

## **All About Depression**

Some people are misguided in thinking that depression is merely a state of mind that people can "snap out of" if they are willing. This is not true. Depression is a real illness, just like heart disease or diabetes. And, as people deal with any chronic disease, they must learn how to recognize depression and control it throughout their lives. Even in ancient times depression was recognized as an illness. The Ebers Papyrus, one of the world's oldest medical documents from ancient Egypt, describes a condition of severe despondency that is equivalent to our modern definition of depression. There are references to depression in the book of Samuel of the Old Testament. Hippocratic writings of the fourth century describe "melancholy" as a condition thought to arise from an imbalance in the humors of the body. In addition to many references to depression in the literature, many notable philosophers, scientists, politicians, actors and writers have struggled with periods of depression in their lives.

Depression is an illness that causes a disturbance in an individual's emotions and feelings, what is referred to as mood. Most people experience a down mood from time to time throughout their lives. True depression is suspected when people consistently find themselves in depressed moods every day over a period of two weeks or more. Typically, if people are suffering from depression, their mood will prevent them from living their lives as they normally do. Stressful life events, like a death in the family or financial problems, can trigger depression. Sometimes, people find themselves depressed for no apparent reason. Most often depression produces a sad mood, however some people experience indifference, apathy, loss of pleasure or irritability instead. In addition to disturbing one's mood, depression can interfere with several basic body functions including changes in sleep, decreased or increased appetite, sluggishness, restlessness, fatigue, loss of concentration and poor memory. People with depression may feel excessive shame or guilt and dwell on thoughts of death or dying, including ideas about suicide.

At any given time, about 5 percent of the population of the United States suffer from major depression. It affects people of all ages, races and ethnic groups. For unknown reasons, women are almost twice as likely as men to suffer from depression. The lifetime prevalence of major depression is about 20 to 26 percent for women and 8 to 12 percent for men. Unlike other diseases that an individual can contract only once in a lifetime, depression is a recurrent condition. Those who have had an episode of depression have better than a 50 percent chance of the depression recurring sometime in their lives. Depression can occur at any age, but the average age of onset is about 40. Although many people experience their first episode of depression in their late teens or early adulthood, the incidence of depression increases with age. The elderly are at a high risk of developing depression as they face multiple health problems or the loss of loved ones. Persons of any age or race may contemplate suicide as part of their depression, but older white men are more likely than younger individuals to actually commit suicide. Overall, about 15 percent of patients who have

depression for more than one month commit suicide. Many of these patients seek medical help before their suicide, often within one month of their death.

### **Understanding Your Body**

The brain is the control center for every part of the body. It controls our conscious behavior (walking and thinking) and our involuntary behavior (heartbeat and breathing). The brain also regulates our emotions, memory, self-awareness and thought processes. The brain receives information via nerve cells, called neurons, from every part of the body. The brain evaluates the information it receives and sends appropriate instructions via the neurons. Each one communicates with the cells around it through electrical signals. When a nerve signal reaches the end of one cell, it must pass over a gap to reach the other one. The nerve causes a release of chemicals called neurotransmitters. The improper relay of signals may be partly responsible for depression.

### **Causes**

- **Biological Factors** --The underlying causes of depression are not well understood, although there are a lot of clues suggesting that various systems in the brain may cause depression or be affected by it. For example, major depression is characterized by excessive sleep. So, it is very likely that the brain stem (which controls sleep) plays a role in depression. Similarly, abnormalities in the cerebral cortex (which controls thinking) probably have to do with the inability to concentrate and negative thoughts that can be characteristic of depression.

Imbalances in neurotransmitters (chemicals in the nervous system) seem to play a key role in depression. Research into the way antidepressant medications function has provided the greatest insight in this area. For example, certain medications used to treat depression have been shown to increase the amount of neurotransmitters such as norepinephrine, serotonin and dopamine in the brain; this suggests that a chemical imbalance in the brain causes depressive symptoms. Abnormalities in the neuroendocrine system of the brain also seem to play a role in depression, including abnormalities linked to the thyroid, pituitary and adrenal glands.

- **Genetic Factors** -- Individuals with a family history of depression have a greater risk of becoming depressed than the general population. Some researchers believe that a "single depression gene" exists, but there is mounting evidence to suggest that several genes may be responsible for causing depression.
- **Social and Environmental Factors** -- Social and environmental factors also may cause depression, but there are many conflicting studies concerning this issue. For example, some studies suggest that adverse life events such as divorce, serious illness or multiple episodes of misfortune may cause depression. Other studies have found that no such relationship exists.

- **Strokes and Depression** --In some cases, a stroke may cause depression. Strokes that cause depression are more likely to occur in the left frontal lobe of the brain, but they can be found elsewhere. One study of older adults found that damage to specific areas of the brain (subcortical white matter lesions) were more likely to be found in people with major depression than in healthy individuals, or patients with dementia (progressive decline in the ability to think and reason). These small, subcortical strokes are the type found in individuals with long-standing high blood pressure (hypertension), diabetes or other medical illnesses that affect blood vessels in the brain, heart and other organs.

The course and outcome of depression varies with each individual. Depression may begin suddenly or build up gradually. It may last a few weeks, months or even years. Most depressive episodes clear spontaneously after six months. Effective treatment can bring depression under control in a matter of weeks. However, 20 percent of patients become chronically depressed. With antidepressant therapy, the overall prognosis is positive; however, more than 50 percent of patients will have a recurrence of depression at some point in their lives.

The most serious complication of depression is suicide. About 15 percent of patients with untreated depression will kill themselves. It is extremely important for people to seek treatment immediately if they are feeling depressed or if they know someone who is thinking and speaking a great deal about death and suicide. People suffering from depression may feel suicide is a deserved punishment or that the world would be a better place without their existence. In some cases, depressed patients may think about harming others. Aside from suicide, depression can have serious consequences resulting in poor performance at work or school, disruptive relationships, substance abuse and unnecessary medical testing. There is some concern that depression may have a negative affect on the immune system, making people more susceptible to other medical illnesses. However, this relationship has never been proven.

## **Symptoms**

When considering a diagnosis of depression, a doctor looks for nine classic symptoms. A major depressive episode is present if five or more of the following nine symptoms are present during the same two-week period. At least one of the five symptoms must be either a depressed mood or loss of interest or pleasure.

1. Depressed mood for most of the day
2. Disturbed appetite or change in weight
3. Disturbed sleep
4. Psychomotor retardation or agitation
5. Loss of interest in previously pleasurable activities; inability to enjoy usual hobbies or activities
6. Fatigue or loss of energy
7. Feelings of worthlessness; excessive and/or inappropriate guilt

8. Difficulty concentrating or thinking clearly
9. Morbid or suicidal thoughts or actions

An alteration in mood is the "red flag" that alerts the doctor to consider a diagnosis of depression. Depressed individuals typically feel sadness or despair. They find they have lost their ability to feel pleasure and they are no longer interested in things they normally enjoy. Some depressed patients may be more irritable or tense than sad.

If you are depressed, you may notice other emotional changes including an inappropriate feeling of worthlessness or guilt. Many patients experience a marked lack of confidence and feelings of ineptitude. Some people will avoid situations that require any sort of responsibility for fear of failure.

Depression affects the body as well as the emotions. Depressed individuals may notice changes in the way their body functions. Typically, appetite is decreased; although, depression may be expressed as excessive appetite and weight gain. Sleeping patterns also can change if you are depressed. When people suffer from depression, they may have difficulty falling asleep, they may wake up in the middle of the night, or they may wake up in the early morning hours without being able to return to sleep. People who awake in the early hours (terminal insomnia) tend to have the most severe depression. Occasionally, depressed individuals complain of chronic fatigue and report excessive sleeping rather than insomnia. Loss of energy and tiring too easily are also common symptoms of depression. Sex drive may be decreased markedly and may lead to impotence and the inability to have an orgasm. Many people who suffer from depression find that they have difficulty concentrating or thinking clearly. Depressed individuals may feel that they are unable to study or that their efficiency at work is decreased. In severe cases, depressed individuals are not even able to watch television.

### **Treatment Options**

Depression can be treated effectively with antidepressant medications and psychological therapies. Research suggests that antidepressant medications and psychotherapy are equally effective for treating mild to moderate cases of depression. For more severe cases, medications are clearly superior. Electroconvulsive therapy (ECT) is the most effective treatment for depression with psychotic symptoms or when depression is life threatening.

### **Antidepressant Medications**

There are different classes of antidepressant medications and each type has different side effects. Fortunately, all classes of antidepressants are effective. The patient and doctor just have to find the one that works best for the individual. In fact, 60 to 70% of depressed patients who are given an antidepressant recover from their depression in three to six weeks, provided that the dose is sufficient and that the patients take their medication each day as prescribed.

The goal of treatment is complete relief of depressive symptoms, not just partial relief. Patients should be open with their doctors about how they feel after they

begin taking an antidepressant. If they feel better after three to six weeks, but their symptoms are still present, the doctor will likely increase the dose of the antidepressant that they are taking. If they cannot tolerate a higher dose, the doctor will likely switch to another medication. If one's symptoms are no better or worse after three or four weeks, the doctor should suggest that the patient try a different antidepressant.

- **Selective Serotonin Reuptake Inhibitors :SSRIs (e.g. Zoloft, Prozac, Paxil, Luvox)**

Psychiatrists and primary care physicians prescribe these drugs more than any other class of antidepressants. The side effects are tolerable and the drugs are convenient to use.

Common side effects: Side effects of this class of medication include sleep changes (insomnia or sedation), stomach upset, mild headache, anxiety or restlessness, and changes in sexual performance (decreased libido and/or decreased physical sensations). Restlessness and changes in sexual performance can be counteracted with small doses of an additional medication and the other side effects usually last for only a few days.

Usage: These drugs only need to be taken once a day, which makes them convenient. (Usually, Luvox is taken twice a day.) They do not require any special monitoring other than a doctor's evaluation to determine whether they are effective in relieving one's depressive symptoms. They are also safe in overdose.

- **Selective Norepinephrine Reuptake Inhibitors:SNRIs (Effexor, Serzone)**

This class of drugs is also well-tolerated and easy to use.

Common side effects: Overall, the side effects are similar to the SSRIs, although the SNRIs generally cause fewer sexual side effects than the SSRIs. The SNRIs can also produce dry mouth, mild constipation, and urinary retention (excessive build-up of urine in the bladder). At higher doses, venlafaxine (a type of SNRI) may cause high blood pressure; therefore, patients should have their blood pressure checked while taking this medication. The SNRIs are safe in overdose.

Usage: These drugs are usually taken twice a day.

- **Bupropion (Wellbutrin)**

Common side effects: Anxiety, restlessness, and insomnia. At high doses it may cause seizures, so it is not a good choice for individuals with epilepsy or brain injuries.

Usage: One must take Bupropion two or three times a day to limit its side effects, although an extended release form is available that can be used once or twice a day. This drug may cause seizures when taken in large amounts.

- **Mirtazapine (Remeron)**

This is a relatively new antidepressant.

Common side effects: Sedation and weight gain.

Usage: Because mirtazapine is sedating, it is taken once a day at night. This drug is safe in overdose.

- **Tricyclic Antidepressants:TCAs (e.g. Elavil, Pamelor, Norpramin)**

This is one of the oldest classes of antidepressants. These drugs tend to have more side effects and require closer monitoring to ensure their safety. They may also be fatal in overdose. Nevertheless, they remain effective antidepressants. Many patients find them to be helpful when the newer medications have failed.

Common side effects: Sedating, dry mouth, blurred vision, constipation, urinary hesitancy, orthostatic hypotension (lightheadedness upon standing that may lead to falls), tremor, excitement, heart palpitations, and weight gain.

Usage: Patients with closed-angle glaucoma may not use this class of drug. Sometimes it is necessary to monitor TCA blood levels to ensure that patients receive the optimum dose. Recent data have raised questions about the safety of these medications in patients with heart disease; therefore, patients with heart disease should avoid them. Patients over 40 years old should have a cardiogram prior to starting a TCA.

- **Monoamine Oxidase Inhibitors: MAOIs (Parnate, Nardil)**

This class of drug is also an older type of antidepressant with a number of side effects. However, it is often selected to treat “atypical depression” which is characterized by excessive sleep, overeating, somatic complaints (many complaints about body parts hurting), and a hypersensitivity to perceived slights from others. When other classes of drugs have failed, these types of drugs are prescribed.

- Common side effects: Mild to moderate dry mouth, blurred vision, constipation, urinary hesitancy, insomnia or overstimulation, and orthostatic hypotension (lightheadedness upon standing that may lead to falls).

Usage: While one is taking MAOIs, he/she must follow a special diet. Specifically, he/she must avoid foods that are high in the amino acid

tyramine (naturally aged meats and cheeses, microbrewed or home brewed beers, some red wines, and flat beans such as fava beans). Also, if one is taking this type of drug, he/she must avoid over-the-counter cold remedies that contain the decongestant, pseudoephedrine. Ingesting these foods or this decongestant may cause a potentially fatal hypertensive crisis. Patients over 40 should have a cardiogram before starting a MAOI.

### **Psychotherapy**

There are a number of effective psychotherapies that have been developed specifically to treat depression, including cognitive-behavioral therapy, interpersonal psychotherapy, and short-term or focused psychodynamic psychotherapy. Clinical trials show that these approaches are equally effective as antidepressant medications for patients with mild to moderate depressive symptoms. Basically, these therapies target one or more aspects of a patient's thoughts, feelings, or personal interactions that bring on and sustain an episode of depression. Patients should avoid therapies that seem open-ended or that have poorly defined goals. More information about specific types of psychotherapies can be found in the Psychotherapy section of the Mental Health Center.

### **Treating Relapses**

Once depression is under control, the physician will usually instruct the patient to continue medication at the same dose for nine to twelve months to prevent a relapse. After a second depressive episode, the doctor may prescribe an antidepressant for as long as two years. Patients who have had three or more episodes of depression have a very high risk of recurrence. These patients may need to take an antidepressant for an indefinite period (possibly for life) to decrease the chance of future depressive episodes.

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