



## **MOOD DISORDERS ASSOCIATION OF MANITOBA INC.**

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### **Major Depression**

Sources: Donald J. Franklin, PhD, *Psychology Information Online*;  
National Alliance for the Mentally Ill (NAMI)

*“It takes the greatest effort to get out of bed in the morning.  
I am tired all day, yet when night comes, sleep evades me.  
I stare at the ceiling, wondering what has happened to my life, and what  
will become of me. Nothing is getting done at work. I have projects to  
complete, but I can’t think. I try to focus on my work, and I get lost.  
I keep wondering when the boss will discover how little I have  
accomplished. My wife does not understand. She keeps telling me to  
‘snap out of it.’ I’m irritable all the time and yell at the kids,  
then feel terrible later. Nothing is fun any more. I can’t read, and  
the music I used to enjoy so much does nothing for me. I am bored, but I  
feel like doing nothing. There are times, when I’m alone, that I think life  
is hopeless and meaningless, and I can’t go on much longer.”*

#### **What is Major Depression?**

Major depression is a serious medical illness affecting approximately 5 percent of the adult population in a given year. Unlike normal emotional experiences of sadness, loss, or passing mood states, major depression is persistent and can significantly interfere with an individual’s thoughts, behaviour, mood, activity, and physical health.

More than twice as many women as men suffer from major depressive disorder each year. Major depression can occur at any age including childhood, the teenage years, and adulthood. All ethnic, racial, and socio-economic groups suffer from depression. About three-quarters of those who experience a first episode of depression will have at least one other episode in their lives. Some individuals may have several episodes in the course of a year. If untreated, episodes commonly last anywhere from six months to a year. **Left untreated, depression may lead to suicide.**

## What are the differences between major depression and other depressions?

Major depression, also known as *clinical depression* or *unipolar depression*, is only one type of depressive disorder. Other depressive disorders include *dysthymia*, *reactive depression*, and *depression not otherwise specified (NOS)*.

- **Dysthymic disorder** is a chronic, low-level depression, that continues for years. Occasionally, individuals with dysthymia also experience a major depression, when a life crisis occurs. If you are depressed all the time, even if only mildly depressed, you should consult with a doctor. You don't have to live your life in depression. Often, a person has been mildly depressed for years, and a crisis occurs, and he/she finally consults a doctor. In such a case, the treatment will probably take longer, because of the chronic depression underneath the major depression.
- **Reactive depression** is called 'an adjustment disorder with depressed mood'. This means that something traumatic occurred in your life, such as a relationship break-up or loss of a job, and you became mildly to moderately depressed as a result. Psychological treatment can definitely help you to feel better, and will help you get your life back on track sooner, rather than later, but you can still manage okay. If a life crisis occurs and you develop symptoms of a major depression, then it is a major depression, even if it is also a reactive depression.
- **Depression, not otherwise specified**, is a category used by doctors when the symptoms do not fit neatly into one of the other categories. For example, a person has been mildly depressed for a long time, but not long enough to diagnose dysthymia. The specific pattern of symptoms and duration of symptoms will determine the proper psychological treatment.

Professional debate continues regarding whether some people develop **endogenous depression** without any identified psychological causes. An endogenous depression is a physiological-caused (biological-caused) depression, due to either genetic causes or a malfunction in the brain chemistry. **But, all depression involves some changes in brain chemistry, even when the cause is clearly a psychological trauma.**

Sometimes this term is used to describe people who do not respond well to treatment, and sometimes it is a rationale to prescribe medication alone, and not to offer any psychological treatment for the depression. **In general, the majority of people who require antidepressant medication for their depression respond to treatment better when psychotherapy, particularly cognitive-behavioural psychotherapy, is provided in addition to the medication.** Medication treats the physiological symptoms of depression, and is a vital part of the treatment program, but it is also essential to treat the psychological problems that caused the depression.

There are some people who respond positively to psychotherapy, but plateau at a mild level of depression, without complete recovery from all of the symptoms. Often, these individuals are maintained on antidepressant medication after they have completed psychological treatment. Remember, only physicians are qualified to prescribe medication. **Your primary care physician (family doctor) will refer you to a psychiatrist for a medication evaluation, if it appears to be indicated.**

The differences between major depression and other depressions are primarily intended for the doctors planning treatment, and are of less concern to the average person. When you review the list of symptoms for major depression, and you have four symptoms instead of five, you should not ignore it or forget about it. There is no diagnosis of 'moderate' depression, other than to call it 'unspecified.' **Instead, ask yourself this question: "Does the depression interfere with my life, my relationships, my productivity, or my happiness?" If the answer is yes, then don't wait, talk to a trained physician soon.**

### **What are the symptoms of major depression?**

The onset of the first episode of major depression may not be obvious if it is gradual or mild. The symptoms characteristically represent a significant change from how a person functioned *before* the illness.

**An episode is marked by a combination of symptoms that occur together and last for at least two weeks without significant improvement. At least five of the following symptoms must be present for a major depression.** A few of them alone could indicate a depression, but perhaps not a major depression.

- Persistent sad, anxious, or empty mood
- Feeling worthless, helpless, or experiencing excessive or inappropriate guilt
- Hopeless about the future, excessive pessimistic feelings
- Loss of interest and pleasure in your usual activities
- Decreased energy and chronic fatigue
- Loss of memory, difficulty making decisions or concentrating
- Irritability or restlessness or agitation
- Sleep disturbances, either difficulty sleeping, or sleeping too much
- Loss of appetite and interest in food, or overeating, with weight gain
- Recurring thoughts of death, or suicidal thoughts or actions

The list of symptoms does not fully convey the despair of depression. When you feel lost, hopeless, and don't know what to do, you might be depressed. **Even if you have just a few of the symptoms of depression, talk to someone who can help, and find out what can be done to help you change.**

## **What are the causes of major depression?**

**There is no single cause of major depression.** Psychological, biological, and environmental factors may all contribute to its development. Whatever the specific causes of depression, scientific research has firmly established that major depression is a biological brain disorder.

Norepinephrine, serotonin, and dopamine are three neurotransmitters (chemical messengers that transmit electrical signals between brain cells) thought to be involved with major depression. Scientists *do* believe that if there is a chemical imbalance in these neurotransmitters, then clinical states of depression result. Antidepressant medications work by increasing the availability of neurotransmitters or by changing the sensitivity of the receptors for these chemical messengers.

Scientists *have* found evidence of a genetic predisposition to major depression. There is an increased risk for developing depression when there is a family history of the illness. Not everyone with a genetic predisposition develops depression, but some people probably have a biological make-up that leaves them particularly vulnerable to developing depression. Life events, such as the death of a loved one, a major loss or change, chronic stress, and alcohol and drug abuse, may trigger episodes of depression. Some illnesses such as heart disease and cancer and some medications may also trigger depressive episodes. **It is also important to note that many depressive episodes occur spontaneously and are not triggered by a life crisis, physical illness, or other risks.**

## **How is major depression treated?**

Although major depression can be a devastating illness, it is highly treatable. Between 80 and 90 percent of those suffering from serious depression can be effectively treated and return to their normal daily activities and feelings. Many types of treatment are available, and the type chosen depends on the individual and the severity and patterns of his or her illness. There are three basic types of treatment for depression: **medications**, **psychotherapy** ('talk' or cognitive behavioural), and **electroconvulsive therapy** (ECT). They may be used singly or in combination.

***“Knowledge is power.”***