
Depression: What You Need to Know

If your doctor believes you or someone close to you has a depressive illness, this brochure may be helpful to read and hold onto so that you can refer to it as often as you need. It provides important information about depressive illnesses. It may stimulate questions you may wish to discuss with your doctor or a mental health professional. You may wish to share it with a family member, friend, colleague, minister, school official, or other community helper.

What Is a Depressive Illness?

A depressive illness is a "whole-body" illness, involving your body, mood, thoughts, and behavior. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. A depressive illness is **not** 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 over 80 percent of those who suffer from depression.

Types of Depression

Depressive illnesses come in different forms, just as do other illnesses, such as heart disease. This brochure briefly describes three of the most prevalent types of depressive illnesses. However, within these types there are variations in the number of symptoms, their severity, and persistence. Check with your doctor if you need more information about your type of depressive illness.

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 of depressive illness is **manic-depressive illness**, also called **bipolar depression**. Not nearly as prevalent as other forms of depressive illnesses, manic-depressive illness 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 depressive illness. 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 in a manic phase.

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.

Symptoms of 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 you 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

Symptoms of 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

There is a risk for developing depression when there is a family history, indicating that a biological vulnerability

can be inherited. The risk may be somewhat higher for those with bipolar depression. However, not everybody with a genetic vulnerability develops the illness. Apparently additional factors, possibly a stressful environment and other psychosocial factors, are involved in the onset of depression.

Though major depression seems to occur generation after generation in some families, it can also occur in people who have no family history of depression. Whether the disease is inherited or not, it is evident that individuals with major depressive illness often have 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 illness.

Treatments

A variety of antidepressant medications and psychotherapies can be used to treat depressive illnesses. 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. It is important to note that most people can be successfully treated for depression on an outpatient basis. On rare occasions, electroconvulsive therapy (ECT) is useful, particularly for individuals whose depression is severe or life-threatening or who cannot take antidepressant medication. ECT often is effective in cases where antidepressant medications do not provide sufficient relief of symptoms.

Antidepressant Medications

Three groups of antidepressant medications have been used to treat depressive illnesses: tricyclics, monoamine oxidase inhibitors (MAOIs), and lithium. Lithium is the

treatment of choice for manic-depressive illness and some forms of recurring, major depression. 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. There are now newer antidepressants available that are neither tricyclics nor MAOIs, and which generally lack the side effects associated with these two traditional classes of drugs. One type, SSRIs (serotonin-specific reuptake inhibitors), selectively blocks the reuptake of one of the major neurotransmitters, serotonin. Another type is believed to act on the neurotransmitter, dopamine.

Patients often are tempted to stop medication too soon. **It is important to keep taking medication until your doctor says to stop, even if you feel better beforehand.** Some medications must be stopped gradually to give your body time to adjust. In cases of manic-depressive illness and chronic major depression, medication may need to become part of everyday life to avoid disabling symptoms.

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.

If you're taking MAO inhibitors, you will have to avoid certain foods, such as cheeses, wines, and pickles. Be sure you get a complete list of foods you should not eat from your doctor and always carry it with you. Other forms of antidepressants require no food restriction.

Never mix medications of any kind-prescribed, over-the-counter, or borrowed-*without consulting your doctor*. Be sure to tell your dentist or any other medical specialist who prescribes a drug that you are taking antidepressants. Some of the most benign drugs when taken alone can cause severe and dangerous side effects if taken with others. Some drugs, like alcohol, reduce the effectiveness of antidepressants and should be avoided. This includes wine, beer, and hard liquor.

Anti-anxiety drugs or sedatives are not antidepressants. They are sometimes prescribed along with antidepressants; however, they should not be taken alone for a depressive illness. Sleeping pills and stimulants, such as amphetamines, are also inappropriate. Be sure to call

your doctor if you have a question about any drug, or if you are having a problem you believe is drug related.

Side Effects of Antidepressant Medications

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 usually associated with tricyclic antidepressants and ways to deal with them are:

- **Dry mouth** - Drink lots of water; chew sugarless gum; clean teeth daily.
- **Constipation** - Eat bran cereals, prunes, and other fruits 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 usually transient.
- **Nervousness** - This may occur and insomnia, also, during the first few weeks; if persistent, discuss with your doctor.
- **Agitation** - If this happens for the first time after the drug is taken and is more than transient, consult your doctor.

Psychotherapies

There are many forms of psychotherapy 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 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.

Helping Yourself

Depressive illnesses 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. 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 our 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 getting a divorce, 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 illness 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 brochure 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 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 ignore remarks about suicide. Always report them to the doctor or members of the clinical team. 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.

Suggested Reading

Papoulos, MD, Demetri, and Janice Papoulos, *Overcoming Depression*. NY, Harper Perennial: 1997, 3rd Edition.

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The National Alliance on Mental Illness of Southern Arizona

6122 E. 22nd St.
Tucson, AZ 85711
(520) 622-5582
(520) 623-2908 fax
NAMI Arizona: (800) 626-5022
E-mail: namisa@namisa.org
Website: www.namisa.org

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