

## DEPRESSION MONTH SHABACH

### What is depression?

The word depression is used to describe a range of moods – from low spirits to a severe problem that interferes with everyday life. So, a person can be momentarily depressed but if you are experiencing severe or 'clinical' depression you are not just sad or upset. Clinical depression—also called “depression” or a “depressive disorder”—is a mood disorder that causes distressing symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be formally diagnosed with depression, symptoms must be present most of the day, nearly every day for at least 2 weeks.

The experience of depression is an overwhelming feeling which can make you feel quite unable to cope, and hopeless about the future. There is often an overlap between anxiety and depression, in that if you are depressed you may also become anxious or agitated. If you were able to join us last month when we covered anxiety, we mentioned this. But if you were unable to join us but would like information on anxiety just message this number and I will give you a quick summary.

If you are depressed your appetite may change and you may have difficulty sleeping or getting up. You may feel overwhelmed by guilt, and may even find yourself thinking about death or suicide. Sometimes it is difficult to decide whether you are responding normally to difficult times, or you have become clinically depressed.

A rough guide in this situation is that if your low mood or loss of interest significantly interferes with your life (home, work, family, social activities), lasts for two weeks or more, and brings you to the point of thinking about suicide then you may be experiencing clinical depression and you should seek some kind of help.

### Who gets depressed?

Anyone can become depressed. Approximately one person in six experiences depression of some kind in the course of their lifetime and one in 20 experiences clinical depression. At any one time, about one in 10 people will have some symptoms of depression. Of course, people who are depressed do not always seek help and even if they do, they may not always be diagnosed as depressed, so these figures are only estimates.

People from all backgrounds, ages and cultures can experience depression, although people vary in how they express their difficulties. For example, some people use words such as ‘sad’ or ‘low’ to describe feeling depressed, whereas other people describe their feelings in terms of their body, such as ‘a pain in my heart’.

### Types of depression

#### 1. Major depression

Major depression is also known as major depressive disorder, classic depression, or unipolar depression. It's fairly common — about 16.2 million adults in the U.S. have experienced at least one major depressive episode.

#### 2. Persistent depression

Persistent depressive disorder is depression that lasts for two years or more. It's also called dysthymia or chronic depression. Persistent depression might not feel as intense as major depression, but it can still strain relationships and make daily tasks difficult.

### 3. Manic depression, or bipolar disorder

Manic depression consists of periods of mania or hypomania, where you feel very happy, alternating with episodes of depression. Manic depression is an outdated name for bipolar disorder.

### 4. Depressive psychosis

Some people with major depression also go through periods of losing touch with reality. This is known as psychosis, which can involve hallucinations and delusions. Experiencing both of these together is known clinically as major depressive disorder with psychotic features. However, some providers still refer to this phenomenon as depressive psychosis or psychotic depression.

### 5. Perinatal depression

Perinatal depression, which is clinically known as major depressive disorder with peripartum onset, occurs during pregnancy or within four weeks of childbirth. It's often called postpartum depression. But that term only applies to depression after giving birth. Perinatal depression can occur while you're pregnant.

### 6. Premenstrual dysphoric disorder

Premenstrual dysphoric disorder (PMDD) is a severe form of premenstrual syndrome (PMS). While PMS symptoms can be both physical and psychological, PMDD symptoms tend to be mostly psychological.

These psychological symptoms are more severe than those associated with PMS. For example, some women might feel more emotional in the days leading up to their period. But someone with PMDD might experience a level of depression and sadness that gets in the way of day-to-day functions.

### 7. Seasonal depression

Seasonal depression, also called seasonal affective disorder and clinically known as major depressive disorder with seasonal pattern, is depression that's related to certain seasons. For most people, it tends to happen during the winter months.

### 8. Situational depression

Situational depression, clinically known as adjustment disorder with depressed mood, looks like major depression in many respects.

But it's brought on by specific events or situations, such as:

- the death of a loved one
- a serious illness or other life-threatening event

### 9. Atypical depression

Atypical depression refers to depression that temporarily goes away in response to positive events. Your doctor might refer to it as major depressive disorder with atypical features.

Despite its name, atypical depression isn't unusual or rare. It also doesn't mean that it's more or less serious than other types of depression.

## Severity

Depression can be basically described in three ways

- Mild
- Moderate
- Severe

Mild and moderate are relatively easier to treat than severe depression.

Because depression has so many types at times it is difficult to recognise. No 1 depression should be taken more seriously than another as all has the potential to be life threatening when we begin to consider suicide.

## Signs and symptoms of depression

Sadness is only one small part of depression and some people with depression may not feel sadness at all. Different people have different symptoms. Some symptoms of depression include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies or activities
- Decreased energy, fatigue, or being “slowed down”
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide or suicide attempts
- Restlessness or irritability
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

## Does depression look the same in everyone?

No. Depression affects different people in different ways. For example:

Women have depression more often than men. Biological, lifecycle, and hormonal factors that are unique to women may be linked to their higher depression rate. Women with depression typically have symptoms of sadness, worthlessness, and guilt.

Men with depression are more likely to be very tired, irritable, and sometimes angry. They may lose interest in work or activities they once enjoyed, have sleep problems, and behave recklessly, including the misuse of drugs or alcohol. Many men do not recognize their depression and fail to seek help. This could also be a contribution to the rising rate of suicide in young men.

Older adults with depression may have less obvious symptoms, or they may be less likely to admit to feelings of sadness or grief. They are also more likely to have medical conditions, such as heart disease, which may cause or contribute to depression.

Younger children with depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die.

Older children and teens with depression may get into trouble at school, sulk, and be irritable.

Teens with depression may have symptoms of other disorders, such as anxiety, eating disorders, or substance abuse.

You are likely to receive a diagnosis of depression if you experience at least five of these symptoms over a two-week period. However, the most important signs are depressed mood most of the day, nearly every day, or a loss of interest or pleasure in things you previously enjoyed. People have different patterns of depression; for example, some people are severely depressed for a relatively short time while others have milder depression over a number of years. Even if the depression seems mild it is still important to identify it, as it can have a big impact on your life and you are more likely to face serious depression later on in life.

### **Case study of Fred (fictional story)**

Fred, aged 45, is a locksmith. He believes he once made a mistake during a job and was the cause of his close friend being burgled and stabbed. Even though his friend recovered, for a long time he worried that it could happen again. He did not want to touch anything to do with locks and eventually he had to quit his job. Fred tells you that he tries many things in his life, but he gives up, he does not have any motivation. He is losing friends and his family wants to leave him, he says when his worst episodes are happening, he feels sad for no reason, sometimes useless, he often feels sick, guilty and has headaches.

Fred finds it difficult to concentrate and do his job or play with his children. He is very distressed by his constant sadness and feelings of guilt, and regards it as a sign of weakness.

### **WHAT CAUSES DEPRESSION?**

There are many possible causes of depression. You may have an increased risk of experiencing depression because of your particular biological make-up. On the other hand, depression is also related to what is happening in your life, and the kind of support you receive from others.

#### **Is depression inherited?**

There is some evidence that depression seems to run in families, but there is no single gene which causes depression. A family history of depression may increase the risk, but this may be because of difficulties the family has in coping, and it certainly does not mean that depression is inevitable. Genes seem to be more important than childhood experiences in determining the risk of bipolar disorder.

#### **Is depression caused by changes in the brain?**

We know that depression is associated with changes in the activity of certain brain chemicals, known as neurotransmitters, which affect our mood and thinking. These chemicals, such as serotonin, are also affected by factors such as activity and exercise. Drug treatment aims to restore 'normal' levels of neurotransmitter activity.

#### **What about childhood experiences?**

Past experiences which may be difficult or traumatic, such as losing a parent when very young, can affect your ability to cope with difficult situations. Children who experience abuse or lack of affection are also more at risk of experiencing depression in later life.

Depression can occur along with other serious illnesses, such as diabetes, cancer, heart disease, and Parkinson's disease. Depression can make these conditions worse and vice versa. Sometimes medications taken for these illnesses may cause side effects that contribute to depression symptoms.

Research suggests that a combination of genetic, biological, environmental, and psychological factors play a role in depression.

### **What about stress?**

An episode of depression can be 'triggered' by stressful things that happen in our lives, particularly events involving a loss of some kind - such as unemployment, leaving home, death of a family member or friend. Even an apparently happy event can also bring a sense of loss; for example, parents can feel they have 'lost' their son or daughter when they get married, even if they are very happy for them. If you have had to cope with a lot of changes or stressful events, one more may seem like the 'last straw'.

Older people often have to cope with repeated losses, including the death of close friends and family. There is an important difference between expressing grief - which is a healthy reaction to loss or bereavement - and depression. Men living alone after the death of their wives seem to be particularly at risk of depression. Young people also experience stress, for example due to problems at school, starting work or a course of study, or problems with relationships. It can be quite difficult to tell whether a young person is going through 'normal' adolescent turmoil or is showing signs of depression.

### **Styles of thinking and coping**

People who are depressed tend to think about bad experiences in ways that make them even more difficult to manage. If you have had bad experiences in the past, which you were unable to control, you may develop a 'hopeless' way of thinking. Feeling 'trapped' in a difficult situation or experiencing a feeling of humiliation can also lead to negative thinking and depression. This is why some forms of treatment aim to help you change your patterns of thinking.

### **Health & illness**

We all tend to feel miserable when we are ill. But long-term health problems, which prevent someone from leading their usual life, may lead to depression. People who lose their eyesight or hearing can become depressed, as can people with heart disease, chronic lung diseases, and illnesses which prevent them from getting about, such as Parkinson's disease or a stroke. Family and friends can help a lot by helping people find new activities or interests following illness.

### **Is it 'normal' to become depressed as we get older?**

Some difficult life events may become more common with age, for example, children moving away, family illness or disability. Health or financial problems can also increase with age. However, many people find that there are positive benefits of growing older, such as having more free time, being able to take up hobbies, or spend time with grandchildren. It is therefore wrong to assume that depression in older people is a 'normal' reaction to growing older, and it is important that severe depression is recognised, so that people can get the help they need.

## **Summary: What Are the Main Causes of Depression?**

Lots of things can increase the chance of depression, including the following:

1. Abuse. Physical, sexual, or emotional abuse can make you more vulnerable to depression later in life.
2. Age. People who are elderly are at higher risk of depression. That can be made worse by other factors, such as living alone and having a lack of social support.
3. Certain medications. Some drugs, such as isotretinoin (used to treat acne), the antiviral drug interferon-alpha, and corticosteroids, can increase your risk of depression.
4. Conflict. Depression in someone who has the biological vulnerability to it may result from personal conflicts or disputes with family members or friends.
5. Death or a loss. Sadness or grief after the death or loss of a loved one, though natural, can increase the risk of depression.
6. Gender. Women are about twice as likely as men to become depressed. No one's sure why. The hormonal changes that women go through at different times of their lives may play a role.
7. Genes. A family history of depression may increase the risk. It's thought that depression is a complex trait, meaning there are probably many different genes that each exert small effects, rather than a single gene that contributes to disease risk. The genetics of depression, like most psychiatric disorders, are not as simple or straightforward as in purely genetic diseases such as Huntington's chorea or cystic fibrosis.
8. Major events. Even good events such as starting a new job, graduating, or getting married can lead to depression. So can moving, losing a job or income, getting divorced, or retiring. However, the syndrome of clinical depression is never just a "normal" response to stressful life events.
9. Other personal problems. Problems such as social isolation due to other mental illnesses or being cast out of a family or social group can contribute to the risk of developing clinical depression.
10. Serious illnesses. Sometimes, depression happens along with a major illness or may be triggered by another medical condition.
11. Substance misuse. Nearly 30% of people with substance misuse problems also have major or clinical depression. Even if drugs or alcohol temporarily make you feel better, they ultimately will aggravate depression.

## **COPING WITH MILD AND MODERATE DEPRESSION**

There are a number of things you can do for yourself which can help you cope with mild episodes of depression, or reduce your risk of becoming seriously depressed.

### **Social Support**

Having someone to turn to for support is very important when coping with difficulties. Some people build up a strong network of friends and relatives whom they can talk to, but others may become isolated, particularly if they have no employment or other activity outside the home. People who are already depressed usually find it very difficult to be sociable, and this can make them feel worse. So having someone to support you in a crisis or when things are difficult can reduce your risk of becoming depressed.

## **Activity & Exercise**

If you are physically active or take regular exercise you may benefit from changes in your brain chemicals which affect mood, and from the feeling that you are actively doing something to improve your life. Exercise and activity can also bring important social contact if you are isolated. Outdoor activity seems to be particularly important in staving off depression for older men. However, if you don't enjoy exercise, it is unlikely to help!

## **Diet**

A healthy diet is important in reducing the risk of depression. In particular, drinking too much alcohol or taking drugs will make you feel worse in the long-term. Some recent research has suggested that people who are depressed or have bipolar disorder may benefit from eating more oily fish, such as sardines, or from taking fish oil supplements, alongside their prescribed medication. However further research into this is needed.

## **Complementary therapies**

Many people are interested in using complementary therapies to relieve depression. There is evidence that the herbal medicine known as St John's Wort (*Hypericum perforate*) can help many people with mild to moderate depression. However, we do not yet know whether it is effective in treating more severe depression. Before taking St John's Wort check with your doctor or pharmacist especially if you are taking other kinds of medication, for example for heart disease, epilepsy, asthma, or migraine, as St John's Wort may affect how these drugs work. Relaxation techniques, aromatherapy, massage, and acupuncture, may also help people cope when they are feeling low. If you are trying a complementary therapy as well as receiving medical treatment you should inform your doctor so that the effects can be monitored

## **HOW CAN I HELP MYSELF IF I AM DEPRESSED?**

As you continue treatment, you may start to feel better gradually. Remember that if you are taking an antidepressant, it may take 2 to 4 weeks to start working. Try to do things that you used to enjoy. Go easy on yourself. Other things that may help include:

- Trying to be active and exercise
- Breaking up large tasks into small ones, set priorities, and do what you can as you can
- Spending time with other people and confide in a trusted friend or relative
- Postponing important life decisions until you feel better. Discuss decisions with others who know you well
- Avoiding self-medication with alcohol or with drugs not prescribed for you

Helping other people – for example through voluntary work – is one good way of feeling useful and valued.

## **Self-help techniques**

There are a number of self-help books, guides, and software programmes which can help you to learn ways of coping with mild to moderate episodes of depression.

Bear in mind that although many people have found these helpful, everybody is different! If you do not find them helpful, or if your depression is more severe, you should ask for more specialist help.

Some people find it very helpful to talk to others who have been through similar experiences. Some of the organisations that we will list at the end of the month can put you in contact with other people, individually or in group.

## **COPING WITH SEVERE DEPRESSION -WHAT WORKS?**

### **I) Drug Treatment**

#### **Anti-depressants**

Anti-depressant drugs act by increasing the activity of those brain chemicals which affect the way we feel. Anti-depressants help between 60 and 70 per cent of people with depression. A number of different kinds of drugs may be prescribed, for example: Tricyclic anti-depressants are prescribed for moderate to severe depression. Some examples are dothiepin, imipramine, and amitriptyline. Tricyclic anti-depressants may take several weeks to start working so don't expect results straightaway. They sometimes cause drowsiness, so talk to your doctor if this is a problem. Other possible side-effects include blurred vision, a dry mouth, constipation, sexual problems, and weight gain. These side-effects can usually be reduced by changing to a different brand or by starting at a lower dose and gradually increasing it. Tricyclic anti-depressants are not addictive. Newer anti-depressant drugs - selective serotonin reuptake inhibitors and selective noradrenaline reuptake inhibitors (SSRIs and SNRIs) target specific chemical 'messengers' in the brain. The most well-known SSRI is fluoxetine (Prozac) but there are several other brands. The most significant side-effects from these newer drugs are headaches, stomach upsets, and reduced sex drive. However, some people become more anxious and restless when taking them and there have been reports of some people becoming aggressive. As with all drugs, if you have any unusual reactions, you should discuss them with a doctor straightaway. For example, venlafaxine (Effexor) can cause a skin rash which should be reported to a doctor immediately.

#### **Mood stabilisers**

Lithium carbonate may be prescribed to people with bipolar disorder as a way of stabilising their mood swings. It is also sometimes used as an additional treatment for people with severe depression alongside anti-depressants. High levels of lithium in the blood can be dangerous, so if you are taking lithium, you must have regular blood test.

#### **How long do I have to take the drugs?**

If you are prescribed drugs for depression, you will probably be advised to take them for at least six months, or longer if you have a previous history of depression. Older people may have to carry on taking drugs for longer than younger people. You are more likely to 'relapse' (have another episode of depression) in the three months after you have started to recover - which is why doctors usually recommend taking the medication for a further six months. It is important to feel confident that you can discuss your medication with your GP or pharmacist. Family and friends can help by encouraging you to report any unpleasant side-effects, especially when a new or different drug is prescribed. There are also special helplines which will give you general advice on medication.

#### **What about coming off medication?**

If you stop taking anti-depressant drugs suddenly you can experience unpleasant effects, such as headache, nausea, dizziness and even hallucinations. Always consult your doctor before stopping taking anti-depressants and never stop suddenly as the effects may be severe. Remember that it can



take at least six weeks for you to begin to recover, but by six months four out of five people will be better.

#### Children and young people

Tricyclic drugs have been used with children but they seem to be less effective than with adults. The newer SSRIs have not yet been adequately tested with children.

#### Older people

As people grow older, they are increasingly likely to be prescribed drugs for medical conditions. If drugs for depression are added there can be unexpected side-effects, such as dizziness. Taking many pills can also cause depression. It is better to have one special dose.

#### **Interpersonal Therapy (IPT)**

Interpersonal therapy focuses on your relationships and on problems such as difficulties in communication, or coping with bereavement. There is some evidence that IPT can be as effective as medication or CBT but more research is needed.

#### **Counselling**

Counsellors are trained to help you think about the problems you are experiencing in your life and find new ways of coping with difficulties. They give support and help you find your own solutions, rather than offering advice or treatment, but some counsellors also use some of the techniques from talking therapies such as CBT. You can contact us to be in touch with a counsellor.

#### **A true life story**

Growing up in my household was a bit of a struggle. Around the age of 12, I was bullied quite severely, which in turn had an impact on my mental health. I began to experience symptoms of anxiety and depression. I was always a reserved, quiet person but I built up the courage to talk to my mum about how I was feeling. I went into the kitchen to talk about being bullied and how it made me feel. I was expecting some understanding and comfort but that is not what I received. To this day, I remember exactly what she said to me, "You're too young to be depressed. What do you have to be depressed about?" The response made me feel like my feelings did not matter as I was 'young' and had not experienced life yet. At times, I believe that I was not taken seriously due to my age. I was young, so perhaps my mum believed what I was feeling at the time was temporary. I felt sad for some time as I hoped that I could at least talk to my mum and get some encouragement. The topic wasn't discussed for some time and I was always the one to bring it up. As my mum didn't understand me and how I was feeling, I turned to my cousin who understood my feelings completely. I expressed how my mother's response made me feel and she assured me that her response is 'typical' of the older, west Indian generation. Mental health is somewhat of a taboo topic within my culture; some people with mental health disorders are often referred to as 'crazy' with little acknowledgement of what the person may be facing. I tried countless times to talk to my mother about it, but she told me repeatedly to just 'pray about it'. I took her advice, but it did not help me. I guess that was the best advice she could offer and that may have been taught to her. I aim to try and talk about mental health more often with my family regardless of the response I get. Now, my mum has become more open with regards to discussing mental health which I am happy about. We are all just taking it one day at a time and counting our blessings in the process.

NOTE: Let's not interpret this wrongly. There's absolutely nothing wrong about telling someone to pray for what he/she is going through, so they can get better. But words alone will not help if you

don't empathize with someone experiencing depression. They need spiritual and emotional support all the way. Remember in the bible it is mentioned that, what help does it have when you see someone without food and clothing and you just tell them to go in peace without assisting them?

(James 4)

This is how I feel about situations like this, when someone confides in you, support them, encourage them to pray, and pray for them as well. Show them the love they need and tell them you'll be there for them all the way

"I didn't want my picture taken because I was going to cry. I didn't know why I was going to cry, but I knew that if anybody spoke to me or looked at me too closely the tears would fly out of my eyes and the sobs would fly out of my throat and I'd cry for a week. I could feel the tears brimming and sloshing in me like water in a glass that is unsteady and too full." — Sylvia Plath

### **In her thoughts**

I don't want any more of this try, try again stuff. I just want out. I've had it. I am so tired. I am twenty and I am already exhausted. Others imply that they know what it is like to be depressed because they have gone through a divorce, lost a job, or broken up with someone. But these experiences carry with them feelings. Depression, instead, is flat, hollow, and unendurable. It is also tiresome. People cannot abide being around you when you are depressed. They might think that they ought to, and they might even try, but you know and they know that you are tedious beyond belief: you are irritable and paranoid and humourless and lifeless and critical and demanding and no reassurance is ever enough. You're frightened, and you're frightening, and you're "not at all like yourself but will be soon," but you know you won't.