



MOOD DISORDERS ASSOCIATION OF MANITOBA INC.

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Depression (Q&A)

Sources: Joseph H. Talley, MD;
Canadian Network for Mood and Anxiety Disorders (CANMAT)

Q. Does having depression mean that a person is going ‘crazy’?

A. No. But it will very often make him **think** that he is.

Q. Is depression a common disease?

A. Yes. It is the most common disease seen in all of medicine; however, it is often confused with other illnesses. For example, many people who think or who are told they have low blood, vitamin deficiency, sinus headaches, low sugar, menopause, burnout, and ‘all run-down and need a rest’ actually have depression that causes their troubles.

Q. Is it a serious disease?

A. Yes. In a mild depression, the person will often think he just has a case of the ‘blues’, or that he is just getting older. His efficiency will be affected. In a more severe depression, it is a very serious disease. **This disease can cause a previously healthy and happy person to kill himself.**

Q. What did I do wrong to feel so depressed?

A. Depression does not occur because someone has done something ‘wrong’. Like any other medical illness, depression is caused at least in part by biochemical changes in the brain, which lead to depressive symptoms. This is why medications that help correct chemical imbalances in the brain relieve depression. In fact, if a chemical imbalance is not present, antidepressant medications will not have any effect – they will not make a person ‘happy’ when they are not clinically depressed.

Q. How long before I feel better?

A. Generally speaking, people will start to notice improvement in symptoms such as sleep disturbances or crying spells and energy levels a few weeks after starting their treatment. Improvement in depressed mood is usually slower, and it may take six to eight weeks before people notice they are feeling much less depressed. If someone has not

improved after three to four weeks of therapy, the dose of the initial medication may be increased, a different drug may be added, or the initial drug may be substituted. Up to 80% of people with depression do get better with the right medication.

Q. Are antidepressants addictive?

A. Absolutely not. A person cannot become addicted even though he takes these medications for months or years. People who take insulin and high blood pressure pills are not addicted, neither are people who take antidepressants. A person who does not have depression would feel no effect if he took an antidepressant. They work on the brain chemistry that gets out of balance and results in depression.

Q. Do they have side effects?

A. Unfortunately, they have pesky side effects but they rarely have serious side effects. The chief side effects are dry mouth, constipation, and drowsiness. Dry mouth can be effectively overcome by drinking water or sucking non-caloric mints. Constipation is corrected by adding bulk to one's diet. The sleepy effects are taken care of by taking the medicine before bedtime. The body usually adjusts to all these side effects. Some newer antidepressants do not have side effects.

Q. Will my depression come back?

A. The likelihood of depression recurring depends on how many previous episodes you have had. For people who are experiencing their first depression, the likelihood of having a second episode is around 50%. For people who have had two depressive episodes, chances of having a third are around 70% and for those who have had three and more episodes, all but 10% will experience further illness. Having someone else in your family who has depression makes it more likely your own depression will recur.

Other risk factors for recurrent depression are the presence of chronic medical problems, a history of early trauma or abuse, dysthymia, onset of depression younger than 25 years or older than 60 years, and a long pattern of negative thinking, low self-esteem, and relationship difficulties. A depression that does not completely resolve with treatment, as well as severe depression, also increase the likelihood depression will recur.

This is why most people with depression need to be treated for at least six to nine months to prevent relapse, and for greater than 12 months if someone is being treated for a recurrent episode. Depending on the likelihood of depression recurring, some people stay on the same dose of their medication for long-term maintenance therapy. The saying doctors have is, "*The dose that gets you well is the dose that keeps you well*" and people will do better over the long run if the same dose is used throughout.

Q. Does this disease happen to a person without anything in her personal life causing it?

A. Yes. However, many people have things in their personal life that are bothering them a great deal, and if they happen to get depression while these things are bothering them, then everything gets much worse. For example, if a person is having difficulty in their marriage or job and they get a depression also, then the difficulties with the marriage or job will get worse, because their ability to cope with their difficulties is impaired.

Q. What should I tell my spouse or relatives about depression?

A. Have them read this information, too. A person with depression will almost always find that their spouse or relatives are very much affected by the way he feels. Most often relatives will not realize that a person's symptoms are due to a disease, and will think you simply do not love them anymore. They may think the fault is somehow theirs. It is very important that they know that depression is simply a disease – just as diabetes is a disease, and that you or they are not responsible for it. It is a great help to have your loved ones understand what is happening, why you need medication, etc.

Q. Can I pass depression on to my children?

A. Certain types of depression, especially bipolar affective disorder, would appear to run in families. However, even identical twins do not share an equal risk to develop depression, and depressive illness appears to be a combination of vulnerability to depression (part of which may be inherited but not necessarily), difficult life events, and biochemical imbalances in the brain.

Q. I have trouble reaching orgasm now that I'm taking an SSRI. Can I stop my medication on weekends to improve my sexual function?

A. Some doctors recommend drug holidays where people stop taking their medication on the weekend. The biggest concern about stopping and starting medication revolves around compliance issues, but there is some evidence that people may not respond as well to the medication if treatment is continuously interrupted. For these reasons, drug holidays are not recommended and an alternative antidepressant or an additional medication to offset unwanted sexual side effects are better solutions.

“The single largest barrier is ignorance.”