

# The Facts About Depression

Everyone feels "blue" at certain times in his or her life. In fact, transitory feelings of sadness or discouragement are perfectly normal, especially during difficult times. But a person who cannot "snap out of it" or get over these feelings within two weeks or so may be suffering from the illness called depression.

Depression is one of the most common and treatable of all mental illnesses. In any six-month period, 9.4 million Americans suffer from this disease. One in four women and one in 10 men can expect to develop it during their lifetimes. Eighty to 90 percent of those who suffer from depression can be treated effectively, and nearly all people who receive treatment derive some benefit.

Unfortunately, many fail to recognize the illness and to get the treatment that would alleviate their suffering. They or their loved ones fail to notice a pattern and instead may attribute the physical symptoms to the flu, the sleeping and eating problems to stress, and the emotional problems to a lack of sleep or improper eating.

But if people look at all of these symptoms together and notice that they have occurred over long periods of time, they might recognize them as signs of depression.

## What Is Depression?

The term "depression" can be confusing because it often is used to describe normal emotional reactions. At the same time, the illness may be hard to recognize because its symptoms may be attributed so easily to other causes. People tend to deny the existence of depression by saying things like "She has a right to be depressed! Look at what she has

gone through." This attitude fails to recognize that people can go through tremendous hardships and stresses without developing depression and that those who do fall victim can and should seek treatment.

Nearly everyone suffering from depression has pervasive feelings of sadness. In addition, depressed people may feel helpless, hopeless, and irritable. You should seek professional help if you or someone you know has had four or more of the following symptoms continually for more than two weeks:

- Noticeable change of appetite, with significant weight gain or loss not attributable to dieting.
- Noticeable change in sleeping patterns, such as fitful sleep, inability to sleep, early morning awakening, or sleeping too much.
- Loss of interest and pleasure in activities formerly enjoyed.
- Loss of energy; fatigue.
- Feelings of worthlessness.
- Persistent feelings of hopelessness.
- Feelings of inappropriate guilt.
- Inability to concentrate or think;

indecisiveness.

- Recurring thoughts of death or suicide, wishing to die, or attempting suicide. (Note: People suffering this symptom should receive treatment immediately.)
- Melancholia (defined as overwhelming feelings of sadness and grief), accompanied by waking at least two hours earlier than normal in the morning, feeling more depressed in the morning, and moving significantly more slowly.
- Disturbed thinking, a symptom developed by some severely depressed persons. For example, severely depressed people sometimes have beliefs not based in reality about physical disease, sinfulness, or poverty.
- Physical symptoms, such as headaches or stomachaches.

For many victims of depression, these mental and physical feelings seem to follow them night and day, appear to have no end, and are unalleviated by happy events or good news. Some people are so disabled by feelings of despair that they even cannot build up the energy to call a doctor. If someone else calls on their behalf, they may refuse to go because they are so hopeless that they think there is no point.

Family, friends, and coworkers offer advice, help, and comfort. But over time, they become frustrated with victims of depression because their efforts are unavailing. The person will not follow advice, refuses help, and denies the comfort offered. But persistence can pay off.

Many doctors think depression is the illness that underlies the majority of suicides in this country. Suicide is the eighth leading cause of death in America; it is the third lead-

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ing cause of death among people aged 15 to 24. Every day, 15 people aged 15 to 24 kill themselves. One of the best strategies for preventing suicide is early recognition and treatment of the depression, which so often leads to self-destruction.

Depression can appear at any age. Current research suggests that treatable depression is prevalent among children and adolescents, especially among the offspring of adults who have suffered from depression. Depression also can strike late in life, and its symptoms—including memory impairment, slowed speech, and slowed movement—may be mistaken for those of senility or stroke.

Scientists think that more than half of the people who have had one episode of major depression will have another at some point in their lives. Some victims have episodes separated by several years, and others suffer several episodes of the disorder over a short period. Between episodes, they can function normally. However, 20 to 35 percent of the victims suffer chronic depression that prevents them from maintaining a normal routine.

Sadness at the loss of a loved one or over a divorce is normal, but these losses also can be the triggers for depressive episodes. In fact, most major environmental changes can trigger depression. Job promotions, moves to new areas, changes in living space—all can bring on depressive illness. New mothers sometimes suffer from postpartum depression. Birth brings dramatic changes both to their environments and to their bodies—a combination that can trigger a downward swing in mood. Depression also afflicts many poor, single working mothers of young children. These women

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live with loneliness, financial stress, and the unrelieved pressure of rearing children and maintaining a household without another's help.

### **Types of Depression**

Depression strikes in several forms. When a psychiatrist makes a diagnosis of a patient's depressive illness, he or she may use a number of terms—such as bipolar, clinical, endogenous, major, melancholic, or unipolar—to describe it. These labels confuse many people, who do not understand that they can overlap. People with depressive illness also may receive more than one diagnosis because the illness often is linked with other problems, such as alcoholism or other substance abuses, eating disorders, or anxiety disorders.

The term clinical depression merely means that the depression is severe enough to require treatment. When a person is badly depressed during a single severe period, he or she can be said to have had an episode of clinical depression. More severe symptoms mark the period as an episode of major depression. Many mental health experts say that

the key to judging this gradation lies in the amount of change a person undergoes in his or her normal patterns, along with a loss of interest and a lack of pleasure in them. An almost-daily tennis player, for instance, who begins to break her court dates frequently, or a regular bridge player who loses interest in weekly games, might be edging into an episode of major depression. The more severe the depression, the more likely it is to affect its sufferer's life.

While many people have single or infrequent episodes of severe depression, some suffer with recurrent or long-lasting depression. For these people, who almost always seem to have symptoms of a mild form of the illness, the diagnosis is dysthymia. A major depressive episode can hit the dysthymic person, too, causing double depression, a condition that demands careful treatment and close follow-up.

In bipolar depression, the lows alternate with terrible highs in an often bewildering oscillation. Scientists now believe that this up-and-down mood rollercoaster is the product of an imbalance in the brain chemistry that can be treated successfully about 80 percent of the time with balance-restoring medications.

### **Theories About Causes**

Medical research has contributed much to our understanding of depression. However, scientists do not know the exact mechanism that triggers depressive illness. Probably, no single cause gives rise to the illness, and researchers continue to piece the puzzle together.

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Scientists now believe that genetic factors play a role in some depressions. Researchers are hopeful, for instance, that they are closing in on genetic markers for susceptibility to manic-depressive disorder. (For more information, see the American Psychiatric Association's publication entitled *Let's Talk Facts About Manic-Depressive (Bipolar) Disorder*.)

Recent genetic research also supports earlier studies reporting family links in depression. For example, if one identical twin suffers from depression or manic-depressive disorder, the other twin has a 70 percent chance of also having the illness. Other studies, which looked at the rate of depression among adopted children, supported this finding. Depressive illnesses among adoptive family members had little effect on a child's risk of depression; however, the disorder was three times more common among adopted children whose biological relatives suffered depression.

Additional research data indicate

that people suffering from depression have imbalances of neurotransmitters, natural substances that allow brain cells to communicate with one another. Two transmitters implicated in depression are serotonin and norepinephrine. Scientists think a deficiency in serotonin may cause the sleep problems, irritability, and anxiety associated with depression. Likewise, a decreased amount of norepinephrine, which regulates alertness and arousal, may contribute to the fatigue and depressed mood of the illness.

## Treatments


Depression is one of the most treatable mental illnesses. Between 80 and 90 percent of all depressed people respond to treatment, and nearly all depressed people who receive treatment see at least some relief from their symptoms. Along with the great strides made in understanding the causes of depression, scientists are closer to under-

standing how treatment of the illness works.

Before any treatment program begins, however, a complete evaluation is essential. Depression is a complex illness, and many factors in a depressed person's life may feed into his or her condition. For example, a number of prevalent illnesses (such as hypothyroidism or hypertension) and commonly used medications can bring on depression. An evaluation will reveal the presence of these conditions or medicines to the psychiatrist. The evaluation also will include a medical/psychiatric history that will outline the patient's physical and emotional background, and a mental status examination to uncover changes in the patient's mood, thoughts, patterns of speech, and memory that are manifestations of depression. The psychiatrist also may perform or order a physical exam for the patient to rule out undiagnosed medical problems that might lead to depressive illness. **PM**

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