Introduction

• Health issues have always been a concern for the American people. However, it seems like the concern is growing and has swapped from physical health concerns to mental health concerns. Anxiety and depression are some of the most common mental illnesses that occur in the United States.

• Anxiety and Depression tend to affect our whole bodies, not just our minds. They can bring fatigue, mood swings, dysrhythmia, headaches, forgetfulness, etc.

Methodology

• To collect data and really gain a grasp of the effect anxiety and depression can have on people, a literature synthesis will be created.

• Establishing a connection between depression and health outcomes is a newer area of research. Therefore, not all information is reliable.

• Studies involving participants and measurable scales help excessively when it comes to understanding the toll that depression can have on our bodies as we go through life and are exposed to new or chronic illnesses.

Significance

• Awareness for mental health disorders and diseases have grown.

• Having a mental illness increases the likelihood of patients forgetting their medicine(s), which can cause severe issues if it persists.

• Finding the link between depression and health outcomes benefits the world, while the rates of reported, diagnosed depression increase.

• Once the link between depression and the negative effects that it can, or does have, on health outcomes will be easier to identify and treatment can begin.

Conclusion

• There is a mounting need for studies to be done that report the affect that depression alone can have on one’s health and health outcomes.

• Because of resources, like the Hospital Anxiety and Depression Scale, we have been able to keep an eye and take a deep dive into what effects that depression can and does have on health outcomes as we deal with different diagnosis and diseases.

• Lastly, not only are more studies needed to be done in order to understand the effects of depression, but more studies are needed to show how to manage depression while still managing ailments and disease that could also arise.

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Patients</th>
<th>Caregivers</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low levels</td>
<td>265 (64.0%)</td>
<td>199 (48.1%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Moderate levels</td>
<td>78 (18.8%)</td>
<td>100 (24.2%)</td>
<td></td>
</tr>
<tr>
<td>High levels</td>
<td>71 (17.1%)</td>
<td>115 (27.8%)</td>
<td></td>
</tr>
</tbody>
</table>

Depression (1,780)

<table>
<thead>
<tr>
<th>Depression</th>
<th>Patients</th>
<th>Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low levels</td>
<td>292 (70.5%)</td>
<td>289 (69.8%)</td>
</tr>
<tr>
<td>Moderate levels</td>
<td>71 (17.1%)</td>
<td>78 (18.8%)</td>
</tr>
<tr>
<td>High levels</td>
<td>51 (12.3%)</td>
<td>47 (11.4%)</td>
</tr>
</tbody>
</table>

Table representing a description of the Hospital Anxiety and Depression Scale

References

Malhi, G. S., & Mann, J. J. (2018, November 2). Depression-Scale-HADS-scores-across-groups-Mean_fig1_5502926 [Graph]. Research Gate.


