

Mixed anxious-depressive disorder: a review from theory and reflective approaches

Trastorno mixto ansioso depresivo: una revisión desde la teoría y aproximaciones reflexivas

Disturbo misto ansioso-depressivo: una revisione dalla teoria e approcci riflessivi

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Abstract

This article aims to describe the mixed anxious-depressive disorder, developed through a disciplinary-based theoretical review through reflective approaches that gave rise to new interpretations of said disorder. Methodologically, the study was approached through the interpretive paradigm, with a qualitative, descriptive methodological approach, using hermeneutics as a technique through the interpretation and dialectical study of both classical and current disciplinary texts. The findings show that mixed anxious-depressive disorder is characterized by the persistence of dysphoric mood states that generate depression, anxiety, irritability or restlessness, affecting people emotionally. It is concluded that its main causes are due to neuroendocrine and hyperactivity of the noradrenergic system, although each disorder has its own characteristics, and this makes treatment difficult and is based on its symptoms and level of complexity.

Keywords: mixed anxious-depressive disorder, anxiety, depression, theoretical review, reflective approaches.

Resumen

Este artículo tiene por objetivo describir el trastorno mixto ansioso depresivo, desarrollado a través de una revisión teórica fundamentada disciplinar mediante aproximaciones reflexivas que dieron origen a nuevas interpretaciones de dicho trastorno. Metodológicamente, el estudio se abordó mediante el paradigma interpretativo, con enfoque metodológico cualitativo, de tipo descriptivo, usándose como técnica la hermenéutica mediante la interpretación y estudio dialéctico de textos disciplinares tanto clásicos como actuales. Los hallazgos evidencian que el trastorno mixto ansioso depresivo se caracteriza por la persistencia de estados de ánimos disfóricos que generan depresión, ansiedad, irritabilidad o inquietud, afectando de



manera emocional a las personas. Se concluye que sus principales causas son por la neuroendocrinas e hiperactividad del sistema noradrenérgico, aunque cada trastorno posee características propias y esto dificulta el tratamiento, y se basa en cuanto a su sintomatología y nivel de complejidad.

Palabras clave: trastorno mixto ansioso depresivo, ansiedad, depresión, revisión teórica, aproximaciones reflexivas.

Riassunto

Este artigo tem como objetivo descrever o transtorno misto ansioso-depressivo, desenvolvido por meio de uma revisão teórica de base disciplinar por meio de abordagens reflexivas que deram origem a novas interpretações do referido transtorno. Metodologicamente, o estudo foi abordado através do paradigma interpretativo, com abordagem metodológica qualitativa, descritiva, utilizando a hermenêutica como técnica através da interpretação e estudo dialético de textos disciplinares clássicos e atuais. Os achados mostram que o transtorno misto ansioso-depressivo é caracterizado pela persistência de estados de humor disfóricos que geram depressão, ansiedade, irritabilidade ou inquietação, afetando emocionalmente as pessoas. Conclui-se que suas principais causas se devem à hiperatividade neuroendócrina e ao sistema noradrenérgico, embora cada distúrbio tenha características próprias e isso dificulta o tratamento, e é baseado em seus sintomas e nível de complexidade.

Parole chiave: disturbo misto ansioso-depressivo, ansia, depressione, revisione teorica, approcci riflessivi.

Introduction

Mixed anxious-depressive disorder challenges understanding and treatment that originates from a complex interaction of various factors. Firstly, genetic studies have revealed the influence of heredity on the predisposition to this disorder, with multiple genes involved, although no specific one has been conclusively identified.

In addition, environmental factors play a crucial role: stressful or traumatic events in an individual's life can act as triggers, exacerbating anxious and depressive symptoms. From a neurobiological perspective, for Saiz and Dura (2013), it is associated with alterations in the function of various neurotransmitters, including serotonin, norepinephrine and GABA (inhibitory neurotransmitter of the central nervous system "CNS"), contributing to clinical complexity. of this condition and variety of symptomatic manifestations it presents.

Throughout the evolution of mixed anxiety-depressive disorder, significant progress has been observed in the medical and scientific community. Initially, it was a challenging condition to diagnose and manage due to the overlap of anxious and depressive symptoms. However, over time, a clearer understanding has been achieved thanks to advances in neurobiological and psychological research. Greater clarity has been identified in the underlying neurobiological mechanisms, such as imbalances in the function of neurotransmitters such as serotonin and norepinephrine, as well as structural changes in brain regions associated with emotional regulation.

Likewise, the attribution of genetics and environment in the cause, etiology and prognosis of this disorder has been demonstrated. According to Pérez-San-Gregorio et al. (2013), progress in understanding mixed anxiety-depressive disorder has also highlighted the importance of considering the heterogeneity of its clinical presentation and variability in individual response to treatment; this holistic perspective has driven the development of integrated and multidisciplinary therapeutic approaches, which combine pharmacological interventions with psychotherapy and complementary therapies.

Mixed anxiety-depressive disorder (TMAD) represents the symptomatic interaction that challenges the classical categorization of psychiatric disorders. According to Kessler et al. (2012), presents symptoms of anxiety and depression that do not meet the criteria to be diagnosed as a major depressive episode or a specific anxiety disorder. This amalgamation of symptoms, ranging from restlessness and muscle tension to feelings of sadness and low self-esteem, presents a complex clinical picture for those professionals who struggle with these issues on a daily basis. This disorder is cumbersome since it lies in its heterogeneous presentation and variability of symptoms among affected individuals, it carries an increased risk of comorbidities with other mental disorders, which adds an additional layer of complexity in its diagnosis and treatment.

The complexity of mental disorders, their repercussions for the physical, mental and emotional well-being of human beings, is essential to adequately address conditions that present a combination of anxious and depressive symptoms. Among these conditions, mixed anxiety-depressive disorder (TMAD) stands out, posing significant challenges both in its diagnosis and in its treatment. According to Lauro (2019), it is distinguished by the coexistence of various anxious and apathetic

symptoms that, although prominent, do not meet all the necessary criteria to be classified as specific anxiety or depressive disorders. This complex interaction of symptoms can create confusion and difficulties for mental health professionals, leading to underdiagnosis, misdiagnosis, or inadequate treatment.

Thus, in periods of confinement and social isolation, renewed interest has emerged in understanding the reciprocal impact between mental health and environmental stressors, particularly adults and young people. According to Losada et al. (2020), is a condition that may be relevant for adults and young people during situations of stress and social isolation, given the crucial phase of development they are experiencing; can manifest in different ways, facing unique challenges in terms of transition to life, establishing identity, and academic and work pressures, which can influence the presentation and management of this disorder, older adults may face additional concerns related to aging , physical health and the ability to adjust to lifestyle modifications.

The intersection between anxiety and depression in mental health is a complex phenomenon that challenges traditional understandings of them as separate entities. According to Rodríguez-López et al. (2016), is characterized by the coexistence of anxiety and depression symptoms in an individual. This is how individuals experience a wide range of anxious manifestations, which can include excessive worry, restlessness, irritability, and difficulties concentrating, among others. In the complex landscape of contemporary mental health, anxiety and depression disorders emerge as omnipresent problems of considerable relevance. The burden they represent for those who suffer from them is undeniable, with repercussions that transcend the individual to influence general morbidity and mortality (Herrero-Calvo et al. 2023).

They are the mental disorders with the highest incidence today, representing a significant burden for the individuals who experience them and contributing considerably to general morbidity and mortality due to the associated suffering and complications that may arise. These disorders, which impact a wide sector of the global population, are characterized by a variety of symptoms ranging from excessive worry and panic attacks to persistent sadness and loss of interest in daily activities.

It is important to highlight the presence of mixed anxiety-depressive disorder, which represents a unique combination of anxious and depressive symptoms in a single individual. This condition can have a notable influence on daily life, well-being of



emotions and its action experiments of the living being, which highlights the importance of its detection and adequate treatments. Understanding complex mental disorders is essential to effectively address the challenges people face in their emotional and mental well-being. Among these disorders, mixed anxiety-depressive disorder emerges as a topic of particular relevance due to its clinical complexity and its impacting consequences, through the exploration of its causes, manifestations and ramifications.

Mixed anxiety-depressive disorder presents a significant clinical challenge due to its complex nature and the interaction of anxiety and depression symptoms in the same individual. Its causes can be multifactorial, including genetic, biological, psychological, and environmental factors; traumatic events, prolonged stress, brain chemical imbalances and adverse environmental factors can contribute to the development of this disorder. The consequences of mixed anxiety-depressive disorder can be serious and can affect multiple areas of the individual's life, including academic and professional performance, interpersonal relationships and physical health. In addition, it has been associated with an increased risk of suicide and other mental illnesses, as well as with a decreased quality of life.

Mixed anxiety-depressive disorder, being a complex mental condition, can worsen if not properly addressed, which in turn could have an even more negative impact on the quality of life of the affected individual. However, this disorder can be treated effectively through a combination of psychotherapeutic, pharmacological and social support interventions, cognitive-behavioral and pharmacological therapy, in addition, the support of friends, relatives and support groups can be essential in the healing process and in the prevention of relapses. Given what has been described, the following question is formulated: What is the mixed anxiety-depressive disorder like according to the theoretical review and reflective approaches?

Theoretical fundament

Mixed anxious-depressive disorder: from theoretical perspectives

Mixed anxiety-depressive disorder emerges as a complex clinical entity that challenges both affected individuals and mental health experts. In this dual disorder, a person simultaneously experiences symptoms of anxiety and depression,



generating an intricate psychological and emotional landscape. and difficult to handle. The combination of these symptoms can present a series of biases for their diagnosis and treatment, anxiety symptoms can manifest in various ways, from excessive worry to physical symptoms such as palpitations and sweating, while depressive symptoms include deep sadness, fatigue overwhelming and loss of enthusiasm for activities that were previously appreciated.

For Saiz and Dura (2013), mixed anxiety-depressive disorder is a complex psychological condition in which a person simultaneously experiences symptoms of anxiety and depression. This combination of symptoms can present a challenge to both the individuals who suffer from it and the healthcare personnel who treat it. The symptoms of anxiety in this condition can manifest in a variety of ways, including excessive worry, constant restlessness, nervousness, tension and manifestations. Physical symptoms such as tachycardia, sweating, tremors and, above all, difficulty concentrating, these symptoms involve sadness, overwhelming fatigue, abandonment of previously pleasurable activities, feelings of hopelessness, variations in appetite, sleep, and significant social distancing.

When these symptoms coexist in an individual, establishing a diagnosis of a mixed anxiety-depressive disorder, it is essential to emphasize that an accurate evaluation and adequate diagnosis are essential, since treatments may vary depending on the types of symptoms. Mixed anxiety-depressive disorder can be especially debilitating, given that it is common to observe an anxiety-depression overlap that often feeds on each other, creating a vicious cycle of emotional distress. People who struggle with this condition may experience a substantial decline in their quality of life, general well-being, and their ability to perform day-to-day tasks.

Treatment of this condition usually requires a multidisciplinary approach that combines psychological therapy, such as cognitive behavioral therapy (CBT), and, in some cases, the use of antidepressant or anti-anxiety medications. The therapy aims to address negative thought patterns and provide the individual with effective strategies for dealing with anxiety and depression. In psychological contexts, the detection of malingering in patients with a mixed anxiety-depressive disorder takes on particular importance, ensuring that benefits and compensation are awarded fairly and appropriately, malingering of symptoms in this condition can have a significant impact

on the evaluation and treatment process, which highlights the need for accurate detection in such cases (see Table 1 and 2).

It is important to highlight that this disorder is also characterized by the presence of various symptoms of anxiety and depression, therefore, it can prove to be a significant trigger in the person's daily functionality and even in their own emotional well-being, therefore, these Symptoms may include problems falling asleep, muscle tension, restlessness, excessive worry, among others. However, the coexistence of these makes diagnosis and treatment very difficult, since it can lead to other disorders and leave aside the true diagnosis (Medina, 2017).

It is crucial to highlight how the coexistence of symptoms of anxiety and depression can develop as a single disorder, in such a way that this has received various reviews from the Pan American Health Organization (PAHO) therefore, examine the possible risks that contribute to this disorder. It is of utmost importance, since it explores the theoretical models that attempt to explain the etiology of said disorder (Martín-Carbonell et al. 2015).

Table 1
Anxiety symptoms

Symptoms	Definitions	Treatments
Excessive worry.	Persistent, overwhelming thoughts of possible dangers or future problems.	Cognitive behavioral therapy to address negative thought patterns and stress management techniques. Anxiolytic medications in some cases.
Constant restlessness.	Inability to relax due to a constant feeling of restlessness or agitation.	Relaxation techniques, meditation and cognitive behavioral therapy to address restlessness.
Nervousness.	Feeling of nerves or constant tension.	Cognitive-behavioral therapy and relaxation techniques to reduce nervousness. In some cases, anti-anxiety medications.
Physical symptoms.	Physical manifestations of anxiety such as palpitations, sweating, tremors, and difficulty concentrating.	Cognitive behavioral therapy to address anxiety and reduce physical symptoms.

Source: own elaboration (2024).

Table 2

Symptoms of depression

Symptoms	Definitions	Treatments
Deep sadness.	Feelings of intense, overwhelming sadness, often for no apparent cause.	Cognitive behavioral therapy (CBT) to address negative thoughts. Antidepressant medications in severe cases.
Overwhelming fatigue.	Extreme feeling of constant tiredness or exhaustion, which affects the ability to perform daily tasks.	CBT to establish proper sleep and rest routines, as well as address fatigue.
Loss of interest.	Inability to enjoy activities that used to be pleasurable.	CBT to rediscover interests and pleasurable activities.
Feelings of hopelessness.	Belief that things will never get better and a deep sense of hopelessness.	CBT to address hopelessness and set realistic goals.
Changes in appetite and sleep.	Alterations in appetite, sleep, weight gain or loss, insomnia, and hypersomnia.	CBT to improve eating and sleeping habits, as well as address changes related to depression.

Source: own elaboration (2024).

All the above can trigger substance use disorders, according to Losada et al. (2020), planning addiction treatment programs is a crucial issue that involves understanding and addressing the gap between the need and demand for treatment, this gap refers to the disparity between the number of people who demand treatment for their disorders. for addiction problems and the number of people who receive treatment.

To address this issue effectively, several approaches and models have been developed that address both the need and demand for treatment in a more specific way. It is vitally important to highlight that this type of disorder can be triggered by a variety of factors that interact with each other in a very complex way. With this, it is clearly evident that when both disorders, both depressive and anxious, are present and if they become worse, such symptoms must be categorized through the same

adaptation with either anxiety or depression and highlighting which factors and symptoms are most important to the person (Vanegas, et al. 2013).

A common approach to assessing the need for treatment is to use diagnostic criteria, indicating that a person who meets the characteristics to be diagnosed with a substance use disorder is considered to have a need for treatment. However, this approach has limitations, such as the arbitrariness of the criteria and the variability in need estimates depending on the diagnostic system used. Additionally, not everyone who meets diagnostic criteria necessarily requires formal treatment, as some people may experience spontaneous remission of their substance use problems.

Another approach is to measure treatment demand, which refers to the intention to seek treatment. This can be done through surveys in which people report their desire to receive treatment. However, the perception of the need for treatment may vary by individual, and some people who meet the diagnostic criteria may not feel the need for treatment.

Additionally, treatment needs indices have been developed that use indicators of harm associated with substance use, such as mortality rates or arrests resulting from substance use, to determine the need for treatment, the indices focus on the harm caused by the substance use. substance abuse and can offer a different perspective on the need for treatment. To address treatment planning, models have been developed that consider different levels of substance use severity, types of treatment, and treatment settings more accurately. These models seek to provide decision support tools to help health planners allocate and distribute treatment services more effectively, they may be instrumental in understanding what types of treatment are required for which populations and how to allocate treatment resources. more effective way.

Methodology

To address this research, a post-positivist methodology was adopted with a descriptive approach, oriented to the understanding and explanation of social phenomena through the observation and analysis of empirical data, underlining objectivity and search for a relative truth, recognizing the influence of perspectives. individuals in the interpretation of data. According to Sánchez (2019), an epistemological current arises in response to the limitations of classical positivism in

the social sciences. This current assumes a critical and universal posture, recognizing the complexity and subjective nature of social reality.

Prior to beginning qualitative research, it is crucial to establish a solid paradigmatic approach that encompasses the relevant philosophical, theoretical and methodological aspects, according to Sánchez (2019), it provides an essential structure to direct and guide the research. It is essential to understand and apply the key concepts and definitions within the framework of this approach. Within this line, a qualitative method is used, characterized by the deep and contextualized understanding of social phenomena, through the interpretation of non-numerical data, where the technique of hermeneutics is used to understand and analyze social phenomena.

According to Villalobos et al. (2020) and Paz-Sandín (2003), hermeneutics is defined as a philosophical discipline that focuses on the interpretation and deep understanding of texts, symbols, experiences, and cultural phenomena, involving a dialogue between the interpreter and the object of study, where Various layers of meaning, historical and cultural contexts, as well as subjective perspectives are explored. These elements are influenced by three fundamental dimensions: ontological, epistemological, and axiological.

Ontology specifies the nature of reality and what exists, establishing questions about what can be considered true or real in the world; while epistemology focuses on the nature and limits of knowledge, exploring how information is acquired, validated, and organized, and axiology examines the values and beliefs underlying research, highlighting ethical and moral aspects in the production of knowledge. This structure allows us to configure how reality is perceived and shaped, considering the hypotheses proposed and their confrontation with socially accepted knowledge.

This is how the investigative process in this work began with the initial understanding of the text and phenomenon of study, followed by a detailed analysis of its significant components and contextualization within its historical, cultural and linguistic framework, from these bases, proceeds to interpretation, exploring different interpretive possibilities and seeking a deep understanding by carrying out a critical reflection to evaluate the interpretation in terms of its strengths, weaknesses and underlying assumptions, this iterative process allowed the understanding of the act of inquiry, interpretation and study of the problematic phenomenon or reality in question.

Reflective approaches

Considering the reflective approaches regarding the mixed anxious-depressive disorder, (a) these are characterized by the persistence (more than one month) of dysphoric mood states (unpleasant emotions or discomfort) that generate depression, anxiety, irritability or restlessness, affecting in a way emotional to people, stimulating the consumption of alcohol, drugs or psychoactive substances, thus increasing the risk of suicide or distortions in the life of the human being, generating lack of concentration and memory, irregularities in falling asleep, muscle fatigue, lack of energy, hypervigilance, pessimism, hopelessness and low self-esteem.

(b) Being symptoms characterized by anxiety and depression, both do not have dominance over each other and do not have intensities to be diagnosed separately; (c) its main causes are due to neuroendocrine and hyperactivity of the noradrenergic system, although each disorder has its own characteristics and this makes treatment difficult, and is based on its symptomatology and level of complexity; and (d) generally the treatment to respond to this type of disorder is cognitive behavioral therapy and psychoeducation

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