

Depression and anxiety are different conditions, but they commonly occur together. They also have similar treatments.

Feeling down or having the blues now and then is normal. And everyone feels anxious from time to time — it's a normal response to stressful situations. But severe or ongoing feelings of depression and anxiety can be a sign of an underlying mental health disorder.

Anxiety may occur as a symptom of clinical (major) depression. It's also common to have depression that's triggered by an anxiety disorder, such as generalized anxiety disorder, panic disorder or separation anxiety disorder. Many people have a diagnosis of both an anxiety disorder and clinical depression.

Symptoms of both conditions usually improve with psychological counseling (psychotherapy), medications, such as antidepressants, or both. Lifestyle changes, such as improving sleep habits, increasing social support, using stress-reduction techniques or getting regular exercise, also may help. If you have either condition, avoid alcohol, smoking and recreational drugs. They can make both conditions worse and interfere with treatment.

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Do you feel irritable, isolated or withdrawn? Do you find yourself working all the time? Drinking too much? These unhealthy coping strategies may be clues that you have male depression.

Depression can affect men and women differently. When depression occurs in men, it may be masked by unhealthy coping behavior. For a number of reasons, male depression often goes undiagnosed and can have devastating consequences when it goes untreated. But male depression usually gets better with treatment.

Depression signs and symptoms can differ in men and women. Men also tend to use different coping skills — both healthy and unhealthy — than women do. It isn't clear why men and women may experience depression differently. It likely involves a number of factors, including brain chemistry, hormones and life experiences.

Like women with depression, men with depression may:

- Feel sad, hopeless or empty
- Feel extremely tired
- Have difficulty sleeping or sleep too much
- Not get pleasure from activities usually enjoyed

Other behaviors in men that could be signs of depression — but not recognized as such — include:

- Escapist behavior, such as spending a lot of time at work or on sports
- Physical symptoms, such as headaches, digestive problems and pain
- Problems with alcohol or drug use
- Controlling, violent or abusive behavior
- Irritability or inappropriate anger
- Risky behavior, such as reckless driving

Because these behaviors could be signs of or might overlap with other mental health issues, or may be associated with medical conditions, professional help is the key to an accurate diagnosis and appropriate treatment.

Men with depression often aren't diagnosed for several reasons, including:

- **Failure to recognize depression.** You may think that feeling sad or emotional is always the main symptom of depression. But for many men, that isn't the primary symptom. For example, headaches, digestive problems, tiredness, irritability or long-term pain can sometimes indicate depression. So can feeling isolated and seeking distraction to avoid dealing with feelings or relationships.
- **Downplaying signs and symptoms.** You may not recognize how much your symptoms affect you, or you may not want to admit to yourself or to anyone else that you're depressed. But ignoring, suppressing or masking depression with unhealthy behavior will only worsen the negative emotions.
- **Reluctance to discuss depression symptoms.** You may not be open to talking about your feelings with family or friends, let alone with a doctor or mental health professional. Like many men, you may have learned to emphasize self-control. You may think it's not manly to express feelings and emotions associated with depression, and you try to suppress them.
- **Resisting mental health treatment.** Even if you suspect you have depression, you may avoid diagnosis or refuse treatment. You may avoid getting help because you're worried that the stigma of depression could damage your career or cause family and friends to lose respect for you.

Although women attempt suicide more often than men do, men are more likely to complete suicide. That's because men:

- Use methods that are more likely to cause death, such as guns
- May act more impulsively on suicidal thoughts
- Show fewer warning signs, such as talking about suicide

The term "nervous breakdown" is used by some people to describe a stressful situation when life's demands become physically and emotionally overwhelming. It affects a person's ability to meet their own needs and do daily tasks and activities. The term was often used in the past, but mental health professionals no longer use it. Instead, you may hear the term "mental health crisis."

Nervous breakdown isn't a medical term. What some people call a nervous breakdown may indicate a mental health problem that's causing a mental health crisis and needs attention. Two examples are depression and anxiety, which can be treated by medicines, talk therapy, also called psychotherapy, or both.

Signs of a nervous breakdown vary from person to person and culture to culture. Generally, a nervous breakdown means that a person can't function as usual.

For example, a person may:

- Call in sick to work for days or longer.
- Avoid social events and miss appointments.
- Have trouble eating, sleeping or staying clean.
- Talk about feeling completely hopeless or helpless.

Other unusual or problematic behaviors may be symptoms of a nervous breakdown.

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Pain and depression are closely related. Depression can cause pain — and pain can cause depression. Sometimes pain and depression create a vicious cycle in which pain worsens symptoms of depression, and then the resulting depression worsens feelings of pain.

In many people, depression causes unexplained physical symptoms such as back pain or headaches. This kind of pain may be the first or the only sign of depression.

Pain and the problems it causes can wear you down over time and affect your mood. Chronic pain causes a number of problems that can lead to depression, such as trouble sleeping and stress.

Disabling pain can cause low self-esteem due to work or financial issues or the inability to participate in social activities and hobbies.

Depression doesn't just occur with pain resulting from an injury. It's also common in people who have pain linked to a health condition such as diabetes, cancer or heart disease.

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The birth of a baby can start a variety of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect — depression.

Most new moms experience postpartum "baby blues" after childbirth, which commonly include mood swings, crying spells, anxiety and difficulty sleeping. Baby blues usually begin within the first 2 to 3 days after delivery and may last for up to two weeks.

But some new moms experience a more severe, long-lasting form of depression known as postpartum depression. Sometimes it's called peripartum depression because it can start during pregnancy and continue after childbirth. Rarely, an extreme mood disorder called postpartum psychosis also may develop after childbirth.

Postpartum depression is not a character flaw or a weakness. Sometimes it's simply a complication of giving birth. If you have postpartum depression, prompt treatment can help you manage your symptoms and help you bond with your baby.

Symptoms of depression after childbirth vary, and they can range from mild to severe.

Symptoms of baby blues — which last only a few days to a week or two after your baby is born — may include:

- Mood swings
- Anxiety
- Sadness
- Irritability
- Feeling overwhelmed
- Crying
- Reduced concentration
- Appetite problems
- Trouble sleeping

Postpartum depression symptoms

Postpartum depression may be mistaken for baby blues at first — but the symptoms are more intense and last longer. These may eventually interfere with your ability to care for your baby and handle other daily tasks. Symptoms usually develop within the first few weeks after giving birth. But they may begin earlier — during pregnancy — or later — up to a year after birth.

Postpartum depression symptoms may include:

- Depressed mood or severe mood swings
- Crying too much
- Difficulty bonding with your baby
- Withdrawing from family and friends
- Loss of appetite or eating much more than usual
- Inability to sleep, called insomnia, or sleeping too much
- Overwhelming tiredness or loss of energy
- Less interest and pleasure in activities you used to enjoy
- Intense irritability and anger
- Fear that you're not a good mother
- Hopelessness
- Feelings of worthlessness, shame, guilt or inadequacy
- Reduced ability to think clearly, concentrate or make decisions
- Restlessness
- Severe anxiety and panic attacks
- Thoughts of harming yourself or your baby
- Recurring thoughts of death or suicide

Untreated, postpartum depression may last for many months or longer.

Postpartum psychosis

With postpartum psychosis — a rare condition that usually develops within the first week after delivery — the symptoms are severe. Symptoms may include:

- Feeling confused and lost
- Having obsessive thoughts about your baby
- Hallucinating and having delusions
- Having sleep problems
- Having too much energy and feeling upset
- Feeling paranoid
- Making attempts to harm yourself or your baby

Postpartum psychosis may lead to life-threatening thoughts or behaviors and requires immediate treatment.

Postpartum depression in the other parent

Studies show that new fathers can experience postpartum depression, too. They may feel sad, tired, overwhelmed, anxious, or have changes in their usual eating and sleeping patterns. These are the same symptoms that mothers with postpartum depression experience.

Fathers who are young, have a history of depression, experience relationship problems or are struggling financially are most at risk of postpartum depression. Postpartum depression in fathers — sometimes called paternal postpartum depression — can have the same negative effect on partner relationships and child development as postpartum depression in mothers can.

If you're a partner of a new mother and are having symptoms of depression or anxiety during your partner's pregnancy or after your child's birth, talk to your health care provider. Similar treatments and supports provided to mothers with postpartum depression can help treat

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It's important to call your provider as soon as possible if the symptoms of depression have any of these features:

- Don't fade after two weeks.
- Are getting worse.
- Make it hard for you to care for your baby.
- Make it hard to complete everyday tasks.
- Include thoughts of harming yourself or your baby.

Any new mom can experience postpartum depression and it can develop after the birth of any child, not just the first. However, your risk increases if:

- You have a history of depression, either during pregnancy or at other times.
- You have bipolar disorder.
- You had postpartum depression after a previous pregnancy.
- You have family members who've had depression or other mood disorders.
- You've experienced stressful events during the past year, such as pregnancy complications, illness or job loss.
- Your baby has health problems or other special needs.
- You have twins, triplets or other multiple births.
- You have difficulty breastfeeding.
- You're having problems in your relationship with your spouse or partner.
- You have a weak support system.
- You have financial problems.
- The pregnancy was unplanned or unwanted.

Postpartum depression is a type of depression that happens after having a baby. It affects up to 15% of people. People with postpartum depression experience emotional highs and lows, frequent crying, fatigue, guilt, anxiety and may have trouble caring for their baby. Postpartum depression can be treated with medication and counseling.

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What is postpartum depression?

Having a baby is a life-changing experience. Being a parent is exciting but can also be tiring and overwhelming. It's normal to have feelings of worry or doubt, especially if you are a first-time parent. However, if your feelings include extreme sadness or loneliness, severe mood swings and frequent crying spells, you may have postpartum depression.

Postpartum depression (PPD) is a type of [depression](#) that happens after someone gives birth. Postpartum depression doesn't just affect the birthing person. It can affect surrogates and adoptive parents, too. People experience hormonal, physical, emotional, financial and social changes after having a baby. These changes can cause symptoms of postpartum depression.

If you have postpartum depression, know that you are not alone, it's not your fault and that help is out there. Your healthcare provider can manage your symptoms and help you feel better.

What are the types of postpartum depression?

There are three different types of postpartum [mood disorders](#):

Postpartum blues or baby blues

The baby blues affect between 50% and 75% of people after delivery. If you're experiencing the baby blues, you will have frequent, prolonged bouts of crying for no apparent reason, sadness and anxiety. The condition usually begins in the first week (one to four days) after delivery. Although the experience is unpleasant, the condition usually subsides within two weeks without treatment. The best thing you can do is find support and ask for help from friends, family or your partner.

Postpartum depression

Postpartum depression is a far more serious condition than the baby blues, affecting about 1 in 7 new parents. If you've had postpartum depression before, your risk increases to 30% each pregnancy. You may experience alternating highs and lows, frequent crying, irritability and fatigue, as well as feelings of guilt, [anxiety](#) and inability to care for your baby or yourself. Symptoms range from mild to severe and may appear within a week of delivery or gradually, even up to a year later. Although symptoms can last several months, treatment with psychotherapy or antidepressants is very effective.

Postpartum psychosis

[Postpartum psychosis](#) is an extremely severe form of postpartum depression and requires emergency medical attention. This condition is relatively rare, affecting only 1 in 1,000 people after delivery. The symptoms generally occur quickly after delivery and are severe, lasting for a few weeks to several months. Symptoms include severe agitation, confusion, feelings of hopelessness and shame, insomnia, paranoia, delusions or hallucinations, hyperactivity, rapid speech or [mania](#). Postpartum psychosis requires immediate medical attention since there is an increased risk of suicide and risk of harm to the baby. Treatment will usually include hospitalization, psychotherapy and medication.

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Many people have baby blues after giving birth. Baby blues and postpartum depression have similar symptoms. However, symptoms of baby blues last about 10 days and are less intense. With postpartum depression, the symptoms last weeks or months, and the symptoms are more severe.

You may have the baby blues if you:

- Have crying spells.
- Feel overwhelmed.
- Lose your appetite.
- Have trouble sleeping.
- Have sudden mood changes.

Remember, it doesn't hurt to share your symptoms with your provider. They can assess if you need treatment for your symptoms.

How long does postpartum depression last?

Postpartum depression can last until one year after your child is born. However, this doesn't mean you should feel "cured" in one year. Talk to your healthcare provider about your symptoms and treatment. Be honest about how you feel. Think carefully about if you feel better than you did at the beginning of your diagnosis. Then, they can recommend ongoing treatment for your symptoms.

What are the symptoms of postpartum depression?

Some people feel ashamed about their symptoms or feel they are terrible parents for feeling the way they do. Postpartum depression is extremely common. You're not the only person who feels this way, and it doesn't mean you're a bad person.

You may have postpartum depression if you experience some of the following:

- Feeling sad, worthless, hopeless or guilty.
- Worrying excessively or feeling on edge.
- Loss of interest in hobbies or things you once enjoyed.
- Changes in appetite or not eating.
- Loss of energy and motivation.
- Trouble sleeping or wanting to sleep all the time.
- Crying for no reason or excessively.
- Difficulty thinking or focusing.
- Thoughts of suicide or wishing you were dead.
- Lack of interest in your baby or feeling anxious around your baby.
- Thoughts of hurting your baby or feeling like you don't want your baby.

More research is needed to determine the link between the rapid drop in hormones after delivery and depression. The levels of estrogen and progesterone increase tenfold during [pregnancy](#) but drop sharply after delivery. By three days postpartum, levels of these hormones drop back to pre-pregnancy levels.

In addition to these chemical changes, the social and psychological changes associated with having a baby increase your risk of postpartum depression. Examples of these changes include physical changes to your body, lack of sleep, worries about parenting or changes to your relationships.

If you've had any of the following symptoms, please notify your healthcare provider right away.

- Thoughts of harming yourself or your baby.
- Recurrent thoughts of death or [suicide](#).
- Depressed mood for most of the day, nearly every day for the last two weeks.
- Feeling anxious, guilty, hopeless, scared, panicked or worthless.
- Difficulty thinking, concentrating, making decisions or dealing with everyday situations.
- Loss of interest or pleasure in most activities nearly every day for the last two weeks.

Can postpartum depression affect my baby?

Yes, postpartum depression can affect your baby. Getting treatment is important for both you and your baby.

Research suggests that postpartum depression can affect your baby in the following ways:

- You have trouble bonding with your baby and don't establish a connection with them.
- Your child may have behavior or learning problems.
- You may skip appointments with your child's pediatrician.
- Your child may have feeding and sleeping issues.
- Your child may be at higher risk for [obesity](#) or developmental disorders.
- You may neglect your child's care or not recognize when they are ill.
- Your baby may have impaired social skills.

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Do I have postpartum anxiety or postpartum depression?

Postpartum anxiety and postpartum depression share some symptoms, but they are different conditions. Excessive worrying, feeling panicky for no reason and having irrational fears or obsessions are all signs of postpartum anxiety. It's important to discuss all your symptoms with your healthcare provider so they can get you the help you need.

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Can dads get postpartum depression?

Yes, both partners can have symptoms of postpartum depression. You and your partner need to seek medical care if you have signs of depression or anxiety after bringing home your baby. An estimated 4% of partners experience depression in the first year after their child's birth.

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Postpartum dysphoria is another name for baby blues. It begins during the first week after childbirth and goes away without medical treatment within several days.

Postpartum depression is a common mood disorder that affects 1 in 7 people after giving birth. It's not your fault, and you did nothing to cause it. It doesn't make you a bad

parent or a bad person. The biological, physical and chemical factors that cause PPD are beyond your control. Signs of postpartum depression include feeling sad or worthless, losing interest in things you once enjoyed, excessive crying and mood swings. Talk to your healthcare provider if you think you have postpartum depression. They can figure out how to best manage your symptoms. Counseling, medication or joining a support group can help.

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Premenstrual syndrome (PMS) is a collection of physical and emotional symptoms that start a week or so before your period. It makes some people feel more emotional than usual and others bloated and achy.

PMS can also make people feel **depressed** in the weeks leading up to their period. This may make you feel:

- sad
- irritable
- anxious
- tired
- angry
- teary
- forgetful
- absentminded
- uninterested in sex
- like sleeping too much or too little
- like eating too much or too little

Other reasons you might feel depressed before your period include:

- Premenstrual dysphoric disorder (PMDD). PMDD is very similar to PMS, but its symptoms are more severe. Many people with PMDD report feeling very depressed before their period, some to the point of thinking about suicide. While recent [research](#) estimates about 75 percent of women have PMS during their reproductive years, only 3 to 8 percent have PMDD.
- Premenstrual exacerbation. This refers to when symptoms of an existing condition, including depression, become worse in the weeks or days leading up to your period. Depression is one of the most common conditions that coexists with PMS. About [half](#) of all women who get treated for PMS also have either depression or anxiety.

Read on to learn more about the connection between PMS and depression.

Why does it happen?

Experts aren't sure about the exact cause of PMS, but it's likely linked to hormonal fluctuations that happen during the second half of the menstrual cycle.

[Ovulation](#) happens about halfway through your cycle. During this time, your body releases an egg, causing estrogen and progesterone levels to drop. A shift in these hormones can cause both physical and emotional symptoms.

Changes in estrogen and progesterone levels also influence **serotonin** levels. This is a neurotransmitter that helps regulate your mood, sleep cycle, and appetite. **Low levels of serotonin** are linked to feelings of sadness and irritability, in addition to trouble sleeping and unusual food cravings — all common PMS symptoms.

Your symptoms should improve when estrogen and progesterone levels rise again.

hormonal birth control can make depression symptoms worse. If you go this route, you might have to try out different types of birth control before you find a method that works for you.

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Premenstrual dysphoric disorder (PMDD) is a severe, sometimes disabling extension of premenstrual syndrome (PMS). Although PMS and PMDD both have physical and emotional symptoms, PMDD causes extreme mood shifts that can disrupt daily life and damage relationships.

In both PMDD and PMS, symptoms usually begin seven to 10 days before your period starts and continue for the first few days of your period.

Both PMDD and PMS may cause bloating, breast tenderness, fatigue, and changes in sleep and eating habits. In PMDD, however, at least one of these emotional and behavioral symptoms stands out:

- Sadness or hopelessness
- Anxiety or tension
- Extreme moodiness
- Marked irritability or anger

The cause of PMDD isn't clear. Underlying depression and anxiety are common in both PMS and PMDD, so it's possible that the hormonal changes that trigger a menstrual period worsen the symptoms of mood disorders.

Feeling depressed before and during a menstrual period is common. Experts believe that these emotional changes occur as a result of fluctuating hormone levels.

Low levels of serotonin and dopamine can cause sadness and anxiety.

Hormonal changes during the second half of the menstrual cycle, called the luteal phase, may cause a low mood and irritability in some people.

After [ovulation](#), which occurs midcycle, the levels of the female sex hormones [estrogen](#) and [progesterone](#) begin to fall.

Rising and falling levels of these hormones can affect brain chemicals called neurotransmitters.

Examples of these neurotransmitters are [serotonin](#) and dopamine, which are both chemicals that influence mood, sleep, and motivation.

Low levels of serotonin and dopamine can cause:

- sadness
- [anxiety](#)
- irritability
- sleep problems

- food cravings

All of these are common symptoms of PMS and [PMDD](#).

When the levels of estrogen and progesterone begin to rise again a few days after the onset of a period, these symptoms often go away.

Despite the connection between neurotransmitters and sex hormones, it is still unclear why some people develop PMS or PMDD when others do not.

levels of progesterone and estrogen are similar between people who develop a premenstrual disorder and those who do not.

Therefore, experts speculate that genetic differences may make some people more sensitive than others to changing hormone levels and the influence of these hormones on the brain.

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What is complicated grief?

Grief is a normal, expected set of emotions that can occur after the loss of a loved one. However, some people experience a more significant and longer-lasting level of grief. This is known as complicated grief.

Complicated grief may share many of the same symptoms of depression. It can also lead to depression, or worsen depression in someone who already experiences it.

Symptoms of complicated grief include:

- **trouble thinking about anything other than your loved one's death**
- **lasting longing for your deceased loved one**
- **difficulty accepting that your loved one is gone**
- **long-lasting bitterness over the loss**
- **feeling as if your life no longer has meaning**
- **trouble trusting others**
- **difficulty remembering positive memories of your loved one**

That is one key difference with depression. People suffering from major depression tend to be isolated and feel disconnected from others, and may shun such support and assistance. People who don't get such support, or who avoid it, may be at greater risk for slipping into clinical depression during the grieving process.

If you are in the process of coping with the sudden death of a loved one, or the lengthy grieving process associated with terminal illness, here are a few suggestions:

- **Expect to feel depressed. Loss of appetite, trouble sleeping, and sadness are all part of the normal grief process, and are best not interfered with.**
- **Expect grief to wax and wane over time. You may feel fine one day, only to slip back into deep grief the next day.**
- **Build and use a support network. Grieving individuals need others to talk to and to care for them — not just for a few days, but over an extended period of time. This is especially true for those people who are primary caretakers for a terminally ill loved one.**
- **If you experience thoughts of suicide, serious weight loss, or are unable to perform daily functions such as getting out of bed or going to work for more than an occasional day, consider seeking additional professional help.**

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Bereavement is a nearly universal phenomenon, often experienced many times throughout life. Of all the events and stressors in ordinary life, bereavement may have the most powerful impact. Yet, bereaved individuals, their family and friends, and even mental health clinicians often are perplexed about its nature, course, and prognosis. In this article, we describe key characteristics of the acute grief response, the natural transition to integrated grief, and 2 related conditions that often require clinical attention: prolonged grief disorder (PGD) and major depressive disorder (MDD). PGD is a condition that occurs when the transition from acute to integrated grief is derailed. Meanwhile, MDD, a mood disorder that is not necessarily linked to grief, may be precipitated or exacerbated by meaningful losses, including bereavement.

Forms of Grief

Acute Grief. Bereavement usually triggers an acute grief response. Although not unique in all respects, some aspects of grief following bereavement are distinctive. As death is final and irreversible, bereaved individuals often experience their grief with a sense of helplessness and disconnection. The hallmark of acute grief is the intense focus on thoughts and memories of the deceased individual, accompanied by sadness, yearning, and longing. Acute grief is not a linear process with concrete stages or boundaries. Rather, it is a composite of overlapping

and fluid cognitions, emotions, and behaviors that vary across individuals and even in the same person after different losses and over time.¹ The experience of grief is influenced by social, religious, and cultural norms as well as by age, health, ethnic identity, coping style, attachment style, circumstances of the death, prior losses, and available social support and material resources.² Yet, despite the variation and individual nuances, there are some common features and challenges of acute grief that many bereaved individuals face.

First are frequent strong feelings of yearning and sorrow. These are powerful feeling states, generally occurring in periodic waves of intense emotional distress that are often accompanied by somatic discomfort. These feelings may include a wrenching of the gut, shortness of breath, chest pain, lightheadedness, weakness, rapid welling up of tears, and uncontrollable crying. During the early days and weeks, these responses tend to erupt often, suddenly, and unexpectedly. Over time, their occurrences tend to be increasingly tied to specific thoughts and reminders of the deceased. As a result, their frequency and intensity diminish.

Second is a mixture of other feelings (positive and negative). Some common challenging thoughts, emotions, and experiences include: a sense of disbelief; intrusive thoughts and images focused on the

deceased; decreased interest in ongoing life; feelings of insecurity, emptiness, loss, anger, guilt, anxiety, and loneliness; feeling overwhelmed or helpless; and varying degrees of distractibility, poor concentration, confusion, forgetfulness, or lack of clarity and coherence. Yet, even during acute grief, these painful experiences often are intermingled with positive feelings. For example, a grieving individual may experience warmth, amusement, or pride when thinking about their loved one and recollecting tender and/or humorous memories. There can be a sense of relief at the end of suffering. Depending upon the grieving individuals' beliefs about death and the afterlife, they may feel joy, peace, and contentedness alongside the more painful feelings and thoughts.

Integrated grief. Although grief following bereavement is painful and associated with emotional and somatic distress, most individuals adapt to their loss, find a way through the acute grief period, and ultimately continue with their lives without professional assistance. Mourning is the process of adapting to loss, and this process can transform acute grief into what we call *integrated grief*.^{1,2} Adaptation entails coming to grips with the reality, permanence, and consequences of the loss; establishing a new relationship with the deceased through memory and deeds; and looking forward to a future where life can be meaningful and joyful, even without the deceased. When mourning is successful, the painful and disruptive experience of acute grief transforms into an experience of

integrated grief that is bittersweet but no longer all consuming. In integrated grief, individuals who are bereaved recognize what the loss has meant to them and that they are once again capable of experiencing happiness and meaning. They are thus able to shift attention from their loss to the world around them.

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Sadness is a human emotion that all people feel at certain times during their lives. Feeling sad is a natural reaction to situations that cause emotional upset or pain. There are varying degrees of sadness. But like other emotions, sadness is temporary and fades with time. In this way, sadness differs from depression.

Depression is a longer-term mental illness. It impairs social, occupational, and other important areas of functioning. Left untreated, symptoms of depression may last for a long time.

Keep reading to learn more about the differences between depression and sadness.

Symptoms

When you're sad, it may feel all-encompassing at times. But you should also have moments when you are able to laugh or be comforted. Depression differs from sadness. The feelings you have will affect all aspects of your life.

It may be hard or even impossible to find enjoyment in anything, including activities and people you used to enjoy. Depression is a mental illness, not an emotion.

Symptoms of depression may include:

- constant feelings of sadness
- irritability
- fatigue
- changes in sleeping or eating patterns
- difficulty concentrating
- loss of interest and enthusiasm for things which used to provide pleasure
- feelings of deep, unwarranted guilt
- physical symptoms, such as headaches or body aches that do not have a specific cause
- feelings of worthlessness
- constant thoughts about death
- suicidal thoughts or actions

You may have some of these symptoms if you are sad, but they shouldn't last more than two weeks. Suicidal thoughts are a sign of depression, not sadness.

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Mental health professionals use the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-5 criteria) to help

determine if someone is sad or depressed. You may receive a diagnosis of depression or persistent depressive disorder if you meet the criteria.

The DSM-5 criteria include nine potential symptoms of depression. The severity of each symptom is also weighed as part of the diagnostic process.

The nine symptoms are:

1. feeling depressed throughout each day on most or all days
2. lack of interest and enjoyment in activities you used to find pleasurable
3. trouble sleeping, or sleeping too much
4. trouble eating, or eating too much, coupled with weight gain or weight loss
5. irritability, restlessness, or agitation
6. extreme fatigue
7. unwarranted or exaggerated feelings of guilt or worthlessness
8. inability to concentrate or make decisions
9. suicidal thoughts or actions, or thinking a lot about death and dying

Depression can occur in both men and woman of any age. Depression affects people across all ethnic groups and socioeconomic backgrounds.

There are several risk factors for depression. But having one or more risk factors doesn't mean you'll become depressed. Risk factors include:

- early childhood or teenage trauma
- inability to cope with a devastating life event, such as the death of a child or spouse, or any situation that causes extreme levels of pain
- low self-esteem
- family history of mental illness, including bipolar disorder or depression

- history of substance abuse, including drugs and alcohol
- lack of family or community acceptance for identifying as lesbian, gay, bisexual, or transgender (LGBT).
- trouble adjusting to a medical condition, such as cancer, stroke, chronic pain, or heart disease
- trouble adjusting to body changes due to catastrophic injury, such as loss of limbs, or paralysis
- history of prior mental health disorders, including anorexia, bulimia, post-traumatic stress disorder (PTSD), or anxiety disorder
- lack of a support system, such as friends, family, or coworkers

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Defining sadness and depression is important for improving wellbeing.

Sadness

Sadness is a normal human emotion that every single person will experience at stressful or somber times.

A number of life events can leave people feeling sad or unhappy. The loss or absence of a loved one, divorce, loss of job or income, financial trouble, or issues at home can all affect mood in a negative way.

Failing an exam, not getting a job, or experiencing other disappointing events can also trigger sadness.

However, a person experiencing sadness can usually find some relief from crying, venting, or talking out frustrations. More often than not, sadness has links to a specific trigger.

Sadness usually passes with time. If it does not pass, or if the person becomes unable to resume normal function, this could be a sign of depression.

If low mood gets worse or lasts longer than 2 weeks, the person should talk to their doctor.

Depression

Depression is a mental disorder that has an overpowering effect on many parts of a person's life. It can occur in people of any gender or age and alters behaviors and attitudes.

Symptoms of depression include:

- feelings of discouragement
- sadness
- hopelessness
- a lack of motivation
- a loss of interest in activities that the individual once found enjoyable

In severe cases, the person may think about or attempt suicide. They may no longer feel like spending time with family or friends and might stop pursuing their hobbies or feel unable to attend work or school.

If these feelings of doubt last longer than 2 weeks, a healthcare professional may diagnose the person with major depressive disorder (MDD).

Symptoms of MDD include:

- a daily depressed mood that lasts for most of the day, nearly every day, with noticeable signs of hopelessness and sadness
- a loss of interest in normal activities for an extended amount of time
- significant and unintentional weight loss or gain
- [insomnia](#), sleeplessness, or increased amounts of sleep that affect normal schedules
- [tiredness](#) and low energy
- feelings of worthlessness or excessive guilt on a daily basis
- inability to concentrate or make decisions
- recurrent thoughts of death, [suicidal thoughts](#), or suicide attempts or plans

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[Depression](#) is a common [mood disorder](#). It's a [mental health](#) condition that may be serious.

Depression can have both emotional and physical symptoms that affect how you feel, think, and behave. It can also damage your personal [relationships](#). You're sad and lose interest in your life or activities that once gave you pleasure.

Depression is not just sadness. Everyone can feel blue, down in the dumps, or sad at times. Emotional reactions to life's ups and downs are natural. It's normal to feel sad when you grieve a loss of a loved one, lose your job, or

experience disappointments. Occasional low [moods](#) are not depression because the sad feelings eventually go away.

It's also normal to feel like you want to be alone sometimes. Downtime can be healthy. You may want to just relax in a quiet place to recharge. You don't always need to be around people or socialize.

Depression is constant, not occasional. Depression is when your symptoms of sadness and loss of interest in life are there all the time. You feel sad and withdrawn just about every day. Those feelings don't let up. You can't just shake off depression, even though other people in your life may tell you to "snap out of it" or that you can control your emotions. Depression isn't something you can talk yourself out of feeling.

Loss of function. If you have depression, you may not be able to function normally in your daily life. Depression can affect your work, your home life, and relationships.

Depression Symptoms

If you or your loved one has any of these symptoms regularly for 2 weeks or longer, they may have depression, not just sadness:

- **Sadness.** You may feel hopeless, blue, or empty inside. You may cry often. You feel worthless, guilty, or sorry about things you've done in the past.
- **Anhedonia.** Anhedonia is a common symptom of [clinical depression](#). It's when you lose the ability to enjoy things that used to give you pleasure. You no longer enjoy your favorite hobbies, sports, or movies, being with other people, or sex.

- **Sleep** problems. You may not be able to fall asleep or stay asleep. You also may oversleep and not want to get out of bed.
- Lack of energy. You feel **tired** and sluggish. You move slowly, speak slowly, and take a long time to react to people.
- **Weight** issues. You may lose your appetite and drop pounds. You may also crave unhealthy food and **gain weight**.
- Aches and pains. You may have body aches or **pain** in certain places -- like your back or head -- that don't seem to have a physical cause. You may have **muscle cramps** or an **upset stomach**. Your pains don't get better with treatment.
- Neglect self-care. You may no longer care about yourself or how you look or dress. You may stop bathing or showering regularly. You may wear the same wrinkled or messy clothes all the time, or let your laundry pile up.
- Anger. You may snap at people often, feel angry or resentful, and have verbal outbursts over small slights.
- Mind fog. You have trouble thinking clearly or remembering things. You lose focus on tasks or conversations. It's hard to make decisions.
- **Suicidal thoughts**. You may think about death or suicide, or that you want to die.

Everyone with depression doesn't have all of these symptoms or the same symptoms. You may experience some of these symptoms at times, but not all the time. You may also have more severe or milder symptoms than other people.

Depression Symptoms May Vary at Different Stages of Life

Children with depression may not want to go to school. They may not do well in classes or their grades may drop. Younger children may cling to their parents and worry about everything.

Teens with depression may also want to avoid school. They may be extremely sensitive, have a poor self-image, or eat or sleep all the time. They may even experiment with illegal drugs or alcohol or engage in self-harm like cutting their skin, banging their head against a wall, burning themselves, or pulling out their hair.

Older people may have undiagnosed depression because their symptoms are mistaken for normal signs of aging. They may want to stay home all the time and avoid people. They may lose their appetite, have trouble sleeping or remembering things, or have fatigue or pain that isn't due to a medical condition.

