

Depression

Depression is a common illness that can affect anyone—children, adolescents, and adults. About 1 in 20 Americans—more than 17 million people—suffers from depression every year. Women are twice as likely as men to get depression. Depression is a medical problem that can be treated. This pamphlet explains:

- Symptoms of depression
- How it is diagnosed
- How it can be treated

Depression is a common medical problem. It affects many people and, in most cases, can be treated with success.

What Is Depression?

Depression is a medical disorder. It is not simply feeling sad or "down" for a short time or feeling grief after a loss. Depression can last for years if it is not treated. Depression disrupts your daily life. It affects your thoughts, feelings, behavior, and physical health. It also can affect how you relate to your family, friends, and people at work.

Depression has many causes. A family history of depression or a history of physical, emotional, or sexual trauma early in life increases your risk of depression. It often occurs along with other emotional problems, such as anxiety and panic attacks. Other illnesses may trigger depression. About 10–15% of all cases of depression are triggered by other medical conditions (such as thyroid disease, cancer, or neurologic problems). In some cases, medications can increase the risk of depression or cause symptoms to worsen. In some people, depression may occur when the chemicals in the brain are not balanced. The use of drugs or alcohol or a history of abuse also can be linked to depression.

Depression is not a weakness or a fault and can occur even though life is going well. Conditions such as extreme stress or grief may bring on the disorder. Sources of stress may include:

- Trying to balance tasks at work and home
- Problems in a relationship
- Having a stressful job
- Being a single parent
- Having money problems
- Divorce or death of a partner
- Being a victim of a crime or trauma

Depression also can get worse around the time of certain reproductive events, such as *menstruation*, pregnancy, loss of a baby, birth of a baby (*postpartum depression*), *infertility*, and *menopause*.

When feelings of sadness are linked to a certain situation, you may feel better when the situation improves. However, symptoms linked to a situation can sometimes trigger more long-lasting depression. If the feelings do not go away, they may need to be treated. Talk to your doctor about what options may be right for you.

Symptoms

Symptoms of depression are shown in the box. You may have other physical or mental symptoms of depression as well. These may include:

- Headaches or other aches and pains
- Digestive problems
- Sexual problems
- Hopeless and negative feelings
- Worry or fear

The time when the symptoms of depression occur is called an episode. An episode lasts at least 2 weeks and often longer. People often have more than one episode.

Depression may be mild, moderate, or severe (major). If you have mild depression, it may take extra effort to do what you have to do, but often you can still do those things. With moderate depression, you may not be able to do some of the things you need to do. If you have major depression, you may not be able to do any of the daily tasks you need to do. No matter what type of depression you have, if you ever feel that life is not worth living or think about suicide, get help right away.

Some kinds of depression are mild but chronic (long-lasting or recurring episodes). Even though they are mild, chronic symptoms should be treated.

Symptoms of Depression

People who are depressed have several symptoms of the illness nearly every day, all day, for at least 2 weeks. They may have some of the following symptoms:

- Lack interest in things they used to enjoy
- Feel sad, blue, or "down in the dumps"
- Slow down or act restless and not able to sit still
- Feel worthless or guilty
- Have a change in appetite or lose or gain weight
- Have thoughts of death or suicide or try to commit suicide
- Have problems concentrating, thinking, remembering, or making decisions
- Sleep too much or are not able to fall asleep or to stay asleep
- Lack energy and feel tired all the time

If you or someone you know has had at least five of these symptoms (including at least one of the first two), you may be depressed. If you have any of these symptoms, talk to your doctor.

Diagnosis

The diagnosis of depression is based on the types of symptoms, how often they occur, and how severe they are. In looking for the cause of your depression, the doctor will ask questions about your other medical problems, use of certain medications, and use of drugs or alcohol. If one of these things may be causing your depression, treating that problem may relieve the depression. Your doctor will ask you if you have ever thought about suicide. If so, he or she may refer you to a specialist.

Treatment

You and your doctor should work as a team to find the best treatment options for you. Treatment may include antidepressant medication, psychotherapy, or both. It may include a hospital stay. There are also things you can do to help cope with depression (see box).

Some types of treatment work better for some types of depression than for others. When thinking about treatment options, make sure to get the answers to these questions:

- How long will it take for me to get better?
- What are some risks and side effects?
- How long will I require treatment?

Anti-depressants

Medications (anti-depressants) often are used to treat severe depression. These medications also may be useful for moderate depression. Anti-depressants relieve symptoms in more than one half of the people who take them. They work by changing the balance of chemicals in the brain. Most people who take them start to feel better after a few weeks.

Coping With Depression

If you are depressed, there are things you can do to make your daily life easier:

- Do not demand too much of yourself.
- Set a routine that is realistic. Do not expect to be able to do all the things you are used to doing.
- Avoid making any major life decisions. If you must make such a decision, ask someone you trust to help you.
- Avoid drinking alcohol or using drugs that your doctor has not prescribed.
- Seek out people you trust and support groups for help. Emotional support is key to help you get better.
- Follow your doctor's advice. Take medication correctly and keep all your appointments.
- Follow a regular schedule for going to bed and waking up.
- Eat healthy foods and drink plenty of water.



There are many types of anti-depressants. Your doctor will prescribe one based on your symptoms and your medical and family history. It may take some time to find the type that works best for you and has the fewest side effects. Like all medications, anti-depressants work best if you:

- Take them as your doctor prescribes
- Report side effects that bother you
- Follow all parts of your treatment plan

All anti-depressant medications can have some side effects. About one half of the people who take them get some side effects early in their treatment (the first 2–3 weeks). Most side effects go away after this time. Common ones include:

- Nausea
- Dizziness
- Constipation
- A skin rash
- Feeling sleepy or having trouble sleeping
- Gaining or losing weight
- Feeling restless
- Sexual problems, including loss of libido

More serious side effects are rare. These may include trouble urinating, heart problems, seizures, or fainting. Tell your doctor if you have any side effects.

While you are taking anti-depressants, do not drink alcohol or use any drugs your doctor has not prescribed. Drugs and alcohol can affect how well the medication works and may cause unsafe side effects.

Your doctor will want to see you more often when you are starting treatment to check the dosage, watch for side effects, and see how the treatment is working. Once you begin to feel better, you may visit your doctor less often. However, if at any time you feel suicidal or that life is not worth living, seek help right away.

You may need to take the medication for at least a few months after you feel better. This helps to prevent the depression from coming back. If you have had three or more episodes of depression, you may need long-term treatment to stay well.

Psychotherapy

In psychotherapy, a therapist works with you to help you overcome your depression. You work with the therapist to identify problems and changes in behavior that can help relieve symptoms. Psychotherapy alone helps about one half of the people with mild to moderate depression. You can work with your doctor to find a therapist.

You may have one-on-one therapy (with just the therapist and you) or group therapy (with a therapist and other people with problems like yours). If you have family or marriage therapy, you and family members or your spouse may work with a therapist.

If psychotherapy does not work, another kind of treatment may be needed. Psychotherapy often is coupled with anti-depressant medication to treat severe depression.

Psychotherapy Plus Anti-depressants

Psychotherapy plus medication relieves the symptoms of depression in most patients. It may take a couple of months for the treatment to work. This combined treatment may work best for long-term depression, for people more severe episodes, or for people who do not respond fully to medicine or psychotherapy alone.

Light Therapy

Some people have mild or moderate seasonal depression (depression that comes during seasons with shorter days). This is known as seasonal affective disorder or SAD. Light therapy may help some people who have this disorder. With light therapy, people are exposed to light for about 20 minutes every morning.

Hospital Treatment

Most people who have depression are treated with outpatient visits to their doctors or therapists. People who do not get better or who are at risk of suicide may need to stay in the hospital for a few days or longer. Being in the hospital removes the patient from daily stressful conditions and offers more intense treatment.

Special Concerns During Pregnancy

Pregnancy is often thought to be a very happy time in a woman's life. But for some women it can be a time of sadness, stress, and, in some cases, depression. About 15–20% of women will have some symptoms of depression during pregnancy. Some women are depressed before pregnancy and some develop the symptoms during pregnancy. Although being pregnant does not increase a woman's risk of depression, pregnancy also does not protect against it.

Women with any of the following risk factors may be at increased risk for depression during pregnancy:

- Family or personal history of depression
- Previous pregnancy loss
- Stressful life events, such as financial or relationship problems
- Complications during pregnancy

If you are depressed, planning for pregnancy can improve your health and that of your future child. You should see your doctor before getting pregnant to discuss your care. If you are taking antidepressants to treat depression, your doctor may recommend that you continue to take them or, in some cases, he or she may suggest that you decrease the dose or stop the medication until after you have the baby. Some medications are more harmful to the fetus than others, so you may need to switch to a different medication during pregnancy. In other cases, it may be better to keep taking medication than to risk having depression during pregnancy. Depression that is not treated can pose risks to the mother and the baby. It can lead to poor nutrition, increased alcohol and drug use, problems in mother–child bonding, and family relationship problems.

Some women may feel fine during pregnancy, but feel sadness, anger, or anxiety after having a baby. This is sometimes called the "baby blues" and it is normal. In fact, about 70–80% of women have baby blues after childbirth. It does not mean that you are a failure as a woman or as a mother or that you have a mental illness. Having these feelings means that you are adjusting to the many changes that follow the birth of a child. The baby blues often go away in a few hours or a week or so without treatment.

If the baby blues do not go away after a week or two, you may have postpartum depression. Women with postpartum depression have such strong feelings of sadness, anxiety, or despair that they have trouble coping with their daily tasks. Without treatment, postpartum depression may become worse or may last longer.

If you think you may be depressed, get help. Talk with your doctor about your symptoms and treatment options. Use resources for counseling and treatment. Even if your depression is severe, treatment can help you return to normal soon. Treatment may include psychotherapy (alone or with a group), medication, or other options.

Finally...

Depression is a common medical problem. It affects many people and, in most cases, can be treated with success. It may take some time for your depression to go away. With treatment, you can get better.

Glossary

Infertility: A condition in which a couple has been unable to get pregnant after 12 months without the use of any form of birth control.

Libido: The desire for, or interest in sex; sex drive.

Menopause: The time in a woman's life when ovaries stop functioning and menstruation stops.

Menstruation: The discharge of blood and tissue from the uterus that occurs when an egg is not fertilized.

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and that do not go away after 2 weeks.