

A Guide to Depressive Disorders



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Sources:
National Institute of Mental Health (NIMH), the National Alliance on Mental Illness (NAMI),
and from the American Psychological Association Help Center

What is depression, and what are the warning signs?

People suffering from depression do not all experience the same symptoms. The severity, frequency, and duration of the symptoms will vary from person to person. Usually, however, depression is diagnosed if an individual has four or more of the following symptoms continually for more than two weeks:

- Changes in appetite and eating patterns, including weight loss/gain not attributable to a diet.
- Changes in sleep pattern including oversleeping or fitful sleep, inability to sleep, and early morning awakenings.
- Loss of interest in activities previously enjoyed.
- Persistent sadness, anxiety, or feelings of emptiness.
- Feelings of hopelessness, helplessness, worthlessness, and pessimism.
- Restlessness or irritability.
- Low energy, fatigue, or agitation.
- Feelings of inappropriate guilt.
- Difficulty thinking, concentrating, or remembering.
- Difficulty making decisions.
- Recurring thoughts of death, wishing to die, or suicide (individuals with this symptom should receive treatment immediately).
- Physical symptoms such as headaches, treatment-resistant digestive disorders, or chronic pain.

(NAMI, 2008; NIMH, 2008; UMMC, 2008)

What Causes Depression?

There is no single known cause for Depression. Genetic, environmental, and psychological factors can all contribute to the development of a depressive disorder. In some cases, depression seems to run in families. However, depression can occur in people with no family history of the disorder. Significant change, serious loss, chronic illness, relationship and financial problems may all trigger a depressive episode. Additional psychological factors such as low self-esteem, a pessimistic outlook on self and world, or low stress tolerance may make a person more vulnerable to depression.

Whether genetics or environment, or both, contribute to onset, depression is often associated with an imbalance of neuro-chemicals in the body. And changes in the body's chemistry can influence mood and thought processes. Since the causes of depression are not always apparent, the disorder requires careful evaluation and diagnosis by a trained mental health care professional. (APA, 2004; NIMH, 2008; UMMC, 2008)

❑ Is Depression Treatable?

Among all medical illnesses, major depression is the leading cause of disability in the U.S. Yet, depression is one of the most treatable mental illnesses. Many people suffering from depression are not even aware that this condition that can be treated effectively. According to the American Psychiatric Association, 80-90% of depressed people respond to treatment and nearly all who receive treatment experience at least some relief from their symptoms. (APA, 2004; UMMC, 2008)

❑ What is the treatment for Depression?

Since depression can be a complex illness, having a complete medical evaluation is an essential step toward revealing or ruling out the presence of any medical condition. Based on the outcome of a thorough assessment, a licensed and trained mental health professional can make recommendations about an effective course of treatment. Treatment for depression may include psychotherapy, medication for moderate to severe cases, or a combination of both. Depressed individuals who do not seek help, often continue to suffer. Psychotherapy helps by offering people the chance to identify factors contributing to the depression and ways in which they can most effectively deal with difficult life circumstances. Therapy also helps people identify psychological, behavioral, and social issues contributing to the depressive symptoms.

Support and involvement of family and friends plays an important role in the process of recovery from depression. It can certainly be painful to see a loved one suffering with feelings of helplessness and grief. In these cases, family therapy can also be helpful. Families can learn to effectively cope together, and can increase their ability to develop more constructive ways of helping their depressed family members regain control of their lives. (APA, 2004; NAMI, 2008; UMMC, 2008)

❑ How does Depression differ from occasional sadness?

Everyone feels blue on occasion because of stressful life experiences such as illness, unemployment, divorce, or loss of a loved one. Usually, the feelings of sadness associated with these situations gradually decrease in intensity over time. Depression, however, occurs when feeling of despair and grief last for 2 weeks or longer, are constant, and interfere with normal activities of daily living such as work, eating, and sleeping. The person may feel hopeless and helpless, and may also experience guilt for having these feelings. They can easily become overwhelmed and fatigued, and may withdraw from their social support network. Some may even have thoughts of death or suicide. People suffering from depression cannot simply pull themselves together and feel better. Depression is a serious illness which, in most cases, requires treatment for symptoms to improve. (APA, 2004; NIMH, 2008)

What are the most common forms of depression?

The most common forms of depression are major depressive disorder, dysthymic disorder, and bipolar disorder.

- Major depressive disorder is characterized by disabling symptoms that interfere with a person's ability to work, sleep, eat, and engage in previously-enjoyed activities. An episode of major depression may occur only once in a person's lifetime, but more often becomes recurrent.
- Dysthymic disorder is characterized by symptoms that are less severe than those of major depression, but are long-term (two years or longer). The symptoms may not be disabling, however the individual is often not able to function normally.
- Individuals who have bipolar disorder experience phases of both depression and mania. Mania involves persistently elevated mood or irritability, elevated self-esteem, and excessive energy, thoughts and speech. (NAMI, 2008; NIMH, 2008)

What illnesses often co-exist with depression?

Other illnesses may precede, contribute to, or be a consequence of depression. Common co-occurring illnesses are:

- Anxiety disorders: post-traumatic stress disorder (PTSD), obsessive-compulsive disorder, panic disorder, social phobia disorder, and generalized anxiety disorder.
- Alcohol and other substance abuse.
- Serious medical illnesses such as heart disease, stroke, cancer, HIV/AIDS, diabetes, and Parkinson's disease (NIMH, 2008)

How do children and adolescents experience depression?

Children and adolescents with depression will usually manifest symptoms differently from adults. A child may pretend to be sick, refuse to go to school, exhibit separation anxiety when leaving the parent, become preoccupied with thoughts that something bad will happen to the parent or that the parent will die, may sulk, act out in school, be negative, irritable, and feel misunderstood. Since some of these symptoms can be confused with normal childhood mood swings, sometimes it may be difficult to diagnose a child with depression. In adolescence, depression frequently co-occurs with other disorders such as anxiety, eating disorders, or substance abuse. (NIMH, 2008)

Medication

Antidepressants normalize naturally occurring brain chemicals called neurotransmitters - serotonin, norepinephrine, and dopamine. The most popular types of antidepressant

medications are called selective serotonin reuptake inhibitors (SSRI's), serotonin and norepinephrine reuptake inhibitors (SNRI's), and norepinephrine-dopamine reuptake inhibitors (NDRI)

The SSRI's include:

- Fluoxetine (Prozac)
- Citalopram (Celexa)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Escitalopram (Lexapro)
- Fluvoxamine (Luvox)

The SNRI's include:

- Venlafaxine (Effexor)
- Duloxetine (Cymbalta)

NDRI includes:

- Bupropion (Wellbutrin)

The older classes of antidepressants, the tricyclics (TCA's) and monoamine oxidase inhibitors (MAOI's), tend to be associated with more side effects. These are not often used as first-line treatment.

TCA's include:

- Amitriptyline (Elavil, Limbitrol)
- Desipramine (Norapramin)
- Doxepin (Sinequan)
- Imipramine (Noraprim, Tofranil)
- Nortriptyline (Pamelor, Aventyl)
- Protriptyline (Vivactil)

MAOI's include:

- Phenelzine (Nardil)
- Isocarboxazid (Marplan)
- Tranylcypromine sulfate (Parnate)

Since medications can affect people differently, there is no one-standard approach to medication. And all medication should be taken only under a doctor's close supervision. (NAMI, 2008; NIMH, 2008)

What if I know someone who is in crisis?

If you or anyone you know is thinking about harming themselves or anyone else, call for help immediately.

Call 911 or go to the nearest emergency room, and call your doctor.

The toll-free, 24-hour hotline of the National Suicide Prevention Lifeline is 1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (1-800-799-4889) to speak with a trained counselor.

Related Links

Depression and Bipolar Support Alliance

<http://www.dbsalliance.org>

Depression is Real

<http://depressionisreal.org/>

National Institute of Mental Health

<http://www.nimh.nih.gov/>

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