

Comorbilidad entre depresión y conductas impulsivas: Un caso de urgencia negativa [

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text (article)

Analítica

Depression is one of the most frequent pathologies being consulted. Includes a wide range of symptoms such as sadness, anhedonia, loss or gain of weight, insomnia or hypersomnia, feelings of excessive guilt or loss of energy. Many patients suffer at once both depression or symptoms of discomfort and uncontrolled impulses. There is data that shows a high prevalence between the two pathologies. For example, of up to 76% between depression and pathological gambling or 50% between depression and addiction to substances. Even so, there are not enough studies attempting to explain this association and comorbidity. The high prevalence of comorbidity is due both, to common risk factors (biological bases and neuroanatomical correlates) and to a causal relationship between both mental pathologies. In general depression (or subjective discomfort) precedes impulsive behaviors. Cyders and Smith's Negative Urgency model provides a framework to some of the issues raised. The authors describe the negative urgency as a factor that predisposes the person to act impulsively when facing an emotion that causes discomfort. The case is presented on a 32-year old patientwith depressive disorder and impulse control disorders. It allows us to exemplify the comorbidity between these two pathologies and to propose the negative urgency as a predisposing factor for the patient to develop them Depression is one of the most frequent pathologies being consulted. Includes a wide range of symptoms such as sadness, anhedonia, loss or gain of weight, insomnia or hypersomnia, feelings of excessive guilt or loss of energy. Many patients suffer at once both depression or symptoms of discomfort and uncontrolled impulses. There is data that shows a high prevalence between the two pathologies. For example, of up to 76% between depression and pathological gambling or 50% between depression and addiction to substances. Even so, there are not enough studies attempting to explain this association and comorbidity. The high prevalence of comorbidity is due both, to common risk factors (biological bases and neuroanatomical correlates) and to a causal relationship between both mental pathologies. In general depression (or subjective discomfort) precedes impulsive behaviors. Cyders and Smith's Negative Urgency model provides a framework to some of the issues raised. The authors describe the negative urgency as a factor that predisposes the person to act impulsively when facing an emotion that causes discomfort. The case is presented on a 32-year old patientwith depressive disorder and impulse control disorders. It allows us to exemplify the comorbidity between these two pathologies and to propose the negative urgency as a predisposing factor for the patient to develop them

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