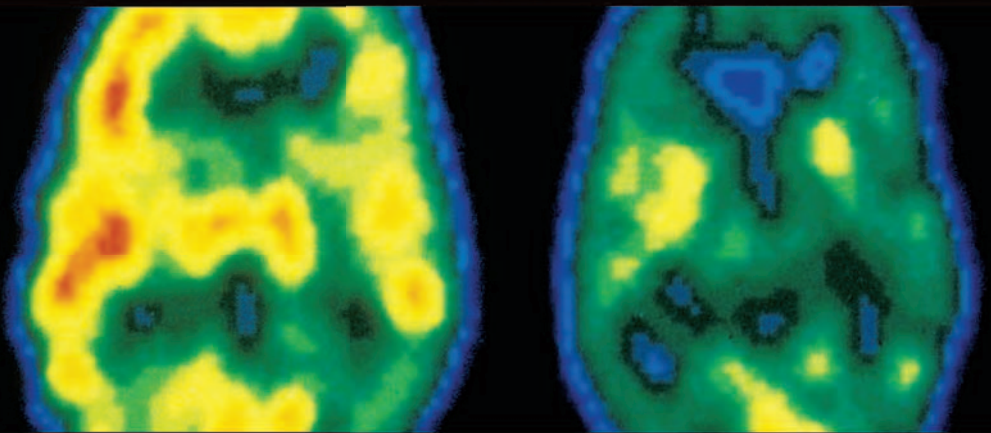




HEALTH REPORTS:
DISEASES AND DISORDERS

DEPRESSION



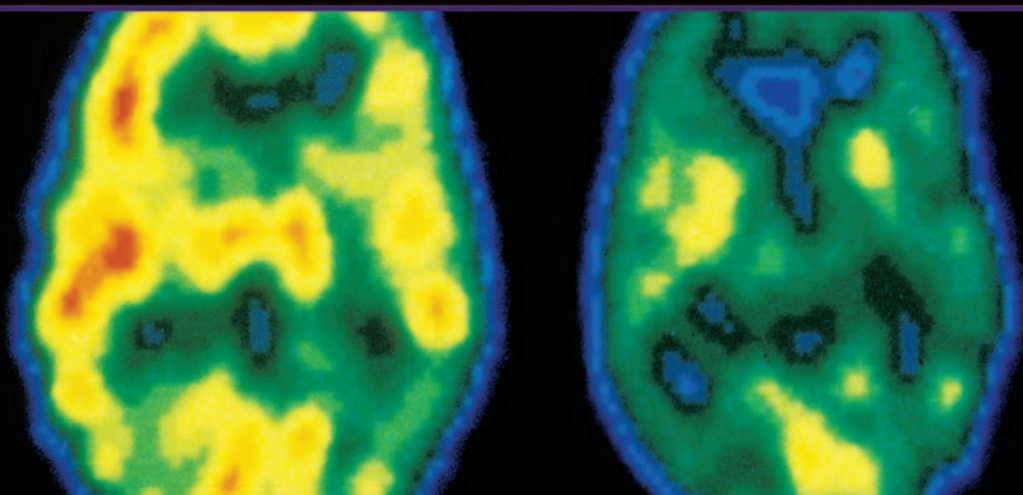
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HEALTH REPORTS:
DISEASES AND DISORDERS

DEPRESSION



WENDY MORAGNE



TWENTY-FIRST CENTURY BOOKS
MINNEAPOLIS

To my cherished sisters, Deverly Tadau and Lori Knopf

Cover image: These scans show a healthy brain (*left*) and a depressed brain (*right*). The healthy brain lights up with greater activity than the depressed brain.

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WHO'S WHO?

In this book, you will meet seven teenagers who faced depression and received help to overcome the symptoms of this debilitating disorder. Their stories candidly describe the powerful effect depression had on their lives and reveal the marked improvements that resulted after treatment was begun. The message these young people convey is that depression is a treatable disorder and that help is readily available.

KEVIN, 17

Kevin had never had a girlfriend before Tracey, an outgoing, fun-loving classmate. He felt more relaxed and confident when he was with her. Even Kevin's parents were happy that she was a part of his life. But after a year of dating, Tracey suddenly broke off the relationship. Devastated and confused, Kevin began to feel nothing but pain, and his daily activities began to be affected. After Kevin came home drunk one night, his parents made an appointment with a psychologist, who determined that Kevin was depressed. He began treatment with psychotherapy.

LINDSAY, 13

Lindsay's grandparents meant everything to her. Although there were several other grandchildren in the family, Lindsay had the closest relationship with her grandparents. They even lived in the same town. But when Lindsay's grandfather retired from his job, he and his wife decided to move south to a warm climate. From the day her grandparents left town, Lindsay had great difficulty accepting that they were so far away. She was used to seeing them every day. Although

Lindsay phoned her grandparents regularly, things were not the same. Lindsay's parents told her that they, too, found the adjustment difficult but that they all had to get over it. Within a couple of weeks, Lindsay's parents, sister, and brother seemed to be okay with the change. But Lindsay could not get on with her life. Lindsay began to overeat and gain weight. She would awaken during the night and not be able to fall back to sleep. In the morning, she would begin the day in a sour mood and would get into arguments with her mother over trivial things. These arguments usually escalated to screaming matches and ended with Lindsay being given a punishment by the time she left for school. She would often respond with comments such as "Go ahead and punish me. I don't care. You hate me anyway."

At school Lindsay began to have trouble concentrating during class. She also suffered from headaches and asked to see the nurse

Depression can make it difficult for people to concentrate on their daily activities, such as school and work.



so often that the nurse phoned her parents and recommended that Lindsay be checked by the family's pediatrician. After asking Lindsay questions about her health and what was going on in her life, the doctor suggested that she meet with a psychologist. The psychologist found that Lindsay was depressed and recommended treatment through psychotherapy sessions.

SHARON, 16

Sharon and her older sister were opposites. Sharon was shy and serious, while Kathy was outgoing and carefree. Sharon was overweight and had what she thought were unflattering features, while Kathy was petite and pretty. Although Sharon and Kathy got along, Sharon felt inferior to her sister because she had many friends. Sharon, on the other hand, was constantly teased by her classmates for being large. At home Sharon's parents seemed pleased with Kathy and critical of Sharon, and they urged Sharon to try to lose weight. Sharon was now in tenth grade, and many of the girls in her class were being asked out on dates. Kathy, an eleventh grader, seemed to have a date every weekend. As the school year progressed, Sharon began to feel worse and worse about herself. She felt embarrassed over the way she looked, and she felt intimidated by the popularity of her older sister. Strong feelings of self-hate and worthlessness began to envelop her. Sharon decided to diet. She ate small portions at lunch at school and with her family at dinner. Her parents expressed their approval that she was making an effort to lose weight. But Sharon could not stop thinking about food. Eating had always made her feel better. It helped relax and soothe her during stressful times. After school, when no one was home, she began to binge on large amounts of food. After these binges, feelings of guilt and disgust set in.

Sharon learned to rid her body of the extra food by making herself

vomit. She would go into the bathroom and do it quietly. Eating large amounts of food and then making herself vomit soon became a habit that she could not control, but she kept it a secret.

Sharon began to withdraw emotionally more and more from her family and from their activities. When she did interact with them, she was irritable and melancholy and complained of being tired. She also complained of being bored with the things that were going on in her everyday life. She stopped going to a drawing and painting class that she had always enjoyed at the art center. Her parents considered this just a phase that Sharon was going through. But when Sharon suddenly stopped doing her homework and quit the school chorus, Sharon's parents began to realize that Sharon had a problem. They sought help from a psychologist, who diagnosed Sharon with depression and discovered that she also suffered from bulimia, an eating disorder. She referred Sharon to a psychiatrist, who prescribed medication and set up regular psychotherapy sessions for her.

JORDYNN, 14

Although Jordynn's parents were divorced, Jordynn always dreamed that they would get back together someday. When her mother decided to marry another man, Jordynn anticipated the wedding with anxiety and afterward became increasingly withdrawn and sad. Her mother grew concerned after Jordynn lost weight, had problems completing her school assignments, and complained of stomachaches. She made an appointment with the pediatrician. After finding nothing wrong with Jordynn, the doctor recommended that she be evaluated by a psychiatrist, who determined that she was depressed. The psychiatrist also diagnosed Jordynn with obsessive-compulsive disorder. She began treatment with medication and psychotherapy.

DOUG, 15

Doug had always been a good student and had many friends. But when his parents divorced, Doug's behavior changed. His father transferred to a job out of state. Because of the distance involved, he was able to visit with the children only one weekend a month. The visits were difficult. When Doug and his brother went to their father's place, the trip took three hours each way. And when Doug's father visited with them in their town, they had to meet at a public place or in their father's hotel room.

Doug blamed his mother for the breakup of the marriage. He took out his anger and frustration by arguing with her and being verbally abusive. He also picked fights with his brother, and their arguments often escalated into shouting and punching matches. Doug's grades declined, and he began to cut class. He received detentions for this, which only worsened the problem. He began to hang out with a group of older teenagers and eventually got involved in drinking and smoking marijuana. He would come home at all hours of the night and sometimes not until the following morning. He refused to tell his mother where he had been. And when his mother attempted to ground him, he would just laugh and then leave the house. After months of hopelessly waiting for things to improve, Doug's mother made an appointment with a psychologist. But Doug refused to go. Exasperated, his mother asked for help from Doug's lacrosse coach. He was finally able to persuade Doug to see the psychologist.

The psychologist determined that Doug suffered from depression and began treating him with psychotherapy. Eventually, the psychologist felt that Doug needed medication, and she referred him to a psychiatrist. The first medication did not seem to help, so the psychiatrist switched Doug to a different medication. Within a few weeks, Doug's depression began to lift and he was more in control of his behavior. The psychiatrist met with Doug on a regular basis and asked his family to become involved in the therapy, as well.

ANTHONY, 18

Through high school, Anthony had few close friends and no dates. College was about to begin, and he was going to live away from home. Although he was looking forward to studying computer science, Anthony felt anxious about college, and he worried about living away from home. He had never spent even one night away from home.

With the help of his mother, a widow, and his uncle, Anthony made the four-hour trip to college, got settled into his dorm room, and met his roommate. The semester got off to a good start, although there was much more homework than Anthony had anticipated. He immediately immersed himself in his studies. But soon he felt stressed by trying to keep up with the mounting assignments. After a few weeks, Anthony suddenly felt on top of the world. He felt more energetic than he had ever felt in his life, and he began to keep late hours. He had his bicycle on campus, and he began to take long, late-night rides along some of the winding back roads. He had never felt stronger and more physically fit. Even after getting little sleep, he was able to continue to attend his classes. In class he began to question the accuracy of the information his professors presented. Time and again, he raised his hand to question what was being taught. He felt he knew the material better than his professors, and he felt he was smarter than his classmates.

Anthony's fellow students found Anthony obnoxious, and they avoided being in his company. His roommate began to spend less time in the dorm room, and when he was there, he wore headphones to block Anthony out. Anthony took the standoffish behavior of his classmates and roommate as confirmation that he was superior to them, and his ego swelled. But in the final weeks of the semester, everything suddenly changed. Anthony became quiet and withdrawn. His energy and enthusiasm vanished. He spent a great deal of time sleeping. He missed many classes, and when he did attend class, he was not able to absorb

RESOURCES

American Academy of Child and Adolescent Psychiatry (AACAP)

3615 Wisconsin Ave. NW

Washington, DC 20016-3007

1 (800) 333-7636

<http://www.aacap.org>

AACAP is dedicated to educating families, teachers, and other concerned individuals about mental health issues facing children and adolescents to promote early identification and treatment and to encourage funding for scientifically based research.

Depression and Bipolar Support Alliance (DBSA)

730 N. Franklin St., Suite 501

Chicago, IL 60610-7224

1 (800) 826-3632

<http://www.dbsalliance.org>

DBSA's mission is to educate the public about depression and bipolar disorder. This organization stresses that depression and bipolar disorder are treatable, and it strives to help patients and their families find help. Founded in 1985, DBSA has seventeen state organizations and more than four hundred chapters across the United States.

Depression and Related Affective Disorders Association (DRADA)

Johns Hopkins Hospital

600 North Wolfe St.

Baltimore, MD 21287-7381

(410) 955-4647

<http://www.drada.org>

DRADA is a nonprofit organization whose mission is to alleviate the suffering associated with depression by assisting self-help groups, providing education and information, and lending support to research programs.

The International Foundation for Research and Education on Depression (iFred)

PO Box 17598

Baltimore, MD 21297-1598

(800) 442-HOPE (4673)

<http://www.ifred.org>

This nonprofit organization helps to further research into the causes of depression. It also supports those dealing with depression and works to educate the public and combat the stigma associated with depression. iFred has a hotline for people needing immediate help—(800) 442-HOPE will direct you to local resources.

National Alliance on Mental Health (NAMI)**3803 N. Fairfax Dr.****Suite 100****Arlington, VA 22203****(703) 524-7600****<http://nami.org>**

NAMI is the largest grassroots organization in the United States dedicated to improving the lives of individuals and families affected by mental illness. Their activities focus on support, education, and advocacy. In addition to the national organization, there are more than one thousand state and local groups across the United States. NAMI's information helpline, (800) 950-NAMI, is monitored by trained volunteers who can provide information, referrals, and support to anyone who has questions about or is affected by serious mental illness.

National Mental Health Association (NMHA)**2001 N. Beauregard St., 12th Floor****Alexandria, VA 22311****(800) 969-6642****<http://www.nmha.org>**

NMHA has more than three hundred affiliates nationwide. The organization strives to educate the public about mental health issues, promote research in this field, and provide community service for people with mental illnesses and their families.

National Suicide Prevention Lifeline**(800) 273-TALK (8255)****www.suicidepreventionlifeline.org**

If you or someone you know is in a suicidal crisis or emotional distress, the trained counselors at this organization can help. Calling the number connects you to the lifeline network closest to your location. The service is free and confidential and is available twenty-four hours a day, seven days a week.

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Irwin, Cait. *Monochrome Days: A Firsthand Account of One Teenager's Experience with Depression*. New York: Oxford University Press, 2007.

Langwith, Jacqueline, ed. *Perspectives on Diseases and Disorders: Depression*. Farmington Hills, MI: Greenhaven Press, 2009.



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Websites

American Psychological Association (APA)

<http://www.apa.org>

The APA is a scientific and professional organization that represents psychology in the United States. It is the largest association of psychologists worldwide. The organization works to share its members' psychological knowledge to benefit society and improve people's lives. The website's *Emotional Health* page provides information on how emotional health leads to success in work, relationships, and health.

American Society for Adolescent Psychiatry (ASAP)

<http://www.adolpsych.org>

ASAP focuses on teen, adolescent, and young adult mental health issues. This professional network is dedicated to education development and advocacy of adolescents. Member psychiatrists can learn from one another as they help young people throughout North America. The website's *Teen Troubles* page (<http://www.adolpsych.org/teen.html>) provides articles geared to educate the public about teen-specific issues.

The Mayo Clinic

<http://www.mayoclinic.com/health/teen-depression/DS01188>

The Mayo Clinic, one of the best-known nonprofit medical institutions in the United States, has comprehensive information on depression, including information on symptoms, causes, risk factors, complications, tests and diagnosis, treatment, lifestyle remedies, alternative medicine, coping and support, and prevention.

National Alliance for Research on Schizophrenia and Depression (NARSAD)

<http://www.narsad.org/>

NARSAD raises money from donors around the world and invests it directly in research projects in mental health. The NARSAD website provides information on depression, anxiety, obsessive-compulsive disorder, and schizophrenia, including the latest research, feature articles, and information for people with depression and those who want to help them.

TeensHealth

<http://kidshealth.org/teen>

TeensHealth is a project of the Nemours Foundation, one of the largest nonprofit organizations devoted to children's health. The site provides information on a wide range of physical, emotional, and behavioral issues that affect children and teens. For information on depression, go to http://kidshealth.org/teen/your_mind/mental_health/depression.html.

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Depression is a mental health disorder that affects the lives of millions. Statistics from the World Health Organization show that about 121 million people worldwide are clinically depressed. The symptoms of depression go far beyond just feeling sad. It is a serious disorder that can make it difficult for sufferers to cope with daily life. At its worst, depression can lead to suicide. "Major depression affects more than 5 percent of teens and is linked with suicide, substance abuse and other serious problems. Yet it often goes undiagnosed and untreated," explains USA TODAY, the Nation's No. 1 Newspaper. The good news is that available treatments such as medication and psychotherapy can help most people with depression to lead normal, healthy lives.

In this book, you'll follow the stories of five young people who suffer from depression. You'll learn about the causes, symptoms, and diagnosis of depression and discover coping strategies and available treatments. All of these facts will give you the information you need to recognize and understand depression and its treatment. Identifying depression in yourself, a friend, or a family member is the first step toward recovery.



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