

## **COVID-19 is an emerging, rapidly evolving situation.**

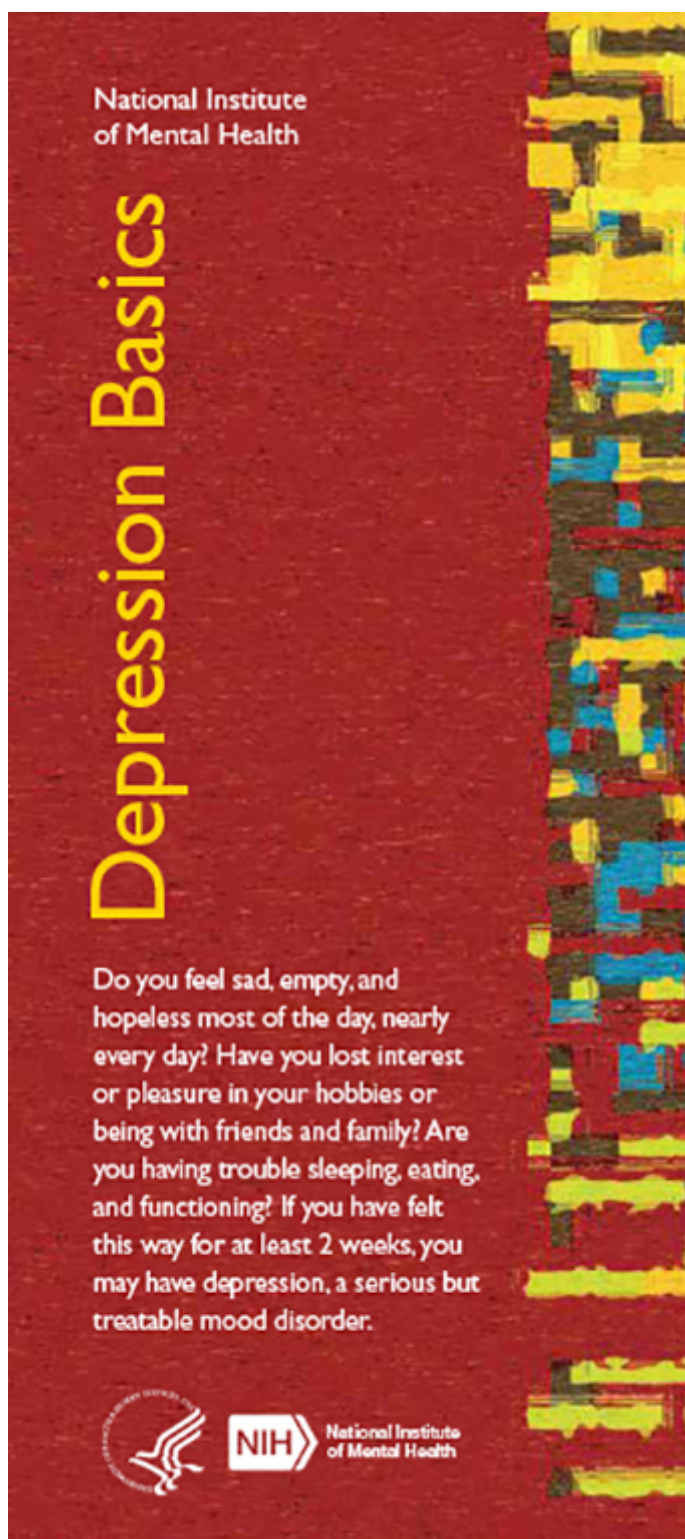
Get the latest public health information from CDC: <https://www.coronavirus.gov>

Get the latest research information from NIH: <https://www.covid19.nih.gov/>

Get the latest shareable resources on coping with COVID-19 from NIMH: <https://www.nimh.nih.gov/covid19>

The National Institute of Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)

## **Depression Basics**



[Download PDF \(www.nimh.nih.gov/health/publications/depression/19-mh-8079-depressionbasics\\_140843.pdf\)](http://www.nimh.nih.gov/health/publications/depression/19-mh-8079-depressionbasics_140843.pdf)

[Download ePub \(www.nimh.nih.gov/ebooks/37214.epub\)](http://www.nimh.nih.gov/ebooks/37214.epub)

[Order a free hardcopy.](#)

[En Español \(www.nimh.nih.gov/health/publications/espanol/depression-sp/index.shtml\)](http://www.nimh.nih.gov/health/publications/espanol/depression-sp/index.shtml)

## Introduction

Do you feel sad, empty, and hopeless most of the day, nearly every day? Have you lost interest or pleasure in your hobbies or being with friends and family? Are you having trouble sleeping, eating, and functioning? If you have felt this way for at least 2 weeks, you may have depression, a serious but treatable mood disorder.

# What is depression?

Everyone feels sad or low sometimes, but these feelings usually pass with a little time. Depression—also called “clinical 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 diagnosed with depression, symptoms must be present most of the day, nearly every day for at least 2 weeks.

## What are the different types of depression?

Two of the most common forms of depression are:

**Major depression**—having symptoms of depression most of the day, nearly every day for at least 2 weeks that interfere with your ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person’s lifetime, but more often, a person has several episodes.

**Persistent depressive disorder (dysthymia)**—having symptoms of depression that last for at least 2 years. A person diagnosed with this form of depression may have episodes of major depression along with periods of less severe symptoms.

Some forms of depression are slightly different, or they may develop under unique circumstances, such as:

**Perinatal Depression:** Women with perinatal depression experience full-blown major depression during pregnancy or after delivery (postpartum depression).

**Seasonal Affective Disorder (SAD):** SAD is a type of depression that comes and goes with the seasons, typically starting in the late fall and early winter and going away during the spring and summer.

**Psychotic Depression:** This type of depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations).

Other examples of depressive disorders include disruptive mood dysregulation disorder (diagnosed in children and adolescents) and premenstrual dysphoric disorder. Depression can also be one phase of bipolar disorder (formerly called manic-depression). But a person with bipolar disorder also experiences extreme high—euphoric or irritable—moods called “mania” or a less severe form called “hypomania.”

You can learn more about these disorders on the National Institute of Mental Health (NIMH)’s website ([www.nimh.nih.gov](http://www.nimh.nih.gov) ([www.nimh.nih.gov/index.shtml](http://www.nimh.nih.gov/index.shtml))).

## What causes depression?

Scientists at NIMH and across the country are studying the causes of depression. Research suggests that a combination of genetic, biological, environmental, and psychological factors play a role in depression.

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. For more information on ongoing research on depression, visit [www.nimh.nih.gov](http://www.nimh.nih.gov) ([www.nimh.nih.gov/index.shtml](http://www.nimh.nih.gov/index.shtml)).

## What are the 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.

**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.

## How is depression treated?

The first step in getting the right treatment is to visit a health care provider or mental health professional, such as a psychiatrist or psychologist. Your health care provider can do an exam, interview, and lab tests to rule out other health conditions that may have the same symptoms as depression. Once diagnosed, depression can be treated with medications, psychotherapy, or a combination of the two. If these treatments do not reduce symptoms, brain stimulation therapy may be another treatment option to explore.

### Medications

**Medications** called antidepressants can work well to treat depression. They can take 2 to 4 weeks to work. Antidepressants can have side effects, but many side effects may lessen over time. **Talk to your health care provider about any side effects that you have. Do not stop taking your antidepressant without first talking to your health care provider.**

**Please Note:** Although antidepressants can be effective for many people, they may present serious risks to some, especially children, teens, and young adults. Antidepressants may cause some people, especially those who become agitated when they first start taking the medication and before it begins to work, to have suicidal thoughts or make suicide attempts. Anyone taking antidepressants should be monitored closely, especially when they first start taking

them. For most people, though, the risks of untreated depression far outweigh those of antidepressant medications when they are used under a doctor's careful supervision.

Information about medications changes frequently. Visit the **U.S. Food and Drug Administration (FDA)** website for the latest warnings, patient medication guides, or newly approved medications.

## Psychotherapy

**Psychotherapy** helps by teaching new ways of thinking and behaving, and changing habits that may be contributing to depression. Therapy can help you understand and work through difficult relationships or situations that may be causing your depression or making it worse.

## Brain Stimulation Therapies

**Electroconvulsive therapy (ECT)** and other brain stimulation therapies may be an option for people with severe depression who do not respond to antidepressant medications. ECT is the best studied brain stimulation therapy and has the longest history of use. Other stimulation therapies discussed here are newer, and in some cases still experimental methods. For more information on these treatment options, visit **[www.nimh.nih.gov/health](http://www.nimh.nih.gov/health)** (**[www.nimh.nih.gov/health/index.shtml](http://www.nimh.nih.gov/health/index.shtml)**). To find clinical trials, visit **[www.clinicaltrials.gov](http://www.clinicaltrials.gov)**.

## 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

## How can I help a loved one who is depressed?

If you know someone who has depression, first help him or her see a health care provider or mental health professional. You can also:

- Offer support, understanding, patience, and encouragement
- Never ignore comments about suicide, and report them to your loved one's health care provider or therapist
- Invite him or her out for walks, outings, and other activities
- Help him or her adhere to the treatment plan, such as setting reminders to take prescribed medications
- Help him or her by ensuring that he or she has transportation to therapy appointments
- Remind him or her that, with time and treatment, the depression will lift

## Where can I go for help?

If you are unsure where to go for help, ask your health provider or check out the NIMH Help for Mental Illnesses webpage at **[www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp)** (**[www.nimh.nih.gov/health/find-help/index.shtml](http://www.nimh.nih.gov/health/find-help/index.shtml)**). Another Federal health agency, the Substance Abuse and Mental Health Services Administration (SAMHSA), maintains an online Behavioral Health Treatment Services Locator at **<https://findtreatment.samhsa.gov/>**. You can also check online for mental health professionals; contact your community health center, local mental health association, or insurance plan to find a mental health professional. Hospital doctors can help in an emergency.

## If you or someone you know is in crisis, get help quickly.

Call your or your loved one's health professional.

Call 911 for emergency services.

Go to the nearest hospital emergency room.

Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889).

## Reprints

This publication is in the public domain and may be reproduced or copied without permission from NIMH. Citation of NIMH as a source is appreciated. We encourage you to reproduce it and use it in your efforts to improve public health. However, using government materials inappropriately can raise legal or ethical concerns, so we ask you to use these guidelines:

NIMH does not endorse or recommend any commercial products, processes, or services, and our publications may not be used for advertising or endorsement purposes.

NIMH does not provide specific medical advice or treatment recommendations or referrals; our materials may not be used in a manner that has the appearance of providing such information.

NIMH requests that non-Federal organizations not alter our publications in ways that will jeopardize the integrity and "brand" when using the publication.

The addition of non-Federal Government logos and website links may not have the appearance of NIMH endorsement of any specific commercial products or services, or medical treatments or services.

Images used in publications are of models and are used for illustrative purposes only. Use of some images is restricted.

If you have questions regarding these guidelines and use of NIMH publications, please contact the NIMH Information Resource Center at **1-866-615-6464** or e-mail [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov).

## For More Information

For more information on conditions that affect mental health, resources, and research, go to MentalHealth.gov at [www.mentalhealth.gov](http://www.mentalhealth.gov), or the NIMH website at [www.nimh.nih.gov](http://www.nimh.nih.gov) ([www.nimh.nih.gov/index.shtml](http://www.nimh.nih.gov/index.shtml)). In addition, the National Library of Medicine's MedlinePlus service ([www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/)) has information on a wide variety of health topics, including conditions that affect mental health.

### National Institute of Mental Health

Office of Science Policy, Planning, and Communications

Science Writing, Press, and Dissemination Branch

6001 Executive Boulevard

Room 6200, MSC 9663

Bethesda, MD 20892-9663

Phone: 301-443-4513 or 1-866-615-NIMH (6464) toll-free

TTY: 301-443-8431 or 1-866-415-8051 toll-free

Fax: 301-443-4279

Email: [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)

Website: [www.nimh.nih.gov](http://www.nimh.nih.gov) ([www.nimh.nih.gov/index.shtml](http://www.nimh.nih.gov/index.shtml))

U.S. Department of Health and Human Services

National Institutes of Health

NIH Publication No. 19-MH-8079

Revised 2016

## Contact Us

The National Institute of Mental Health Information Resource Center

Available in English and Español

**Hours:** 8:30 a.m. to 5 p.m. Eastern time, M-F

**Phone:** [1-866-615-6464](tel:1-866-615-6464)

**TTY:** [1-301-443-8431](tel:1-301-443-8431)

**TTY (toll-free):** [1-866-415-8051](tel:1-866-415-8051)

**Live Online Chat:** [Talk to a representative](#)

**Email:** [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)

**Fax:** 1-301-443-4279

**Mail:** National Institute of Mental Health  
Office of Science Policy, Planning, and Communications  
6001 Executive Boulevard, Room 6200, MSC 9663  
Bethesda, MD 20892-9663

## Follow Us

[Instagram](#) [Facebook](#) [Twitter](#) [YouTube](#) [NIMH Newsletter \(www.nimh.nih.gov/news/e-mail-newsletters/index.shtml\)](http://www.nimh.nih.gov/news/e-mail-newsletters/index.shtml), [NIMH RSS Feed \(www.nimh.nih.gov/news/web-channels/index.shtml\)](#), [NIMH Widget \(www.nimh.nih.gov/widgets/index.shtml\)](http://www.nimh.nih.gov/widgets/index.shtml)

## Subscribe to NIMH Email Updates

Type email address...