as well as some autonomic signs .panic episodes and intestinal distress are examples of autonomic characteristics, which are involuntary physical symptoms generated by an overactive nervous system. Patient history:A 40-year-old male was admitted to a rural hospital in the psychiatric ward with chief complete Sleep disturbances, headaches, Fatigue, loss of appetite, interest, anxiety, restlessness, and aggressive behavior; the patient illness duration is three months onset. Clinical findings:The patient was to various tests, including a physical examination, a mental status examination, a blood test, and a urine test. Medical Management:hospitalized patient and give proper treatment give antidepressants medicine, give cognitive behavioral therapy nutritional pattern maintain. Iv fluid was kept and monitored. Input and output chart maintain. Nursing management: Administered fluid replacement, input and output chart maintenance, vital signs checked and recorded, nutritional pattern maintained, etc. In conclusion, the most disabling aspect of anxiety or depression should be treated first, followed by antidepressants and cognitive behavioral therapy (CBT), which are helpful for anxiety and depression. CBT, or cognitive behavioral therapy, is a type of therapy that teaches people how to manage their depression and anxiety.

**Keywords:** Mixed anxiety and depressive disorder is described in the ICD-10.

### Introduction:

Anxiety and depression are two types of mood disorders that frequently coexist. Mixed anxiety-depression disorder is a psychiatric disorder.<sup>1</sup>Mixed anxiety depression disorder is a diagnosis category that describes patients with restricted and equal anxiety and depression symptoms, as well as some autonomic signs .<sup>2</sup>panic episodes and intestinal distress are examples of autonomic characteristics, which are involuntary physical symptoms generated by overactive nervous systems. Anxiety and depression at the same time. It is believed that 45 percent of those with one mental disease also meet the criteria for two or more others<sup>3</sup>. According to one study, half of the persons who suffer from anxiety or depression also suffer from the other.<sup>4</sup>Anxiety disorders are the most common mental disorders in the united states.<sup>6</sup>depression is a mental condition in which a person feels discouraged, dissatisfied, hopeless, unmotivated, or uninterested in life for more than two weeks, and the feelings interfere with it. Daily activities.<sup>7</sup>The prevalence of depression was 15.1 percent in the population. The based study was conducted in India to report on depression and anxiety. An estimated 57 million people in India suffer from depression and anxiety. In terms of its prevalence and the pain, dysfunction, morbidity, and economic cost it causes, depression and anxiety are serious public health concerns. Depression and anxiety are more common in females than males.<sup>8</sup>

### Patient information:

A 40-year-old male was admitted to a rural hospital in a psychiatric ward with chief complete Sleep disturbances, headaches, Fatigue, loss of appetite, interest, anxiety, restlessness, and aggressive behavior; the patient illness duration is three months onset. This patient has no past and presents Medical history. And no past surgical history .patient, no any past psychiatric history.

**Primary concerns and symptoms of the patient:**

A 40 yrs. The old male was visited in a rural hospital psychiatric OPD with the chief complaint of Sleep disturbances, headaches, Fatigue, loss of appetite, interest, anxiety, restlessness, and aggressive behavior; the patient illness duration is three months onset.

**Family and psychosocial history:**

There was no previous mental or medical history in the present instance. He belongs to a nuclear family in his family history. He is mentally stable, aware, and oriented. He could retain positive relationships with family and friends, doctors, nurses, and other patients.

**Clinical findings:** He was conscious and attuned to date, time, and place in the Present case, even though he was ill. His body was good, and he maintained her hygiene. His blood pressure was normal. 120/90mm/hg, plus rate is normal. And chief complaints of Sleep disturbances, headaches, Fatigue, loss of appetite, loss of interest, anxiety, restlessness, and aggressive behavior; the patient illness duration is three months onset.

**Diagnostic assessment:** History collection, Family history Patients family history no any medical and surgical history of patient family Personal history Patient no any past medical history and no any surgery history .patient no any past psychiatric history, Physically examination Mental status examination made no any remarkable findings Patient history Illness: Past history and present history patients suffering for mixed anxiety-depression disorder

**Mental status examination:**

General appearance and Personal behavior hygiene –Maintained ; State of consciousness – consciousness Mood: inappropriate affect: pleasurable affect – not present, Unpleasant affect – Depression, Other affect anxiety, fear, Attitude -co-operative, Eye to eye contact – not maintained

Orientation: Patient-oriented to place, time, and person. Intelligence: concrete intelligence is an act, but abstract intelligence may be confusing. Judgment: the patient's assessment and social are present.

**Diagnosis:** After a physical examination and mental status examination; diagnostic procedure doctor diagnoses a case of mixed anxiety-depression disorder.

**Primary Management:**

Patient was admitted to psychiatric ward of the rural hospital. History collection is done, Physical examination is done, and Mental status examination is done. Secondary Management: investigation is done Pharmacological treatment: Tab mirtazapine -7.5 mg, Cap fluoxetine -20 mg . Tab clonazepam – 0.5 mg, Tab Rabemac -20 mg, Providing antidepressant drugs The most disabling aspect of anxiety or depression should be treated first by antidepressant medications. Provided the CBT, Cognitive behavioral therapy and occupational therapy, etc. CBT (cognitive behavioral therapy) is a type of therapy that teaches people how to manage their anxiety and depression.

**Nursing perspectives:** IV fluid was administered to maintain the fluid and electrolyte balance. Input and output charts were monitored, and vital signs were monitored.

**Discussion:**

A 40 yrs. An old male was visited in a rural hospital psychiatric OPD on a date with a chief complaint of Sleep disturbances, headaches, Fatigue, loss of appetite, loss of interest, anxiety, restlessness, and aggressive behavior; the patient illness duration is three months onset. After the physical examination, mental status examination, and other test findings, the diagnosis is mixed anxiety-depression disorder.<sup>9-13</sup>

Mixed anxiety depressive illness is associated with significant impairment and a lower health-related quality of life, but it is rarely fatal. The goal of treatment should be to get you back to your everyday routine, living skills, and social functioning, as well as prevent aggravation of a potentially more serious condition. Mixed Anxiety Depressive Disorder (MADD) is a mental health illness in which a person has both depressive and anxiety symptoms simultaneously.<sup>14-18</sup>

According to one study, half of the persons who suffer from anxiety or depression also suffer from the other. Antidepressants or cognitive therapy (CBT), which are efficient for both anxiety and depression, should be used initially, followed by antidepressants and cognitive behavioral therapy (CBT). It is a type of therapy that teaches people how to manage their depression and anxiety.<sup>19</sup>

**Conclusion:**

A 40-year-old male was admitted to a rural hospital on a date in the psychiatric ward with chief complete Sleep disturbances, headaches, Fatigue, loss of appetite, interest, anxiety, restlessness, and aggressive behavior; the patient illness duration is three months onset. After the physical examination, mental status examination, and other test findings, the diagnosis is mixed anxiety-depression disorder. Due to the antidepressant medicine and cognitive behavioral therapy, depression is a psychiatric illness in which a person feels discouraged, unpleasant, hopeless, unmotivated, or uninterested in life for more than two weeks. These feelings interfere with daily activities. Given

antidepressants drug, patients' moods are stable and given cognitive behavioral therapy; patients fastly recover the depression and anxiety

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