

Depression

Overview

Understanding the symptoms of depression and how to treat depression.

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About 10 percent of all Americans will suffer from depression at some point in their lives. Depression can occur at any age and can cause great pain for the people who have the condition and those who care about them.

People who are depressed can usually get better with treatment. But most never seek help for their condition. Learning about the many treatment options that are available can help you find a way to ease the pain if you or someone you care about suffers from depression.

What is depression?

Everyone occasionally feels sad or blue, but these feelings are usually short-term and pass within a couple of days. When a person is experiencing depression, the condition interferes with daily life and normal functioning. Depression is a serious illness, and most people who have it need treatment to get better.

Types of depression

There are several types of depression, which doctors call *depressive disorders*. The two most common types are major depression and dysthymia:

- *Major depression* is characterized by a combination of symptoms that interfere with the ability to work, sleep, eat, and enjoy activities that used to be a pleasure. This type of depression is disabling and keeps a person from functioning normally. An episode of major depression may occur only once or twice, but it can also recur throughout a lifetime.
- *Dysthymia*, a less-severe type of depression, involves long-term, chronic symptoms that last for two years or more. The symptoms are not disabling, but they keep a person from functioning at “full steam” or from feeling good. Sometimes people with dysthymia also experience major depressive episodes.

Some forms of depression have slightly different characteristics than these two or may develop under unique circumstances. Not all researchers agree on how to define these other forms of depression.

- *Psychotic depression* occurs when severe depression is accompanied by a form of psychosis, such as delusions, hallucinations, or a break with reality.
- *Postpartum depression* is diagnosed when a new mother has a major depressive episode within one month of giving birth.

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- *Seasonal affective disorder (SAD)* involves depression during the winter months, when there is less sunlight. It generally eases in the spring and summer.
- *Bipolar disorder*, also known as *manic-depressive illness*, causes severe mood swings - from extreme highs (mania) to extreme lows (depression).

Symptoms of depression

People who are depressed may not have all symptoms of the condition. Some people experience a few symptoms, and some have many. Their frequency and severity of the symptoms may vary from one person to the next.

Symptoms of depression include the following:

- persistent sad, anxious, or “empty” moods
- feelings of hopelessness or pessimism
- feelings of guilt, worthlessness, or helplessness
- loss of interest or pleasure in hobbies and once-enjoyable activities, including sex
- sleeping difficulties, such as trouble falling asleep or staying asleep
- eating too much or too little
- fatigue, lack of energy, or feeling “slowed down”
- thoughts of death or suicide, or suicide attempts
- restlessness or irritability
- difficulty concentrating, remembering, or making decisions
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- exaggerated sense of responsibility for events outside a person’s control

Causes of depression

Depression has no single cause. It may result from a combination of genetic, biochemical, environmental, and psychological factors.

- *Some types of depression run in families, suggesting a genetic link.* But depression can also occur in people with no family history of the disorder.
- *Major depressive disorder is often associated with having too little or too much of certain brain chemicals,* known as neurochemicals.
- *Some stressful situations can trigger depression.* Such situations include chronic illness, financial problems, and relationship difficulties. But any unwelcome

change in life activities can trigger a depressive episode -- a divorce, the loss of a job, the death of a friend or family member, or a move to a new community.

- *Psychological factors may play a role.* Because some people survive very difficult situations without becoming depressed, some researchers think a person's overall psychological makeup plays a role in ways that are not yet understood.

Treatment options

Most people with depression -- even those with the severe disorders -- can be helped with treatment. The earlier treatment begins, the more effective it is and the greater the chance that you can avoid a recurrence. Effective treatment begins with visiting a doctor, who can rule out medical causes of the problem. After evaluating your symptoms, a doctor may prescribe medication, psychotherapy, or both.

- *Medication.* A doctor may prescribe antidepressants or other medications that may be helpful.
- *Psychotherapy or "talk therapy."* Psychotherapy is a form of treatment that can help a person solve life issues, reduce feelings of anxiety and depression, improve relationships and social skills, and even improve job performance. Research shows that psychotherapy is effective in treating most common mental health problems. For example, about 80 percent of people suffering from depression make significant progress in psychotherapy.

Some people do best with medication and some with psychotherapy. Other people need a combination of both. Another form of treatment, such as electroconvulsive therapy (ECT), may be recommended when depression is severe or life-threatening or if a person can't take antidepressants.

Antidepressant medications

Antidepressants work to normalize the natural brain chemicals known as neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine. Some people take antidepressant medication as part of short-term treatment; others take it over the longer-term. Antidepressants include the following:

- *Selective serotonin reuptake inhibitors (SSRIs) and selective norepinephrine reuptake inhibitors (SNRIs).* SSRIs are the newest and most often prescribed antidepressants. SNRIs are relatively new and are commonly prescribed.
- *Tricyclics.* Tricyclics are an older group of antidepressants, named for their chemical structure. They may be prescribed for people who can't take SSRIs or SNRIs or for whom those medications don't work well.
- *Monoamine oxidase inhibitors (MAOIs).* Like tricyclics, MAOIs are older antidepressants that work better for some people than SSRIs or SNRIs.

Another medication, *lithium*, is used to treat bipolar disorder and some forms of recurring major depression. A doctor may need to try a variety of antidepressants and adjust the dosage to find one that works for you.

If an antidepressant is prescribed for you:

- *Ask about the side effects.* Find out also about any testing that may need to be done to monitor the effects of the medication on your body.
- *Be patient.* Finding the right medication can take time. Work closely with your doctor and report any side effects and benefits that you experience.
- *Always talk with your doctor before you stop taking a medication, even if you feel better.* Some medications must be stopped gradually to give your body time to adjust. If you have bipolar disorder or chronic major depression, you may need to take medication daily to avoid disabling symptoms.
- *If you are taking MAOIs, remember that you will have to avoid certain foods, including cheeses, wines, and pickles.* Get a complete list of foods to avoid from your doctor and always carry the list with you.
- *Never mix medications -- prescribed, over-the-counter, or borrowed -- without talking with your doctor.* Tell your dentist or any other medical professional who prescribes a drug that you are taking antidepressants. Some drugs that are safe when taken alone can be dangerous if taken with other medications.
- *Avoid alcohol, including beer, wine, and hard liquor.* Alcohol can reduce the effectiveness of antidepressants. Talk with your doctor about how to plan for situations in which alcohol may be served.
- *Call your doctor if you have a question about any drug or if you are having a problem you believe is drug-related.*

Side effects

Antidepressants may cause mild and usually temporary side effects. Typically, these are annoying but not serious. However, unusual side effects or those that interfere with functioning should be reported to your doctor.

The most common side effects of SSRIs and SNRIs include the following:

- *Headache.* Headaches will usually go away.
- *Nausea.* Even when it occurs, nausea lasts only a short time.
- *Nervousness and sleep difficulties.* These side effects may occur during the first few weeks, and dosage reductions or time will usually resolve them.

- *Agitation.* If you become agitated for the first time after you take the drug, and the agitation is more than transient, consult your doctor.
- *Sexual problems.* Both men and women may have sexual problems, including a lower sex drive. A doctor can suggest how to deal with these problems.

The side effects of tricyclics may include the following:

- *Dry mouth.* Drink lots of water, chew sugarless gum, and clean teeth daily.
- *Constipation.* Eat bran cereals, prunes, fruit, and vegetables.
- *Bladder problems.* Emptying your bladder may be troublesome, and your urine stream may not be as strong as usual. Call your doctor if there is any pain.
- *Sexual problems.* Sexual functioning may change. If this bothers you, discuss the problem with your doctor.
- *Blurred vision.* This will pass soon. Do not get new glasses.
- *Dizziness.* Rise from bed or chair slowly.
- *Drowsiness.* This will pass soon. Do not drive or operate heavy equipment if you are feeling drowsy or sedated.

Antidepressants may also increase the risk of suicidal thoughts in children, adolescents, and young adults. People in all three groups need to be monitored closely by doctors if they take antidepressants, especially in the first weeks of treatment.

Psychotherapy

Several types of psychotherapy can help with depression. Some types of psychotherapy are short term, or designed to last about 10 to 20 weeks. Other types of psychotherapy may require longer treatment over many months or even years. The two main types of therapy that have been shown to help with depression are the following:

- *Cognitive-behavioral therapy (CBT).* This is a form of short-term therapy that has been found to help with some types of depression. Cognitive-behavioral therapists help clients change the negative styles of thinking and behaving often associated with depression.
- *Interpersonal therapy (IPT).* This type of therapy helps people understand and work through difficulties in their personal relationships that may cause depression or make it worse. Therapists may help you explore the causes of your actions, such as past experiences.

Therapists often draw on different forms of psychotherapy, tailoring treatment to the needs of a client. No one form of psychotherapy is best for everybody. The comfort level and trust between the client and the therapist is more important than the type of psychotherapy used.

Depression that is severe or keeps coming back will generally require both medication (or ECT, under special conditions) and psychotherapy.

Helping yourself

Depression can make you feel exhausted, helpless, and hopeless. These feelings can make it hard to keep trying to help yourself. But it's important to realize that these negative views are part of the depression and typically do not accurately reflect your situation. Negative thinking will fade as treatment begins to take effect.

In the meantime, you can take these steps to help yourself:

- *Engage in mild activity or exercise.* Do things you've enjoyed in the past, like going to the movies or a sports event. Take part in social, religious, and other activities that have had meaning for you.
- *Set goals you can achieve.*
- *Break large tasks into small ones, set priorities, and do what you can as you can.* Tell yourself you will work at the task for 10 or 15 minutes. Then if you want to work longer that is great.
- *Keep your expectations realistic.* Expecting too much too soon may increase feelings of failure if you fall short. Give yourself credit for what you have accomplished even if that seems small.
- *Try to spend time with other people.* Talk with a trusted friend or relative, and try to avoid becoming isolated.
- *Put off making major life decisions,* such as whether to change jobs or get married or divorced, until you feel better. If you need to make a big decision, talk about it with people who know you well.
- *Expect to improve gradually, not overnight.* Don't assume you can "snap out of" depression or see progress right away.
- *Remember that you can replace your negative thinking with positive thoughts.* Negative thinking is part of the depression. It will disappear as your depression responds to treatment and you have more energy to challenge negative thought patterns that may have become a habit.

Where to get help

If you aren't sure where to turn for help with depression, start by talking with your doctor. Others who can provide help or referrals include the following:

- *Mental health professionals*, such as psychiatrists, psychologists, and social workers.
- *Community resources*, including family and social service agencies and mental health centers, programs, and clinics.
- *National organizations and agencies*. Good places to start include National Alliance on Mental Illness, www.nami.org, 800-950-NAMI (800-950-6264), and Mental Health America (formerly the National Mental Health Association, www.nmha.org, 800-969-6642). The National Institute of Mental Health, www.nimh.nih.gov, has extensive information about depression on its Web site that is frequently updated.

If you're looking for help for depression, remember that the program that provided this publication has many helpful resources.

Always take action right away if your depression is causing you to think of hurting yourself or someone else. For immediate help:

- *Call your doctor*.
- *Call 911 or go to a hospital emergency room*. Ask a friend or relative to help you do these things if you can't do them yourself.
- Call the toll-free, 24-hour hot line of the National Suicide Prevention Lifeline, 800-273-TALK (800-273-8255), to talk with a trained counselor.

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