



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

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### **Plain Talk About Depression**

Sources: CALGARY HEALTH REGION, Learning and Development  
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During any 1-year period, 10% of the population suffers from a depressive illness. The cost in human suffering cannot be estimated. Depressive illnesses often interfere with normal functioning and cause pain and suffering not only to those who have a disorder, but also to those who care about them. Serious depression can destroy family life as well as the life of the ill person.

Possibly the saddest fact about depression is that much of this suffering is unnecessary. Most people with a depressive illness do not seek treatment, although the great majority -- even those with the severest disorders -- can be helped. Thanks to years of fruitful research, the medications and psychosocial therapies that ease the pain of depression are at hand.

Unfortunately, many people do not recognize that they have a treatable illness. Read this to see if you are one of the many undiagnosed depressed people in this country or if you know someone who is. The information briefly presented here may help you take the steps that may save your own or someone else's life.

#### **Who may be at risk for depression?**

- People who have a family member with depression
- People who have experienced a stressful or traumatic life event
- People who lack the social support of a spouse, friends, extended family
- People who abuse drugs or alcohol
- People who have chronic medical illnesses or persistent pain

#### **What is a depressive disorder?**

A depressive disorder is a 'whole-body' illness, involving your body, mood, and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. A depressive disorder is not the same as a passing blue mood. It is not 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 most people who suffer from depression.

#### **Types of depression**

Depressive disorders come in different forms, just as do other illnesses, such as heart disease. The 3 most common types of depression are major depression, dysthymia, and bipolar disorder.

- **Major Depression** is manifested by a combination of symptoms that interfere with the ability to work, sleep, eat, and enjoy once pleasurable activities. These symptoms occur without any apparent cause and deepen and persist day-in and day-out for two weeks or longer.
- **Dysthymia** is marked by mild to moderate depressive symptoms that last at least two years. People with this condition have fewer symptoms than those with major depression, but the symptoms last longer and develop more slowly. On average, symptoms can last 16 years before there is a diagnosis. Sometimes people with dysthymia also experience major depressive episodes.
- **Bipolar Disorder**, formerly called manic-depressive illness, involves cycles of depression and elation (mania). Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, a person can have any or all of the symptoms of depression. When in the manic cycle, any or all manic symptoms may be experienced.

### **Symptoms of depression and mania**

Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms, some many. Also, severity of symptoms varies with individuals.

#### **Depression:**

- Persistent sad, anxious, 'empty' mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Insomnia, early-morning awakening, oversleeping
- Appetite and/or weight loss or overeating and weight 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 do not respond to treatment, such as headaches, digestive disorders, and chronic pain

#### **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

***“Many people unnecessarily prolong the period of time that they are clinically depressed by avoiding appropriate support and treatment early on.”***

## **Causes of depression**

Some types of depression run in families, indicating that a biological vulnerability can be inherited. This seems to be the case with bipolar. Studies of families, in which members of each generation develop bipolar disorder, found that those with the illness have a somewhat different genetic makeup than those who do not get ill. However, the reverse is not true: Not everybody with the genetic makeup that causes vulnerability to bipolar disorder has the illness. Apparently additional factors, possibly a stressful environment, are involved in its onset.

Major depression also seems to occur, generation after generation, in some families. However, it can also occur in people who have no family history of depression. Whether inherited or not, major depressive disorder is often associated with having too little or too much of certain neurochemicals.

Psychological makeup also plays 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. Very often, a combination of genetic, psychological, and environmental factors is involved in the onset of a depressive disorder.

## **If you think you have depression**

- Remember, your depression is not your fault and it can be effectively treated.
- Seek treatment. Don't let misconceptions about emotional illness or the discouragement of your depression stop you. Either on your own, or by asking a friend or family member, contact your family doctor, community mental health center, or local medical or psychiatric hospital for help.
- In the weeks until treatment becomes effective, you can take some simple steps to help you deal with life on a day-to-day basis: break large tasks into small steps; set easily managed priorities; participate in light exercise and relatively undemanding social activities, such as attending a movie or visiting a friend. Simply being with others can be helpful.

## **Diagnostic evaluation and treatment**

The first step to getting appropriate treatment is a complete physical and psychological evaluation to determine whether you have a depressive illness and if so, what type you have. Certain medications as well as some medical conditions can cause symptoms of depression and the examining physician should rule out these possibilities through examination, interview, and lab tests.

A good diagnostic evaluation also will include a complete history of your symptoms, i.e., when they started, how long they have lasted, how severe they are, whether you've had them before and, if so, whether you were treated and what treatment you received. Your doctor should ask you about alcohol and drug use, and if you have thoughts about death or suicide. Further, a history should include questions about whether other family members have had a depressive illness and if treated, what treatments they may have received and which were effective.

Last, a diagnostic evaluation will include a mental status examination to determine if your speech or thought patterns or memory have been affected, as often happens in the case of a depressive or manic-depressive illness.

Treatment choice will depend on the outcome of the evaluation. There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people do well with psychotherapy, some with antidepressants. Some do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems. Depending on your diagnosis and severity of symptoms, you may be prescribed medication and/or treated with one of the several forms of psychotherapy that have proven effective for depression.

## Medication

There are more than 20 antidepressant drugs currently available. Antidepressants correct the chemical imbalance in the brain. Because a variety of drugs target different neurotransmitters and imbalance of these neurotransmitters can vary from patient to patient, some drugs may be more effective than others for any individual. Sometimes a combination of drugs is best. There are 4 groups of antidepressant medications most commonly used to treat depression:

- **Tricyclic antidepressants** (TCAs) include Elavil, Janimine, Tofranil, Pamelol, and Norpramin. TCAs work by slowing the rate at which neurotransmitters (chemical messengers) re-enter brain cells. This increases the concentration of the neurotransmitters in the central nervous system that relieves depression.
- **Monoamine oxidase inhibitors** (MAOIs) include Nardil and Parnate. MAO is an enzyme responsible for breaking down certain neurotransmitters in the brain. MAOIs inhibit this enzyme and restore more normal mood states.
- **Lithium carbonates** include Eskalith and Lithobid. Lithium reduces excessive nerve activity in the brain by altering the chemical balance within certain nerve cells. This drug is effective in treating bipolar disorder.
- **Selective serotonin reuptake inhibitors** (SSRIs) include Prozac, Zoloft and Paxil. SSRIs act specifically on serotonin, making it more available for nerve cells, thus easing the transmission of messages without disrupting the chemistry of the brain.

Medication usually produces a marked improvement in six weeks, but may require up to 12 weeks for full effect.

*“Antidepressant drugs are usually effective in more than two thirds of people with depression, provided that the drugs are taken in a sufficient dosage over a long period of time.”*

## Side Effects

Antidepressants may cause mild and usually temporary side effects in some people. 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, and ways to deal with them, are:

- Dry mouth -- drink lots of water; chew sugarless gum; 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 worrisome, discuss 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 feeling drowsy or sedated.

The newer antidepressants have different types of side effects:

- Headache -- this will usually go away.
- Nausea -- even when it occurs, it is transient after each dose.
- Nervousness and insomnia -- these may occur during the first few weeks; dosage reductions or time will usually resolve them.
- Agitation -- if this happens for the first time after the drug is taken and is more than transient, consult your doctor.

## **Psychotherapy**

There are many forms of psychotherapy effectively used to help depressed individuals, including some short-term (10 - 20 weeks) therapies. 'Talk' therapies help patients gain insight into and resolve their problems through verbal 'give-and-take' with the therapist. 'Behavioral' therapists help patients learn how to obtain more satisfaction and rewards through their own actions and how to unlearn the behavioral patterns that contribute to their depression.

Two of the short-term psychotherapies that research has shown helpful for some forms of depression are Interpersonal and Cognitive/Behavioral therapies. Interpersonal therapists focus on the patient's disturbed personal relationships that both cause and exacerbate the depression. Cognitive/behavioral therapists help patients change the negative styles of thinking and behaving often associated with depression.

Psychodynamic therapies, sometimes used to treat depression, focus on resolving the patient's internal psychological conflicts that are typically thought to be rooted in childhood.

In general, the severe depressive illnesses, particularly those that are recurrent, will require medication (or ECT under special conditions) along with psychotherapy for the best outcome.

## **Electroconvulsive Therapy (ECT)**

ECT, also called electroshock treatment, is used for severely depressed patients and/or those who have not responded to antidepressant medication and/or psychotherapy. During this therapy, an electric current travels through electrodes placed on the temples, causing a generalized shock that produces biochemical changes in the brain.

## **Light Therapy**

In light therapy a special kind of light, called a broad-spectrum light, is used to give people the effect of having a few extra hours of daylight each day. Light therapy is helpful in treating people with seasonal affective disorder (SAD). SAD is a serious depression that recurs each year at the same time, starting in fall or winter and ending in spring or in spring or summer and ending in winter.

## Helping yourself

Depressive disorders make you feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views 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 yourself difficult goals or take on a great deal of responsibility.
- Break large tasks into small ones, set some priorities, and do what you can as best you can.
- Do not expect too much from yourself too soon as 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 ballgame, or participating in religious or social activities.
- Don't overdo it or get upset if your mood is not greatly improved right away. Feeling better takes time.
- Do not make major life decisions, such as changing jobs or getting married or divorced, without consulting others who know you well and who have a more objective view of your situation. In any case, it is advisable to postpone important decisions until your depression has lifted.
- Do not expect to snap out of your depression. People rarely do. Help yourself as much as you can, and do not blame yourself for not being up to par.
- Remember not to accept your negative thinking. It is part of the depression and will disappear as your depression responds to treatment.

## Questions to ask your doctor

- *Has a complete diagnostic evaluation been given?*
- *What type of depression is it?*
- *What kind of treatment should be used or sought?*
- *Would an antidepressant medication be prescribed?*
- *If so, what are the side effects?*
- *After treatment is started, how long will it take before there is an improvement?*
- *Is the depression likely to return?*
- *If the depression is due to a serious loss, how long is the depression going to last?*
- *What measures can be taken to help the process?*
- *Where can the family get help to cope with this disorder or get more information?*

## Family and friends can help

Since depression can make you feel exhausted and helpless, you will want and probably need help from others. However, people who have never had a depressive disorder may not fully understand its effect. They won't mean to hurt you, but they may say and do things that do. It may help to share this information with those you most care about so they can better understand and help you.

## Helping the depressed person

The friends and family members of someone who is depressed are often at a loss to explain the changes in attitude and behavior that can occur as a result of depression. Before the condition is diagnosed and treated, considerable friction may arise in relationships as people on both sides try to

understand what is going on. If you suspect that someone you know is depressed, it's important to encourage them to seek professional advice and care as soon as possible. If the person is severely depressed and their life or wellbeing is at risk, you may have to intervene on their behalf.

During the recovery period, you can be an enormous help to the depressed person by showing your willingness to listen and be there as a **non-judgmental source of support**. It's important to realize that depression results in an altered (often very negative) way of viewing the world. This can be hard to understand from your non-depressed view of the world. You don't have to 'buy in' to their perspective - sometimes it's helpful for a person with depression to know that you understand the way they are seeing things at the present time and that you believe a more optimistic view of the world will reappear once the depression has been effectively treated. Some people who are suffering from depression require assistance in keeping up with routine daily activities such as housekeeping chores and meal preparation - lend a hand where you can.

Invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused. Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not 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.

Do not accuse the depressed person of faking illness or of laziness, or expect him or her 'to snap out of it.' Eventually, with treatment, most depressed people do get better. Keep that in mind, and keep reassuring the depressed person that, with time and help, he or she will feel better.

### **Depression and suicide:**

Thoughts of death and suicide are a typical symptom of depression. An estimated 15 percent of those with depression commit suicide over a lifetime, and depression is considered to be the underlying cause in half of all suicides. Because depression can have fatal consequences, treatment should not be delayed. **Any** mention of suicide - such as "I wish I were dead," or "Everyone would be better off without me" - should be taken seriously.

### **Where to get help**

A complete physical and psychological diagnostic evaluation will help you decide the type of treatment that might be best for you. Listed below are the types of people and places that will make a referral to, or provide, diagnostic and treatment services. Check the Yellow Pages under 'mental health,' 'health,' 'social services,' 'suicide prevention,' 'hospitals,' or 'physicians' for phone numbers and addresses.

- Family doctors
- Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- Hospital outpatient clinics
- Family service/social agencies
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies

**There is hope in learning more:**

Reach out for help ... because the more you learn about depression, the better you will understand that it has specific causes and effective treatments. And like any illness, depression can affect anyone at any time.

By reaching out for information you can recognize the signs and symptoms of depression. The knowledge may not only help you but may also someday allow you to help someone get the treatment he or she needs to live a healthy and fulfilling life.

**“Learn to understand and accept mental illness.”**