



Depression



Everyone feels “blue” or “low” from time to time. It’s a normal, healthy reaction to the disappointments, losses, and separations that occur in everyday life. It’s one thing to be down in the dumps, but quite another to be depressed. Sadness is normal, but depression is a major illness.

Depression prevents pleasure, saps energy, and interferes with daily life; it can also lead to heart disease and other medical problems. Because depression has many faces, it can be hard to recognize—but once it’s diagnosed, it can be treated.

Who Gets Depressed?

Anyone can get depressed, and many of us do. About 15 million Americans suffer from depression every year. Over the course of a lifetime, one in seven will have at least one bout of depression. The illness can occur at any age; and it’s twice as common in women as men.

Depression may come on without warning or as a result of a life stress or medical illness. Depression is a complex disorder that has many causes. Genes, imbalances in the chemicals that brain cells use to communicate with each other, hormones, and life experiences are among the factors that play a role.

Symptoms of Major Depression

People who are depressed often feel sad and hopeless, but they also can feel anxious, irritable, or just “blah”—having no feelings at all. Physical symptoms are also common, including problems with sleep, appetite, and bowel function. Aches and pains are typical, as is weight loss. But if physical symptoms are severe or if the mental changes are atypical, depression can be hard to diagnose.

Doctors use the following guidelines to diagnose depression:

At least one of these two symptoms should be present, for at least 2 weeks:

- Depressed mood.
- Severely diminished interest in, or pleasure from, activities that are usually enjoyable.

In addition, at least four of these seven symptoms should be present, again for at least 2 weeks:

- Substantial change in appetite, weight loss, or (*less commonly*) weight gain amounting to about 5% of body weight in 1 month.
- Insomnia or (*less commonly*) excessive sleep.
- Fatigue or loss of energy.
- Diminished physical activity or, in contrast, agitation.
- Impaired ability to think, concentrate, or make decisions.
- Diminished self-esteem with feelings of worthlessness or inappropriate guilt.
- Recurrent thoughts of death or suicide.

Adapted from: American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, 1994.*

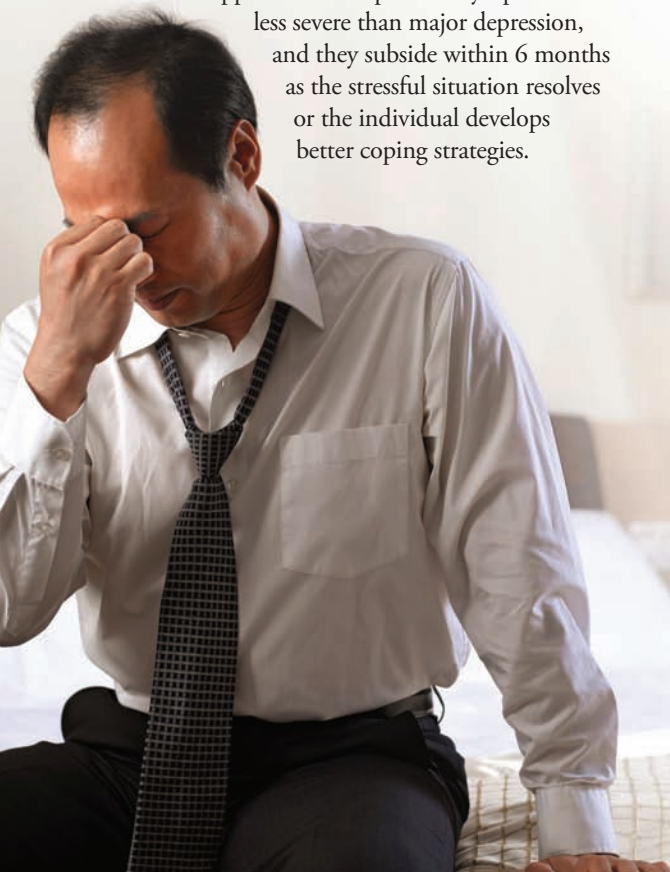
Even without meeting all the criteria for major depression, many people have milder depression (*see pages 4 & 5*) that will benefit from treatment. So if you have some of these symptoms, ask your doctor about treatment.



Other Types of Depression

Dysthymia. Less severe than major depression, it's a low-grade condition that lasts for at least 2 years. Many people mistake dysthymia for a gloomy personality, thus depriving themselves of treatment. Dysthymia may turn into major depression, making it all the more important for people to recognize and treat it as early as possible. At the same time, it's also important to distinguish true depression—which requires treatment—from normal sadness and grief that often occur following a major loss, or on the anniversary of a loss.

Reactive depression. These episodes are triggered by a major life stress or loss. Patients are unduly preoccupied with the stressful event, often finding it impossible to think of anything else. Like individuals with major depression, they feel hopeless, helpless, and worthless, and they often have problems with appetite and sleep. These symptoms are less severe than major depression, and they subside within 6 months as the stressful situation resolves or the individual develops better coping strategies.



Seasonal affective disorder (SAD). About 10% of all depressive illnesses occur in a seasonal pattern, usually beginning in the fall and resolving in the spring. Like all forms of depression, sadness and fatigue are two major symptoms, but unlike other types of depression, SAD is usually accompanied by overeating, weight gain, and excessive sleeping. SAD is more common in the north and has been attributed to a lack of daylight. In addition to standard treatments (*see pages 8-11*), doctors also use light therapy.

Post-partum depression. New mothers may develop symptoms of major depression within 1 month of delivery. Changing hormone levels may be to blame. Prompt therapy is important to protect both mother and child.

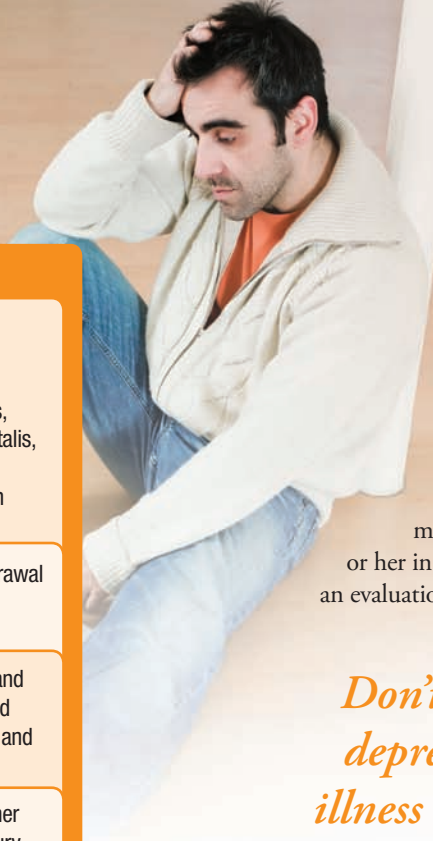
Bipolar disorder (manic depressive illness) and psychotic depression. These are major mental illnesses that require special treatment by experts. Talk to your doctor or mental health professional.

Many patients with depression do not fit neatly into one of these categories.

Diagnosis

To find out if you're depressed, your doctor will ask about your symptoms and observe your mood, appearance, and energy level. In fact, old-fashioned listening and looking are the best diagnostic tools. But it's also important for your doctor to evaluate your general health. Table 1 lists some medical problems that can trigger depression.

(See page 6 for some medical causes of depression.)



Are You Depressed?

Depression has many faces.

Sir Winston Churchill recognized his as a “black dog” that turned up unexpectedly; TV’s Mike Wallace felt his depression as “endless darkness.” But many people have a harder time recognizing their own depression. If you feel a loved one may be depressed, discuss it with him or her in a supportive way and encourage an evaluation by a trusted personal physician.

Don't settle for sadness; depression is a medical illness that can be treated.

Getting Help

Because depression interferes with daily function and can lead to problems that range from heart disease to suicide, it should be treated. Unfortunately, depression makes people feel worthless and listless so they're slow to seek and accept help.

If you think you or a loved one may be sliding into depression, ask for help. Your primary care physician (PCP) is a great place to start. PCPs can diagnose depression, and they can successfully treat many cases with a combination of friendly support and modern medications. They can also refer patients to mental health professionals for talk therapies and to psychiatrists for complex medication and treatment issues.

Table 1 Some Medical Causes of Depression

Medications	Beta-blockers, older anti-hypertensives, steroids, tranquilizers and sleeping medications, antihistamines, stomach acid blockers, digitalis, drugs for abnormal heart rhythms, levodopa, and pain relievers
Substance-related problems	Alcohol, cocaine, and withdrawal from stimulants (including nicotine and caffeine)
Endocrine and metabolic problems	Thyroid disease, adrenal gland disease, diabetes, high blood calcium, low blood sodium, and lead toxicity
Neurologic disorders	Alzheimer's disease and other dementias, stroke, head injury, Parkinson's disease, brain tumors, multiple sclerosis, and seizure disorders
Infections	Mononucleosis, HIV and other viral infections, and Lyme disease
Nutritional disorders	Vitamin B12 deficiency
Malignancies	Pancreatic and other types of cancer
Cardiovascular disease	Congestive heart failure
Other disorders	Chronic pain from any cause, lupus, polymyalgia, fibromyalgia, chronic fatigue syndrome, and sleep apnea

Treatment: *Talk Therapies*

A variety of techniques are available; here's a look at two of the most effective:

Interpersonal psychotherapy. The goal is to understand the life stresses and personal relationships that may have triggered depression. It can help to improve your ability to overcome these problems and resume normal, happy functioning.

Cognitive-behavioral therapy. The therapist teaches you to replace negative thoughts with positive ones and to regain successful function in social situations.

Treatment: *Medications*

Medications have revolutionized the treatment of depression, often allowing PCPs to treat the illness. Since depression is so common, it's not surprising that many drugs are available. Since no two patients are alike, your doctor will help decide which is best for you.

In general, antidepressants take 2 to 4 weeks to kick in. Doctors will often treat for about 6 months, and then taper the dose before stopping therapy. If symptoms return, the drug is usually resumed for 6 to 12 months or longer, if necessary. If one type of drug is ineffective or if troublesome side effects occur,

the doctor will switch to another type of medication. As people with major depression begin to improve and gain energy on medication, the potential for suicide may increase in patients who are at risk. Close monitoring by relatives and mental health professionals is important, particularly for children and adolescents.

Depression is a medical illness that can be treated.

All of the major antidepressants are very effective, but they differ in how easy they are to use and in their side effects and drug interactions. **Here is a quick review of the major groups:**

Selective serotonin reuptake inhibitors (SSRIs).

Because they are safe and easy to use, many doctors turn to SSRIs first. They have the advantage of treating anxiety disorders as well as depression. Sexual dysfunction is a possible side effect; jitteriness, dizziness, and intestinal symptoms are less common.



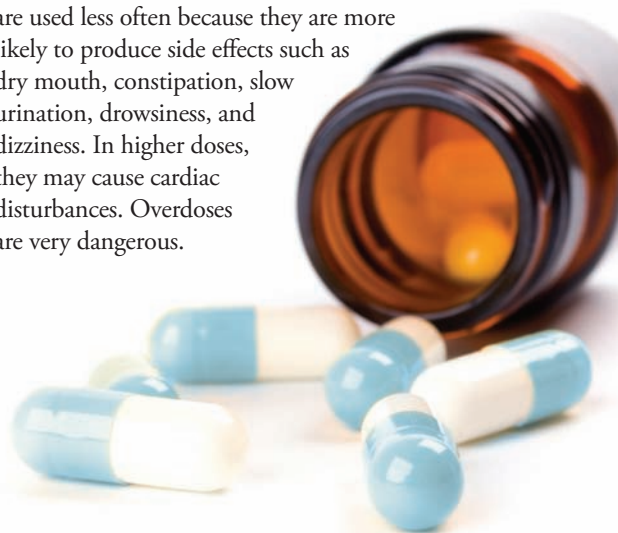
Serotonin-norepinephrine reuptake inhibitors. These agents resemble the SSRIs in their efficacy and side effects. In high doses they may increase blood pressure. Side effects may include dizziness, insomnia, dry mouth, and constipation; sexual dysfunction is uncommon with use of venlafaxine. Duloxetine is also approved for the treatment of neuropathic pain.

Dopamine-norepinephrine reuptake inhibitors.

Bupropion is unlikely to produce sexual dysfunction, but may produce dry mouth, loss of appetite, sweating, and insomnia. Patients with seizure disorders should not take bupropion. Bupropion is also approved to assist with smoking cessation.

Tricyclics. These are the oldest antidepressants. Although they are as effective as the newer drugs, they

are used less often because they are more likely to produce side effects such as dry mouth, constipation, slow urination, drowsiness, and dizziness. In higher doses, they may cause cardiac disturbances. Overdoses are very dangerous.



Antipsychotics. These medications are not well-known as treatments for depression. They are more commonly given to people who have developed serious problems with their thoughts or perceptions. For example, an antipsychotic might be given to someone who develops a fixed idea that has little or no basis in reality. However, for reasons that are not well known, antipsychotic medications also help people who are depressed, even when they don't have any apparent problem with their thinking. Experts think these drugs may be especially good for calming excessive feelings of anxiety or irritability. Studies show that antipsychotic medications can be helpful when taken in addition to an antidepressant that only provided partial relief. In many cases, only a very low dose is needed, but your doctor will work with you to find the dose that is best for you. Side effects of these medication can include weight gain, the development of metabolic syndrome (*which increases the risk of heart disease*), muscle spasms, and restlessness. Use of these drugs should be monitored by a psychiatrist or other physician familiar with how they are used.

A list of possible side effects can make any medicine sound scary. Remember, though, that depression is a serious illness and that these medications are both safe and effective when used with customary care.

Table 2 Selected Antidepressants

Category	Drugs
Selective serotonin reuptake inhibitors	Citalopram
	Escitalopram
	Fluoxetine
	Fluvoxamine
	Paroxetine
Serotonin-norepinephrine reuptake inhibitors	Duloxetine
	Venlafaxine
Dopamine-norepinephrine reuptake inhibitors	Bupropion
Tricyclics	Amitriptyline
	Imipramine
	Desipramine
	Nortriptyline
	Protriptyline
Antipsychotics	Aripiprazole
	Quetiapine

Treatment:

Supplements and Lifestyle

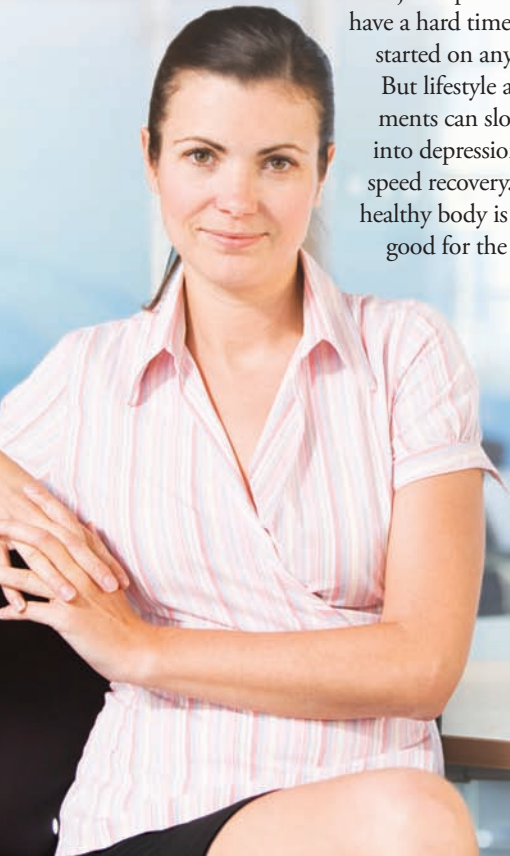
Although many supplements are touted for depression, only St. John's wort has known benefits. It may have a role in the initial treatment of mild depression, but should not be used for serious depression or in combination with prescription antidepressants.

*For the sake of your health, your happiness,
and your family, don't turn your back on depression.*

A healthy lifestyle can help many illnesses, and depression is no exception. Moderate exercise, supportive relationships, positive life experiences, and even pets can be helpful. The trouble is, people

with major depression can have a hard time getting started on any of these.

But lifestyle adjustments can slow the slide into depression or help speed recovery. And a healthy body is always good for the mind.



Fighting Depression

Depression is a difficult illness that can be dangerous. The first step in fighting depression is to recognize the problem. The next step is to understand that it is a treatable illness. The final step is to seek and accept the help you need. Talking therapies and medications are both effective treatments.

For More Information

Visit these Web sites:



**National Institute
of Mental Health**

www.nimh.nih.gov

1.866.615.6464



**American Psychological
Association**

www.apa.org

1.800.374.2721

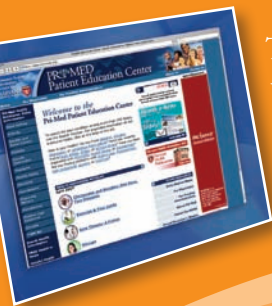


**American Psychiatric
Association**

www.psych.org

1.703.907.7300

Notes:



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