



**Mental Health America of Franklin County**

2323 W. Fifth Ave. Suite 160, Columbus, OH 43204

Telephone: (614) 221-1441 Fax: (614) 221-1491

info@mhafc.org

www.mhafc.org

## **Depression: Co-Occurrence of Depression with Medical, Psychiatric and Substance Abuse Disorders**

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Depression is a common, serious and costly illness that affects 1 in 10 adults in the U.S. each year, costs the Nation between \$30-\$44 billion annually, and causes impairment, suffering and disruption of personal, family, and work life. Though a majority of depressed people can be effectively treated, two out of three of those suffering from this illness do not seek or receive appropriate treatment.

Of particular significance, depression often co-occurs with medical, psychiatric, and substance abuse disorders. When this happens, the presence of both illnesses is frequently unrecognized and may lead to serious and unnecessary consequences for patients and families.

When depressive illness is a co-occurring condition, it should be treated. With treatment, up to 80% of those with depression can show improvement, usually in a matter of weeks. Common interventions include a range of antidepressant medications, focused short-term psychotherapy, or a combination of the two. The rate of major depression among those with medical illnesses is significant. In primary care, estimates range from 5 to 10 percent; among medical inpatients, the rate is 10 to 14 percent.

Depressed feelings can be a common reaction to many medical illnesses. However, depression severe enough to receive a psychiatric diagnosis is not the expected reaction to medical illness. For those reasons, when present, specific treatment should be considered for clinical depression even in the presence of another disorder.

### **Facts on Depression and Cancer:**

Each year, more than 1.3 million Americans are diagnosed with cancer. Receiving such a diagnosis is often traumatic, causing emotional upset, sadness, anxiety, poor concentration, and withdrawal. Often, this turmoil begins to abate within two weeks, with a return to usual functioning in about a month. When that doesn't happen, the patient must be evaluated for clinical depression, which occurs in about 10% of the general population and in about 25% of persons with cancer. Early diagnosis and treatment are important because depression adds to a patient's suffering and interferes with his or her motivation to engage in cancer treatment.

**Facts on Depression and Heart Disease:**

Depression affects nearly 10% of adults in the U.S. each year. Studies show that depression strikes cardiac patients at a significantly higher rate and often with devastating consequences.

Among patients with coronary heart disease, depression occurs in 18-20 percent of those who have not had a heart attack (myocardial infarction) and in 40 and 65 percent of those with a history of heart attack. Major depression appears to increase disability in heart patients, perhaps because it can contribute to a worsening of symptoms as well as to poor adherence to cardiac treatment regimens.

In addition, heart attack survivors with major depression are at 3-4 times greater risk of dying within six months than those who do not suffer from depression.

The good news is that treating depression when it occurs in heart patients can minimize or avoid some of these serious health consequences.

**Facts on Depression After a Stroke:**

There are currently about 3,000,000 stroke survivors in the U.S., and each year an additional 400,000-550,000 people will suffer a stroke. Clinical depression occurs in 10-27 percent of stroke survivors. The average duration of major depression in stroke patients is just under a year. An additional 15 to 40 percent of stroke survivors will have some of the symptoms of depression within two months following the stroke. Early diagnosis and treatment of co-occurring depression are important because this second illness adds to a patient's suffering, interferes with rehabilitation and family relationships, and reduces quality of life.

**Depression Co-occurs with Psychiatric Disorders:**

A higher than average co-occurrence of depression with other psychiatric disorders, such as anxiety and eating disorders has been documented.

- Concurrent depression is present in 13 percent of patients with panic disorder. In about 25 percent of these patients, the panic disorder preceded the depressive disorder.
- Between 50 and 75 percent of eating disorder patients (anorexia nervosa and bulimia) have a lifetime history of major depressive disorder.

In such cases, detection of depression can help clarify the initial diagnosis and may result in more effective treatment and better outcome for the patient.

**Depression Co-occurs with Substance Abuse Disorders:**

Substance abuse disorders (both alcohol and other substances) frequently co-exist with depression.

- Substance abuse disorders are present in 32 percent of individuals with depressive disorders. They co-occur in 27 percent of those with major depression and 56 percent of those with bipolar disorder.

Substance use must be discontinued in order to clarify the diagnoses and maximize the effectiveness of psychiatric interventions. Treatment for depression as a separate condition is necessary if the depression remains after the substance use problem is ended.

### **Treatments**

**Antidepressant Medications:** Several types of antidepressant medication are effective. None of them are habit-forming. Most side effects can be eliminated or minimized by adjustment in dosage or type of medication, so it is important for patients to discuss all effects with the doctor. Because responses differ, several trials of medicine may be needed before an effective treatment is found. In severe depression, medication is usually required and is often enhanced by psychotherapy.

**Psychotherapy:** Interpersonal Therapy and Cognitive Behavioral Therapy have also been shown to be effective in treating depression. These short-term (10-20 weeks) treatments involve talking with a therapist to recognize and change behaviors, thoughts, or relationships that cause or maintain depression and to develop more healthful and rewarding habits.

**Electroconvulsive Therapy:** Electroconvulsive therapy (ECT) is a safe and often effective treatment for severe depression.

**Mental Health America of Franklin County** is a private, not-for-profit organization, established in 1956. We help people navigate the mental health system. We are dedicated to promoting mental health in Franklin County through advocacy, education, and support services. Our programs include: information and referral to community mental health and alcohol/drug services; free support groups for people with mental illness and their families; an Ombudsman program that assists clients in navigating the mental health and alcohol/drug system; mental health screenings in English and Spanish; Pro Bono Counseling Program where underinsured and uninsured individuals can receive free counseling; community and professional mental health education including Get Connected; maternal mental health support and advocacy (POEM); and a quarterly newsletter featuring legislative updates and new happenings at MHAFC. We receive funding from the Franklin County ADAMH Board, United Way of Central Ohio, individuals, foundations, and corporations. To become a member or find out more information, please visit us online at [www.mhafc.org](http://www.mhafc.org).