

(800) 492-5742 • (231) 922-4850

Facts

A depressive illness is a “whole-body” illness, involving your body, mood, thoughts and behavior. It affects the way you eat and sleep, the way you feel about yourself and the way you think about things. A depressive illness is NOT a passing blue mood, a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help over 80% of those who suffer from depression.

Depressive illnesses come in different forms, just as other illnesses, such as heart disease, do. Within the different forms, there are variations in the number of symptoms, their severity, and persistence.

Major depression is marked by a combination of symptoms (see Signs & Symptoms) that interfere with the ability to work, sleep, eat and enjoy once pleasurable activities. These disabling episodes can occur once, twice, or several times in a lifetime.

A less severe type of depression, **dysthymia**, involves long-term, chronic symptoms that don’t disable, but keep you from functioning at top capacity or from feeling good.

Another type is called **manic-depressive illness**, also called **bipolar disorder**. Not nearly as common as other forms of depression, bipolar disorder involves cycles of depression (with some or all of the symptoms listed) and elation or mania (again, with any or all of the symptoms listed). Sometimes the mood switches are dramatic and rapid, but most often are gradual. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment.

Depression affects over 17 million, or about 1 in 10, American adults, and as many as 1 in every 33 children.

The rate of major depression among those who have medical illnesses is significant. Research has shown that it occurs in 40-65% of people who have had a heart attack, about 25% of cancer patients, and 10-27% of post-stroke patients.

Women experience depression at roughly twice the rate of men. Fifteen percent of those with major depression die of suicide. Only one third of those with clinical depression seek treatment.

Signs & Symptoms

No two people experience clinical depression in the same manner. While many people recognize that sadness and fatigue are symptoms of depression, far fewer

understand that anxiety, sleep loss and restlessness are also early signs of clinical depression.

If 5 or more symptoms last for 2 weeks or longer, or are severe enough to interfere with normal functioning, an evaluation by a qualified health or mental health professional is recommended.

SYMPTOMS OF DEPRESSION

- Persistent sad, anxious or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that you once enjoyed, including sex
- Insomnia, early-morning awakening, or oversleeping
- Appetite loss or overeating and/or weight loss or gain
- Decreased energy, fatigue, being “slowed down”
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Difficulty concentrating, remembering, making decisions
- Persistent physical symptoms that don’t respond to treatment, such as headaches, digestive disorders, and chronic pain

SYMPTOMS OF MANIA

- Inappropriate elation
- Inappropriate irritability
- Severe insomnia
- Grandiose notions
- Increased talking
- Disconnected and racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

As some symptoms are common to both depression and certain medical disorders, accurate diagnosis is critical to developing an effective treatment plan. For example, symptoms of depression such as weight loss, sleep disturbances, and low energy, may also occur in diabetes, thyroid disorders, some neurological disorders, heart disease, cancer, and stroke. Other symptoms, such as loss of energy or memory, also occur early in the course of disorders, such as Parkinson’s and Alzheimer’s diseases.

Causes

There is a risk for developing depression when there is a family history, indicating that a biological vulnerability can be inherited. The risk may be somewhat higher for those

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with bipolar disorder; however, not everyone with a genetic vulnerability develops the illness. Apparently additional factors, such as stressful surroundings, are involved in the onset of depression.

Though major depression seems to occur in some families, it can also occur in people with no family history of depression. Whether or not the disease is inherited, it is evident that individuals with major depressive illness often have too little or too much of certain neurochemicals.

Personality can also play a role in vulnerability to depression. People who have low self-esteem, who consistently view themselves and the world with pessimism, or who are readily overwhelmed by stress are prone to depression.

A serious loss, chronic illness, difficult relationship, financial problem, or any unwelcome change in life patterns can also trigger a depressive episode.

Depression can occur as a biological result of a medical condition, such as an underactive thyroid, or it can be the side effect of one or a combination of medications. Depressed feelings also can be a common reaction to many medical illnesses, particularly cancer, stroke, heart disease and diabetes.

Very often, a combination of genetic, psychological, and environmental factors is involved in developing depression.

Treatment

It's important to note that more than 80% of people with depression can be successfully treated. The most commonly used treatments are antidepressant medication, psychotherapy, or a combination of the two. As with many illnesses, the earlier the treatment begins, the more effective and greater the likelihood is of preventing serious recurrences. The choice of treatment depends on the pattern, severity, and persistence of depressive symptoms, and history of the illness.

Antidepressant medications act on chemical pathways of the brain related to mood. It may take up to six weeks before you notice an improvement in symptoms. To ensure the most effective dosage and minimize side effects, medications must be monitored by a doctor. People are often tempted to stop medication too soon, but medications must be taken for at least 6 to 12 months (in a first episode) after symptoms have subsided, carefully following the doctor's instructions. Antidepressant medications are not habit-forming.

Psychotherapy allows people to learn more effective ways of handling problems. Two short-term types of therapy that can be very effective for some forms of clinical depression are: Cognitive/Behavioral Therapy, which helps change negative styles of thinking and behaving that may contribute to the depression, and Interpersonal Therapy, which works to change interpersonal relationships that cause or worsen depression.

Helping Yourself

It's important to realize that feeling exhausted, worthless, helpless, and hopeless are part of the depression

and typically do not accurately reflect your situation. Negative thinking fades as treatment begins to take effect. In the meantime, do not set difficult goals or take on a great deal of responsibility. Break large tasks into smaller ones, set priorities, and do what you can as you can. Don't expect too much from yourself. This will only increase feelings of failure. Try to be with other people; it is usually better than being alone. Participate in activities that may make you feel better. You might try mild exercise, going to a movie, a ball game, or participating in religious or social activities. Don't overdo it or get upset if your mood does not greatly improve right away. Feeling better takes time. It's advisable to postpone major life decisions, such as changing jobs or getting married or divorced, until your depression has lifted. Don't expect to "snap out" of your depression, but remember that negative thoughts will begin to fade as the depression responds to treatment.

Helping Someone Else

The most important thing anyone can do for someone who is depressed is to help him or her get appropriate diagnosis and treatment. This may involve encouraging the person to get treatment and stay with it until symptoms begin to subside or to seek different treatment if no improvement occurs. You may need to make an appointment and accompany the person.

The second most important thing is to offer emotional support, including understanding, patience, affection, and encouragement. Engage the person in conversation and listen carefully. Do not ignore remarks about suicide. Keep reassuring the person that with time and help, he or she will feel better.

Learn the warning signs of suicide, and take any threats the person makes very seriously. Encourage the person to realize that suicidal thinking is a symptom of the illness. Always stress that the person's life is important to you and to others and that his or her suicide would be a tremendous burden and not a relief. Anyone who is considering suicide needs immediate attention, preferably from a mental health professional or physician.

Invite the depressed person for walks or outings and encourage participation in activities that once gave pleasure, but don't push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Sources:

Diagnostic Statistic Manual, 4th Edition (DSM-IV)

National Mental Health Association, www.nmha.org

National Institute of Mental Health, www.nimh.nih.gov, (800) 421-4211