

PLAIN TALK ABOUT DEPRESSION

During any 6-month period, 9 million American adults suffer 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 handout 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.

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.

Modified from *Plain Talk about . . . depression*, a brochure produced by the Office of Scientific Information of National Institute of Mental Health. The writer was Marilyn Sargent.

TYPES OF DEPRESSION

Depressive disorders come in different forms, just as do other illnesses, such as heart disease. This handout briefly describes three of the most prevalent types of depressive disorders. However, within these types there are variations in the number of symptoms, their severity, and their persistence.

Major depression is manifested by a combination of symptoms (see symptom list) that interfere with the ability to work, sleep, eat, and enjoy once pleasurable activities. These disabling episodes of depression can occur once, twice, or several times in a lifetime.

A less severe type of depression, *dysthymia*, involves long-term, chronic symptoms that do not disable, but keep you from functioning at "full steam" or from feeling good. Sometimes people with dysthymia also experience major depressive episodes.

Another type is *bipolar disorder*: formerly called manic-depressive illness. Not nearly as prevalent as other forms of depressive disorders, bipolar disorder involves cycles of depression and elation or mania. Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, you can have any or all of the symptoms of a depressive disorder. When in the manic cycle, any or all symptoms listed under mania may be experienced. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment. For example, unwise business or financial decisions may be made when an individual is in a manic phase. Bipolar disorder is often a chronic recurring condition.

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, or "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, or 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

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.

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.

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 disorder, and if so what type you have. Certain medications as well as some medical conditions can cause symptoms of depression and the examining clinician should rule out these possibilities.

A good diagnostic evaluation also will include a complete history of your symptoms, that is, when they started, how long they have lasted, how severe they are, whether ~ had them before and, if so, whether you were treated and what treatment you received. You will be asked 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 psychotherapies and antidepressant medications 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.

ANTIDEPRESSANT MEDICATIONS

There are several different types of medications used to treat depressive disorders. Sometimes your doctor will try a variety of antidepressants before finding the medication or combination of medications most effective for you. Sometimes the dosage must be increased to be effective. Also, new types of antidepressants are being developed all the time, and one of these may be the best for you.

Antidepressant drugs are not habit-forming, so you need not be concerned about that. However, as is the case with any type of medication prescribed for more than a few days, antidepressants have to be carefully monitored to see if you are getting the correct dosage. Your doctor will want to check the dosage and its effectiveness regularly.

Anti-anxiety drugs, such as Valium, are *not* antidepressants. They are sometimes prescribed along with antidepressants; however, they should not be taken alone for a depressive disorder. Sleeping pills and stimulants, such as amphetamines, are also inappropriate.

PSYCHOTHERAPIES

There are many forms of psychotherapy effectively used to help depressed individuals, including some short-term (10-20 weeks) therapies. "Talking" 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.

The severe depressive illnesses, particularly those that are recurrent, may require medication along with psychotherapy for the best outcome.

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 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 ball game, 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, getting married, or getting 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*; do not accept your negative thinking. It is part of the depression and will disappear as your depression responds to treatment.

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 handout with those you most care about so they can better understand and help you.

HELPING THE DEPRESSED PERSON

The most important thing anyone can do for the depressed person is to help him or her get an appropriate diagnosis and treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks), or to seek different treatment if no improvement occurs. On occasion, it may require making an

appointment and accompanying the depressed person to the doctor. It may also mean monitoring whether the depressed person is taking medication.

The second most important thing is to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed, but point out realities and offer hope. Do not ignore remarks about suicide. Always report them to the depressed person's therapist.

Invite the depressed person for walks, for outings, to the movies, and to other activities. Be gently insistent if your invitation is refused. Encourage participation in some activities that once gave pleasure, such as hobbies, sports, or 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.

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," "psychologist," "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 or psychology departments and outpatient clinics
- University- affiliated programs or medical school-affiliated programs
- State hospital outpatient clinics
- Family service/social agencies
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies