CME

"Smiling depression" (an emerging threat): Let's Talk

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Abstract | Introduction | Methodology | Results | Conclusion | References | Citation | Tables / Figures

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Citation

Bhattacharya S, Hoedebeck K, Sharma N, Gokdemir O, Singh A. "Smiling depression" (an emerging threat): Let's Talk.Indian J Comm Health. 2019;31(4):433-436.

Source of Funding: Nil **Conflict of Interest:** None declared

Article Cycle

Received: 13/11/2019; **Revision:** 15/12/2019; **Accepted:** 25/12/2019; **Published:** 31/12/2019

Abstract

In today's world of chaos and stressful life dealing with the situations alone with no family, friends or financial support makes people vulnerable to developing depression. It is a worldwide major public health problem and "Smiling depression" a.k.a. atypical form of depression is on the rising trend. People wear masks to prevent the inner turmoil and the need to overcome it. Mostly, this affects the middle-aged cohort - the working force for any nation. It significantly leads to morbidity, disability, mortality and ultimately, socio-economic loss. Addressing this type of depression at an early stage will not only help in reducing self-harm and suicides but will also improve the quality of life of those affected. Both pharmacological and non-pharmacological treatment can be provided in different settings by people in either health or non-health professionals. Health system strengthening through proper counselling and psychotherapy, appropriate referral mechanisms, and continuity of care is the point of need to tackle this escalating concealed problem.

Keywords

Depression; mental health; pain

Introduction

Depression is a common, yet often neglected public health problem and mood disorder that negatively affects more than 300 million people globally. Individuals suffering from depression often experience constant sorrow, hopelessness, and anhedonia, or unable to enjoy normally pleasurable experiences. Besides the emotional components, depressive disorders possess somatic components that often impede an accurate diagnosis. These symptoms range from chronic pain, digestive issues, respiratory problems, and cardiac problems. For this reason, we have to consider it carefully within a list of differential diagnoses. (1,2,3)

As per Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V) criteria the person must have 5 or more symptoms (major) (Table-1) during the same 2-week period. In addition to this, he/she must present as depressed mood, loss of interest, or pleasure. (4)

Recently, psychiatrists report a new type of patient suffering from depression but without the classical clinical features. Researchers have coined the name "smiling depression" or "masked depression," where an individual may live with unrecognized or undiagnosed depression due to the facade of appearing perfectly happy or content. (5,6,7)

Smiling depression, or masked depression, is not officially recognized in the DSM-5, but is often diagnosed as major depressive disorder with atypical/uncommon features in clinical settings. (7)

Diagnosis

Smiling depression presents with atypical features compared to those of classic depression - complicating the process of diagnostic process and hindering the initiation of treatment. (8)

Still other difficulties with diagnosing smiling depression are that many may not even realize that they are depressed or they don't seek help. (9)

Those suffering from smiling depression stun others when they commit suicide. This is due to the masks — or smiles — they wore in their face. One of the most famous recent examples is that of actor and comedian Robin Williams unexpected suicide. (5,10,11)

Thus, people living with smiling depression may appear perfect from the outside; k however, the experience the distressful symptoms of depression internally, complicating the evaluation and treatment. Generally, an individual with smiling depression may display the following features externally (12,13):

- An active, high-functioning individual
- Someone holding a good position professionally, with a good work life balance
- A person appearing to be cheerful, optimistic, and generally happy

However, the following clinical features can provide better insights about individuals with smiling depression (14):

- An in-depth understanding of the developmental history to exclude neurodevelopmental disorders which may have lasting impacts on psychiatric well-being
- Attitude of the patient, for example, stigma, or avoidance of discussions related to depression or mental health, which may lead to under-reporting
- Psychologic features, personality profile, and family history related to neuropsychiatric problems
- Physical examination to evaluate other co-morbidities potentially associated with the appearance of happiness despite ongoing health problems
- Sources and reasons of referral, which may provide insights on chronic and undiagnosed neuropsychiatric conditions
- Age distribution (22–78 yrs old at onset of illness) and sexual orientation (female: male ratio of 2.5:1) (15)

Suicidal thoughts are common among those suffering from major depression, but many do not have enough motivation or energy needed to act on these thoughts. In the case of smiling depression, the person has the energy and motivation to act upon suicidal thoughts. Due to this, the risk of suicide may actually be higher and more difficult to prevent among individuals with smiling or masked depression. (8)

Common risk factors

Life changing events - As with other types of depression, smiling depression can be triggered by a situation such as a break up, loss of a job, or death of a loved one.

Variability of individual judgment - Culturally, people deal with and experience depression differently including suffering more somatic (physical) symptoms than emotional ones. Researchers believe these differences may have to do with internally versus externally oriented thinking, if one's thinking is externally oriented; he/she may not focus on the inner emotional state, but instead may experience more physical symptoms. As an example, a person may suffer from abdominal pain (i.e. irritable bowel syndrome) associated with depression and tends to focus on pain itself while ignoring the emotional components. In some cultures, the stigma of depression has a varying impact. For example, expressing emotions may be seen as "attention seeking" or showing weakness. This can be especially true for men under scrutiny for their masculinity who may have been subjected to machismo viewpoints in that "real men" don't cry. As a result, men are less likely than women to seek mental health services. (16) Those who feel they would be judged for expressing depressive

symptoms would be more likely to put on a facade and keep it within themselves.

Social media - Users of social media (SM) who share online content with others often observe others' behaviour and compare that to their own. Some users present an identity that deviates from their true self by sharing only a happy aspect of life, resulting in a dichotomy between inner anguish and outer cheerfulness. This is when cases of smiling depression may emerge. A study reported that a significant relationship between a happy self-representation or exciting content exists with those feeling depressive symptoms.(17,18)

According to Rogers's theory of self and personality- "we want to feel, experience and behave in ways which are consistent with our self-image and which reflect what we would like to be like, our ideal self. The closer our self-image and ideal-self are to each other, the more consistent or congruent we are and higher our sense of self-worth." A mismatch between the real self and the ideal self is common among the persons trying to escape their current existence by creating a fictitious sense of a pleasant personal or family life.(19) For example, the SM self appears to be more socially acceptable or attractive with families and individuals. We never post our failures on Facebook so as to maintain our social status.

Many people may not be willing or able to post pictures when they are at their worst, instead opting to share only their good moments with the world. This can create a void of realness that gives smiling depression more room to grow.

Expectations - Unrealistic expectations of ourselves to be better or stronger is common among us as well as we are also affected by outside expectations — even co-workers, parents, siblings, children, or friends can develop smiling depression.

Due to the pressure of unrealistic expectations, we may be more likely to want to hide our feelings if they do not seem to serve those expectations. A perfectionist might be even more at risk; due to the impossibly high standards they hold himself or herself.

Implications of smiling depression in Public Health

Depression, whether it is major or minor, leads to acute and chronic mental health challenges and poor quality of living. For these reasons, it is essential to understand how smiling depression can affect individuals, families, communities, institutions, and the health systems at a large.

At the individual level, smiling depression affects the mental wellbeing of the individuals - resulting in reduced productivity and poor quality of living. Moreover, chronic smiling depression may lead to unhealthy behavior like substance abuse or unsafe sexual practices, which may have adverse health consequences. In addition, smiling depression often goes under-reported due to its nature and remains beyond the scope of psychiatric diagnosis and management. Therefore, by the time someone is diagnosed with smiling depression, other physical and mental comorbidities may exist affecting the overall health status of the affected individuals.

At the family and household level, the interpersonal relationships may be affected due to mismatched external and internal conditions. The affected individuals may suffer from relationship crises and inadequate emotional bonding with the closed ones. These challenges may affect the wellbeing of families and households in a silent way.

At the community level, the healthcare workers may not have the skills and expertise to diagnose smiling depression. In addition, stigma related to mental illness is a major problem particularly in low and middle income countries. Therefore, the hidden burden of smiling depression can be poorly assessed and alleviated at the community level.

In the institutional settings, healthcare providers may miss smiling depression due to its varying presentation. However, treating any health conditions offer an opportunity to discuss if the patient(s) experienced any depressive conditions in the past and assess if s/he needs any further evaluation or treatment. Depression is common among global populations; therefore, institutional approaches to depression can be helpful if they become proactive in addressing smiling depression as well.

At the systems level, smiling depression may hinder the overall wellbeing and economic growth of a nation. The more challenging aspect is a lack of empirical and representative data on smiling depression, which can help in understanding the severity at the population level. In resource-constrained contexts, smiling depression may be poorly acknowledged at the systems and policy level as critical infectious and chronic diseases are often prioritized leaving underreported problems like smiling depression behind in the policy discourses.

Conclusion and Recommendations

It is essential to acknowledge the hidden burden of smiling depression at the individual and population levels. In addition, healthcare providers, social workers, researchers, policymakers, and other key stakeholders should consider the severity of smiling depression and how it may affect the overall wellbeing at the micro and macro levels. While it is critical to strengthen the capacities of the healthcare providers and institutions to diagnosis and treat smiling depression, preventive measures should be taken to reduce stigma on mental illness and enable individuals and their caregivers to share problems no matter how minor it may appear initially. To create a truly healthy and happy society, the sufferings underlying smiling faces should be addressed with scientific and holistic approaches.

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Tables

TABLE 1 DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS-V (DSM-V)

1.	Depressed mood most of the day, nearly every day.
2.	Markedly diminished interest or pleasure in all, or almost all, activity most of the day, nearly every day.
3.	Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4.	A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down)
5.	Fatigue or loss of energy nearly every day.
6.	Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
7.	Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8.	Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.