

# Depression Fact Sheet

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## What is Depression?

Depression is a serious medical illness that negatively affects how an individual feels, thinks and acts. Depression differs from normal emotional experiences of sadness, loss or passing mood states. Symptoms are persistent, intense and can significantly disrupt an individual's life. Appetite, sleep, work, relationships, mood, thoughts, behaviors and physical health are all potentially affected. Depression is common. It affects nearly one in 10 adults each year – nearly twice as many women as men.

Depression can occur at any age including childhood, the teenage years and adulthood. Depression can affect all ethnic, racial and socioeconomic groups. About three-fourths of those who experience a first episode of depression will have at least one other episode in their lives. Some individuals may have several episodes in the course of a year. If untreated, episodes commonly last anywhere from six months to a year. Left untreated, depression can lead to suicide.

Depression, also known as clinical depression or unipolar depression, is only one type of depressive disorder. Other depressive disorders include dysthymia (chronic, less severe depression) and bipolar depression (the depressed phase of bipolar disorder or manic depression). People who have bipolar disorder experience both depression and mania. Mania involves abnormally and persistently elevated mood or irritability, elevated self-esteem, and excessive energy, thoughts, and talking.

## What Causes Depression?

Depression may result from a combination of several factors, can stem from a single cause, or for no apparent reason. People can and do become depressed while living in ideal circumstances.

Some factors that affect a person's susceptibility to depression are:

- **Biochemistry** – A deficiency or surplus of two chemicals (serotonin and norepinephrine) that act as "neurotransmitters" in the brain are thought to be responsible for certain symptoms of depression.
- **Cognitive** – People with pessimistic thinking patterns and low self-esteem who are easily overwhelmed by stress are more likely to develop depression.
- **Gender** – Women experience depression twice as often as men. While a specific explanation of this is unclear, factors such as hormonal changes in women that occur during menstruation, pregnancy, childbirth and menopause and/or stress are thought to be possibilities.
- **Genetics** – A family history of depression heightens the risk of developing the illness.
- **Environmental factors** – Difficult life events or traumas such as emotional, physical, sexual or verbal abuse; continuous exposure to violence; financial problems or poverty; inappropriate or unclear expectations; maternal separation; family addiction; death of a loved one; neglect; divorce; criticism; or racism may make someone who is already susceptible to depression all the more vulnerable to the illness. Some illnesses such as heart disease and cancer and some medications may also trigger depressive episodes.
- **Postpartum** – An illness associated with the delivery of a child. It is caused by changes in hormones and can run in families. It is distinguished from "baby blues" – an extremely common reaction following delivery – both by its duration and debilitating effects.

Also, a medical condition (e.g., thyroid dysfunction, a brain tumor or vitamin deficiency) can cause depression. It is important to be evaluated by a psychiatrist or other physician to rule out general medical causes.

## What are the Symptoms of Depression?

Depression is diagnosed if a person experiences: 1) persistent feelings of sadness or anxiety; or 2) lack of interest or pleasure in usual activities in addition to five or more of the following symptoms for at least two consecutive weeks.

- Persistent sadness, restlessness, anxiousness, irritability and/or tension
- Lack of interest or pleasure in hobbies or activities once enjoyed, including sex
- Changes in appetite with significant weight loss or weight gain not due to dieting
- Sleeping too much or too little; insomnia; middle of the night or early morning waking
- Loss of energy or increased fatigue; feeling tired despite lack of activity
- Feelings of worthlessness, hopelessness or inappropriate guilt
- Difficulty thinking, concentrating, remembering or making decisions
- Thoughts of suicide or death or attempts at suicide
- Persistent physical symptoms that do not respond to treatment – such as chronic pain or digestive disorders

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## Treatment of Depression

Major depression is highly treatable. Between 80-90% of those suffering from the illness have the ability to be effectively treated and return to their normal daily activities and way of thinking in as little as three weeks. As with most illnesses, early treatment is more effective and can reduce the likelihood of reoccurrences. Treatment for depression is chosen based upon the individual as well as upon the pattern, severity, persistence, and history of the mental illness:

- **Medication** – Research has shown that imbalances in neurotransmitters like serotonin, dopamine, and norepinephrine can be corrected with antidepressants. Patients and their families must be cautious during the early stages of medication treatment because normal energy levels and the ability to take action often return before mood improves. At this time – when decisions are easier to make, but depression is still severe – the risk of suicide may temporarily increase. Four groups of antidepressant medications are most often prescribed for depression:
  - **Selective serotonin reuptake inhibitors (SSRIs)** – act specifically on the neurotransmitter serotonin. In general SSRIs cause fewer side effects than TCAs and MAOIs.
  - **Serotonin and norepinephrine reuptake inhibitors (SNRIs)** – useful as first-line treatments in people taking an antidepressant for the first time and for people who have not responded to other medications. In general SNRIs cause fewer side effects than TCAs and MAOIs.
  - **Tricyclic antidepressants (TCAs)** – still widely used for severe depression. TCAs elevate mood in depressed individuals and re-establish their normal sleep, appetite and energy level, but it often takes three to four weeks for an individual to respond.
  - **Monoamine oxidase inhibitors (MAOIs)** – are often effective in individuals who do not respond to other medications or who have “atypical” depressions with marked anxiety, excessive sleeping, irritability, hypochondria, or phobic characteristics.
- **Psychotherapy** – There are several types of psychotherapy that have been shown to be effective for depression including cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). Research has shown that mild to moderate depression can often be treated successfully with either of these therapies used alone. However, severe depression appears more likely to respond to a combination of psychotherapy and medication.
  - **Cognitive-behavioral therapy (CBT)** – helps to change the negative thinking and unsatisfying behavior associated with depression, while teaching people how to unlearn the behavioral patterns that contribute to their illness.
  - **Interpersonal therapy (IPT)** – focuses on improving troubled personal relationships and on adapting to new life roles that may have been associated with a person’s depression.
- **Electroconvulsive Therapy (ECT)** – A highly effective treatment for severe depressive episodes. In situations where medication, psychotherapy, and a combination of the two prove ineffective, or work too slowly to relieve severe symptoms such as psychosis or thoughts of suicide, ECT may be considered. ECT may also be considered for those who for one reason or another cannot take antidepressant medications.
- **Vagus Nerve Stimulation (VNS)** – A stimulator, much like a pacemaker, is implanted in the upper chest and stimulates a nerve leading to the brain. Recently, the FDA approved a vagus nerve stimulation system for people with treatment-resistant depression.

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This fact sheet was developed for educational purposes and is not meant to serve as medical advice or to replace consultation with your doctor.

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