

What's Next?



Not Just Another Case of the Mondays

A Look into Depression



Four years ago, at the age of eighteen years old, I was medically diagnosed with clinical depression. But I have been suffering through the episodes of depression since my first or second year of secondary education. In the past when I have disclosed to family and friends that I have been suffering from depression for the greater part of six years, they have tried to console me with a misconception: everyone goes through depression. What average person does not realize is that there is a difference between sadness and depression.

From time to time everyone has felt the effects of feeling down or sadness. Sadness can develop from many things; such as losing a job, ending a relationship, or the change in the weather. Sometimes there is not a trigger for the emotion and people still can feel sad. However, when people's cir-

cumstances change, the average person is no longer upset. Clinical depression, shortly put, is different. Clinical depression, is a medical disorder which does not go away with a change in one's environment. Depression tends to linger for at least two consecutive weeks and interferes with one's entire aspect of life (from one's work to one's intimate interactions). Depression is one of the most prevalent disabilities in the entire world. In the United States, close to ten percent of adults, or around 30 million people struggle with depression.

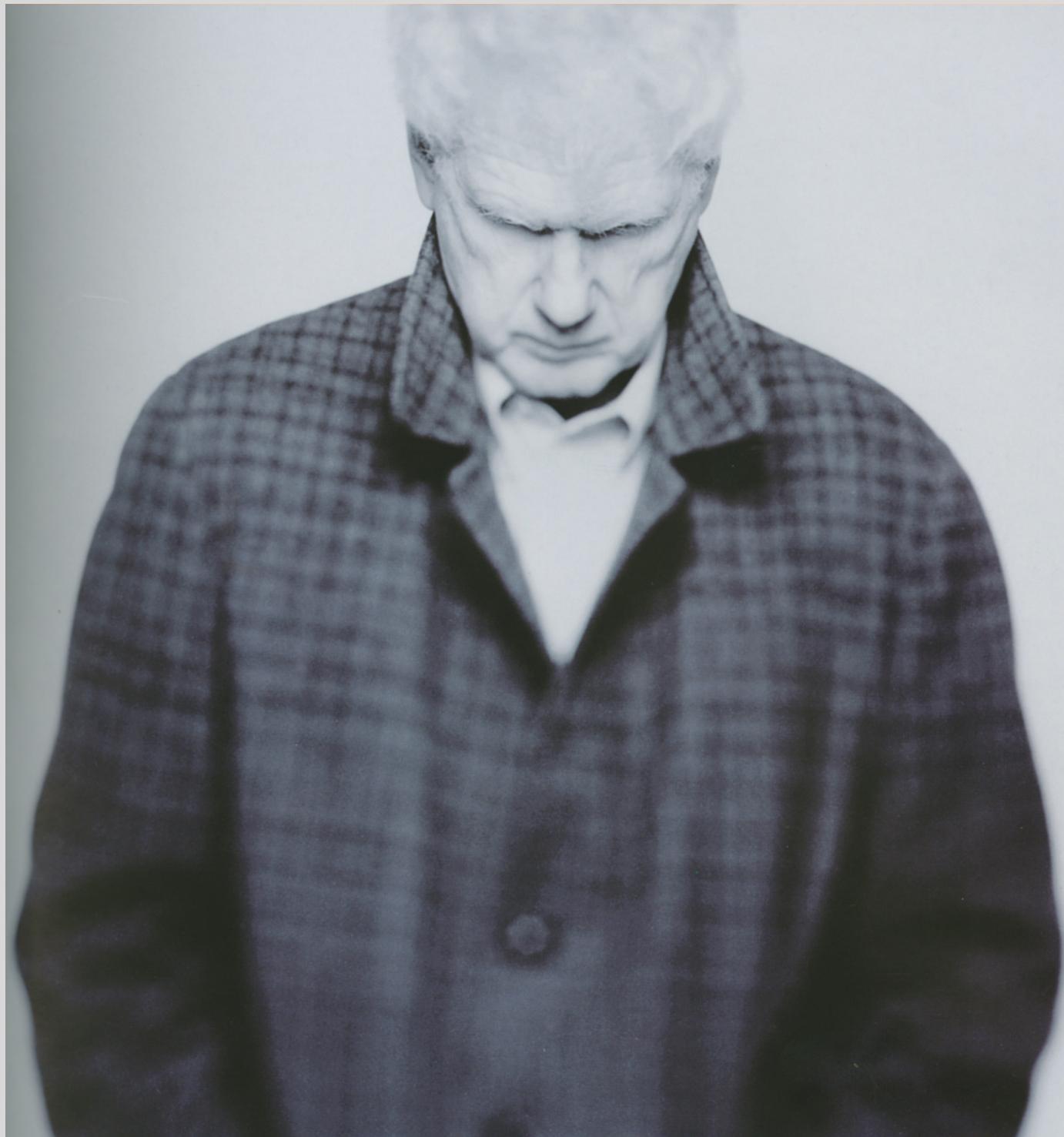
The common symptoms of depression are a low mood, changes in appetite, loss of interest in things one tends to enjoy, the increase or decrease in the amount of one's sleep, poor concentration, etc. A major symptom of depression is recurring thoughts of suicide. Depression does not only

have mental symptoms, there are also physical symptoms as well.

Some of the more physical symptoms of depression are the smaller frontal lobe (part of the brain that controls cognitive skills) and hippocampal (an organ within the brain that is associated with long-term memory) volumes. Depression can also be associated with a few other things like the abnormal transmission or exhaustion of certain neurotransmitters, especially dopamine, norepinephrine, and serotonin, which are all important brain chemicals that communicate vital information throughout one's brain and body. Changes in sleep cycles and hormone abnormalities are also other physical symptoms of clinical depression. At the moment there is not a clear understanding of what are the causes of clinical depression. The general idea, from neuroscientists, is that there is a

complex interaction between one's genes and the environment. However, there is not an accurate tool to predict when and where depression will appear. Since the majority of the symptoms are intangible it is difficult to know which people look fine but are actually suffering from depression. According to the National Institute of Mental Health, it takes the average person with a mental disability (like depression) ten years before asking for help.

Going into my sixth year of clinical depression, I am still struggling with clinical depression, and will most likely have to deal with depression for the rest of my life. Nevertheless, it is important to learn how to cope with depression and its symptoms. In the next couple of articles, I will share some of the ways one can cope with clinical depression.



Option 1: Medication

Are Antidepressants Right for You?

Hoping one's depressive mood can go away is just wishful thinking, it is not a feasible option when dealing with clinical depression.

One in six Americans, in the last year, have taken psychiatric prescriptions to cope with many mental illnesses; one of these psychiatric prescriptions is antidepressants. Antidepressants are used as a form of treatment for many mental conditions including anxiety disorders, attention-deficit hyperactivity disorder (ADHD), chronic pain, eating disorders, obsessive-compulsive disorder (OCD), but mainly it is prescribed to treat clinical depression (also known as major depressive disorder). When it comes to antidepressants, there are five important classes; each of these classes of antidepressants has a different way of effecting a patient. The five classes are the selective serotonin reuptake inhibitors (SSRIs), serotonin/norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), and atypical antidepressants.

Selective Serotonin Reuptake Inhibitors (SSRIs)

SSRIs are the most frequently prescribed antidepressants, which are commonly used to lessen the symptoms of moderate to severe depression, and is also in comparison to the other classes of antidepressants relatively safe with few side-effects. A few of the SSRIs the FDA (Food and Drug Administration) have approved are Celexa, Lexapro, Paxil, and Prozac.

They work by blocking the reabsorption (also known as reuptake) of serotonin within the brain, which

makes more serotonin readily available. Serotonin is a neurotransmitter known to affect many things from mood and social behavior, appetite, and digestion, to sleep and memory. SSRI's primarily affects the serotonin, hence why this class of antidepressant is called the selective serotonin reuptake inhibitors.

All SSRIs tend to work in similar ways and may cause familiar side effects, however, there is a chance that one may never experience any side effects or the side effects will wan within the first few weeks of treatment. Some of the side effects are blurred vision, drowsiness, dry mouth, headaches, and nausea. In extreme cases for men, SSRIs can cause a reduced libido (also known as sexual desire) and difficulties are getting and maintaining an erection.

Serotonin/Norepinephrine Reuptake Inhibitors (SNRIs)

SNRIs are like SSRIs, they are both prescribed to treat the effects of depression. However, SNRIs are also used to treat other conditions as well, such as anxiety disorders, long-term chronic pain, and nerve pain. Also like SSRIs, SNRIs block the reabsorption of neurotransmitters within the brain; serotonin/norepinephrine reuptake inhibitors specifically blocks the reuptake of serotonin and norepinephrine in the brain. Norepinephrine affects other organs of the body, but also the stress levels within the body. Specifically, norepinephrine is part of the flight/fight hormones that are released when the body is



under extreme stress. A few of the SNRIs the FDA (Food and Drug Administration) have approved are Cymbalta, Effexor XR, Fetzima, and Pristiq. Similarly like SSRIs, SNRIs have mild to any side effects at all. It is usually suggested to take SNRIs with food to avoid the sensation of an upset stomach or nausea.

Tricyclic Antidepressants (TCAs)

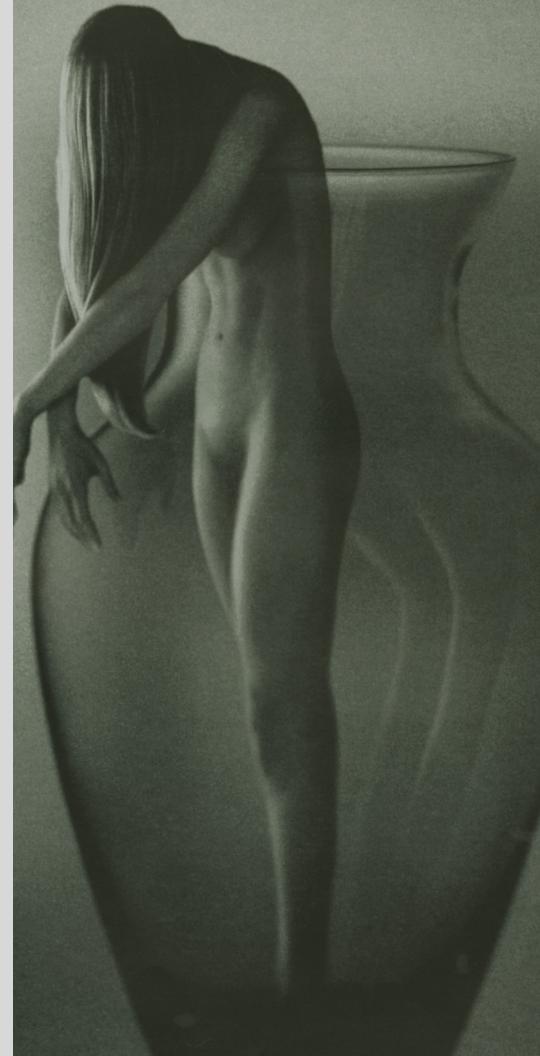
Tricyclic and tetracyclic antidepressants, also known as cyclic antidepressants are one of the earliest classes of antidepressants. However, these forms of antidepressants tend to be replaced by the newer classes of antidepressants due to the fact that the newer ones have fewer side effects. One's doctor may still prescribe TCAs if other treatments of depression have failed. A few of the TCAs the FDA (Food and Drug Administration) have approved are Elavil, Pamelor, and Tofranil.

TCAs, like the first two classes of antidepressants, changes the chemistry of one's brain by blocking the absorption of neurotransmitters (primarily serotonin and norepinephrine) within the brain, which increases the levels of the neurotransmitters in the brain. Cyclic antidepressants also affect other chemical messengers, which tends to lead to a number of side effects. TCAs' side effects may vary from each medication and can also vary the length of time in which one is affected; side effects may also be dependent on the dosage prescribed. Some of the common side effects are blurred vision, constipation, dry mouth, drowsiness, and a drop in blood pressure when moving from sitting to standing, which can cause lightheadedness.

Monoamine Oxidase Inhibitors (MAOIs)

MAOIs were the first type of antidepressant developed; back in the 1950s. MAOIs, like TCAs, have also been replaced by antidepressants that are more suitable for the times (being safer and fewer side effects). A few of the MAOIs the FDA (Food and Drug Administration) have approved are Emsam, Marplan, and Nardil.

In the brain, there is an enzyme that is mainly involved in the process of removing neurotransmitters (such as norepinephrine, serotonin, and dopamine) called monoamine oxidase. MAOIs are prescribed to block this enzyme, which inevitably produces more neurotransmitters within the brain, which affects depression. However, like every other form of medication, there are side



“Antidepressants can be a great method to cope with the symptoms of depression.”

effects. The common side effects of MAOIs are dry mouth, nausea, headaches, dizziness or lightheadedness, and skin reactions.

Antidepressants can be a great method to cope with the symptoms of depression. However, it is important that people, who are hoping to go down the path of taking antidepressants, that they have extensive talks with a psychiatrist, to see if antidepressants are the right choice for them.



Option 2: Counseling

Lend Me Your Ears!

Going through depression can be a difficult experience, one can endure on their own; one turns out to be their own worst enemy. Many professionals in the field of mental disabilities suggest that when dealing with depression, it is important to seek assistance or guidance in coping with the struggles that came with depression. In other words, the next option in dealing with depression is to seek to counsel. Many people tend to get discouraged when others suggest requesting counseling due to the misconception that counseling only deals with disciplinary and serious mental and emotional problems. However this is not the case, the majority of people who find counseling are struggling with stress. A counselor, psychiatrist, or psychologist may use one of four types of therapy

(some may use a mixture of the four types). The four types of therapy that are used to be effective in coping with depression are behavioral, cognitive, interpersonal, and solution-focused therapy.

Everything amounts to behavior and inner processes are of little or no account, that's the primary idea of behavioral theory. Professionals, who believe in this theory, believe that if one is feeling miserable, it is due to one's own behavior. The behavioral therapist is interested in observing one's behavior compared to one's thoughts and emotions. If one changes one's behavior there can be vital in coping with depression. However, people's thoughts and thought process are just as crucial when it comes to treating depression;

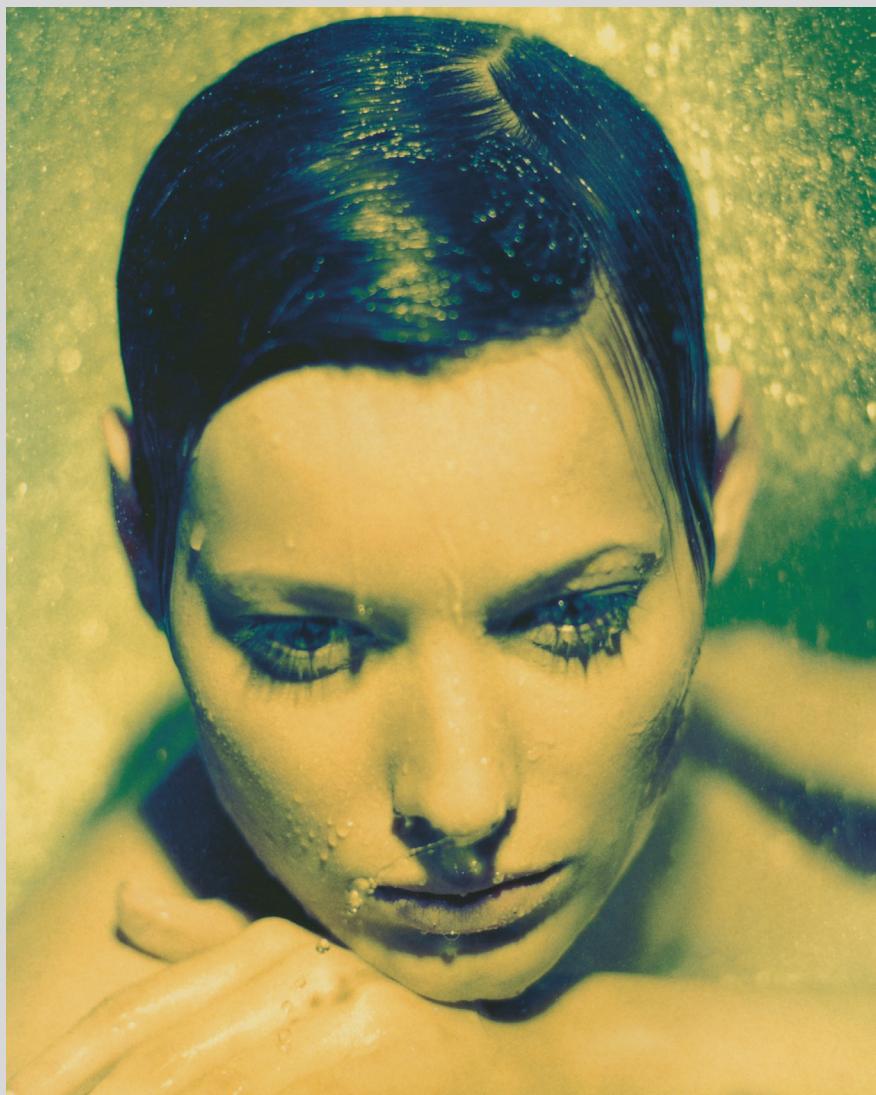
which leads to cognitive therapy. If one thinks something will happen, one will react inertly to one's own thoughts. This form of therapy main objective is for one to alter the ways of one's thought process.

Interpersonal therapy for depression is an approach that focuses on the way people relate to others in their lives - how they communicate and express themselves. Depression can cause us to lose access to the skills and the desire to sustain these relationships successfully.

Finally, solution focused therapy, like the name suggests, works on finding solutions for problems that one is currently going through

instead of focusing on one's past. One's past is not ignored in solution-focused therapy, however, it is not the main focus. The main focus is to teach one current skill and keep one focused.

Counseling can be a very useful tool in coping with the, at times, unceasing struggles of depression. If one has a moderate level of depression, some professionals will suggest that one just seek to counsel instead of taking both antidepressants and counseling. Again it is important to seek a professional opinion before making life-changing decisions towards coping with depression.



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A publishing project created
by River Hoffman

Rochester Institute of Technology
College of Imaging Arts & Sciences
Design Production Class
Prof. Irma Abu-Jumah

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CC, Adobe InDesign CC
Adobe Photoshop CC

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iMac Late 2013 27"
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Output:

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Coated Paper 80lb, 12" X 18"
Process Lab, School of Media Sciences

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Sometimes, it Doesn't Take a Village

Things You Can Do to Cope with Depression

Seeking to counsel and taking antidepressants are great ways one can cope or lessen the struggles of depression. There is also a third option to coping with depression, without taking antidepressants. Taking care of three simple things can lower the strains of depression, these things are:

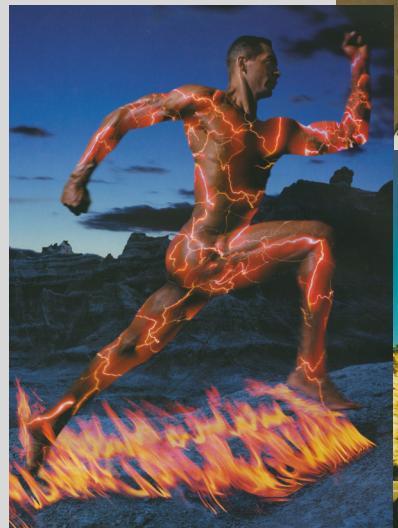
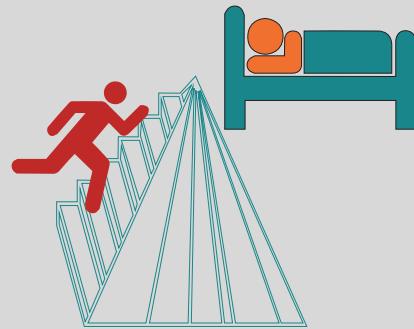
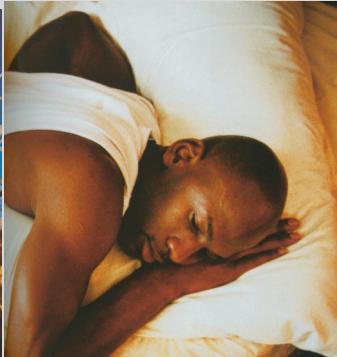
- .. Exercise
- .. Healthy Diet
- .. Appropriate sleep schedule

Physical exercise is one of the best things one can do to elevate one's current mood, it increases circulation, delivers more oxygen, glucose and other nutrients to one's brain. Exercise will build a healthier brain by increasing the levels of chemicals, within the brain, that promotes new cell growth and neural connections. Exercise also tends to reorganize the brain, so the brain responds better to stress.

Having a healthy diet is also crucial in coping with stress. One's diet needs to consist of nutrient-dense foods, that are full of antioxidants and phytonutrients (which fruits and vegetables). These foods will increase the production of serotonin in one's brain, which plays a crucial role in mood regulation. One should also increase the amount of protein; which tends to help clear the mind and gives one a boost in energy.

Finally, the most important thing to work on is one's sleeping habit. During periods of depression, people tend to have trouble sleeping, so it's a good habit to force oneself into a sleeping schedule that works for them. Simple things like having a consistent bedtime and wake up time, and not napping during the day will give an adequate amount of sleep overall.

There are many other things one can do to overcome depression without the use of medication, but the majority of them stem from exercising, having a healthy diet, and sleeping consistently.



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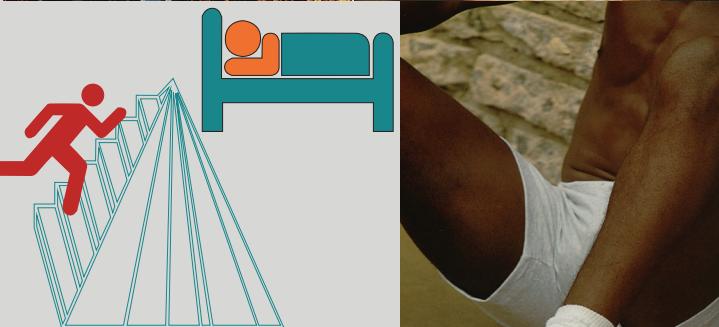
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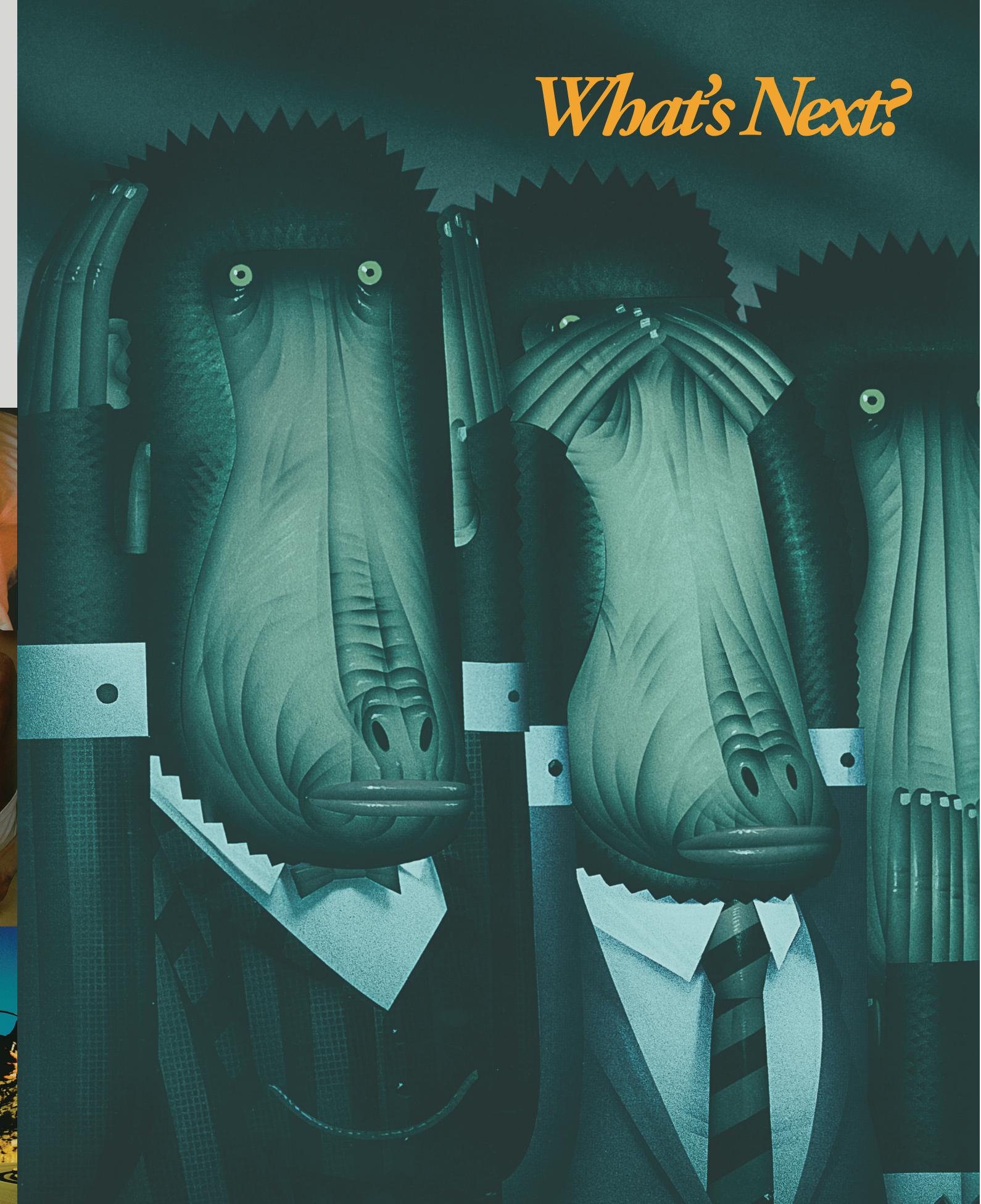
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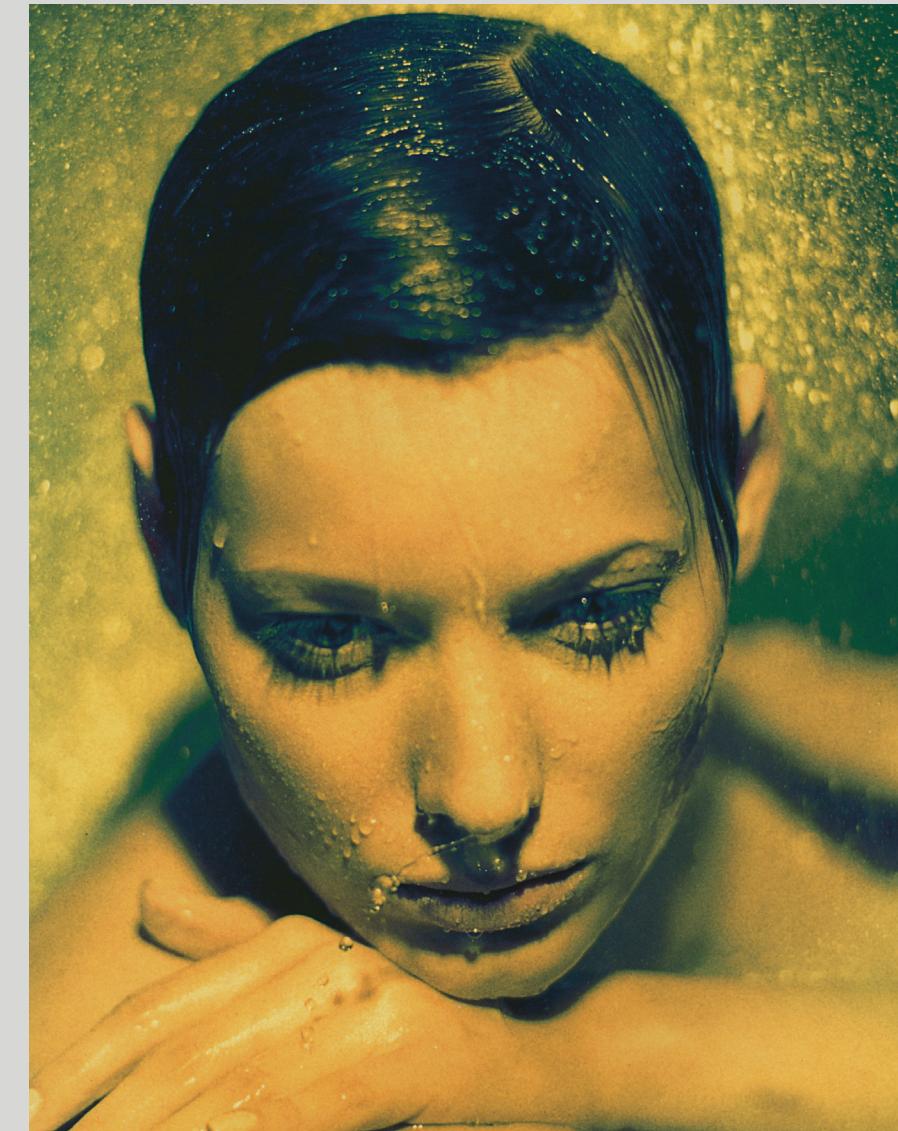
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Times New Roman

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Option 2: Counseling

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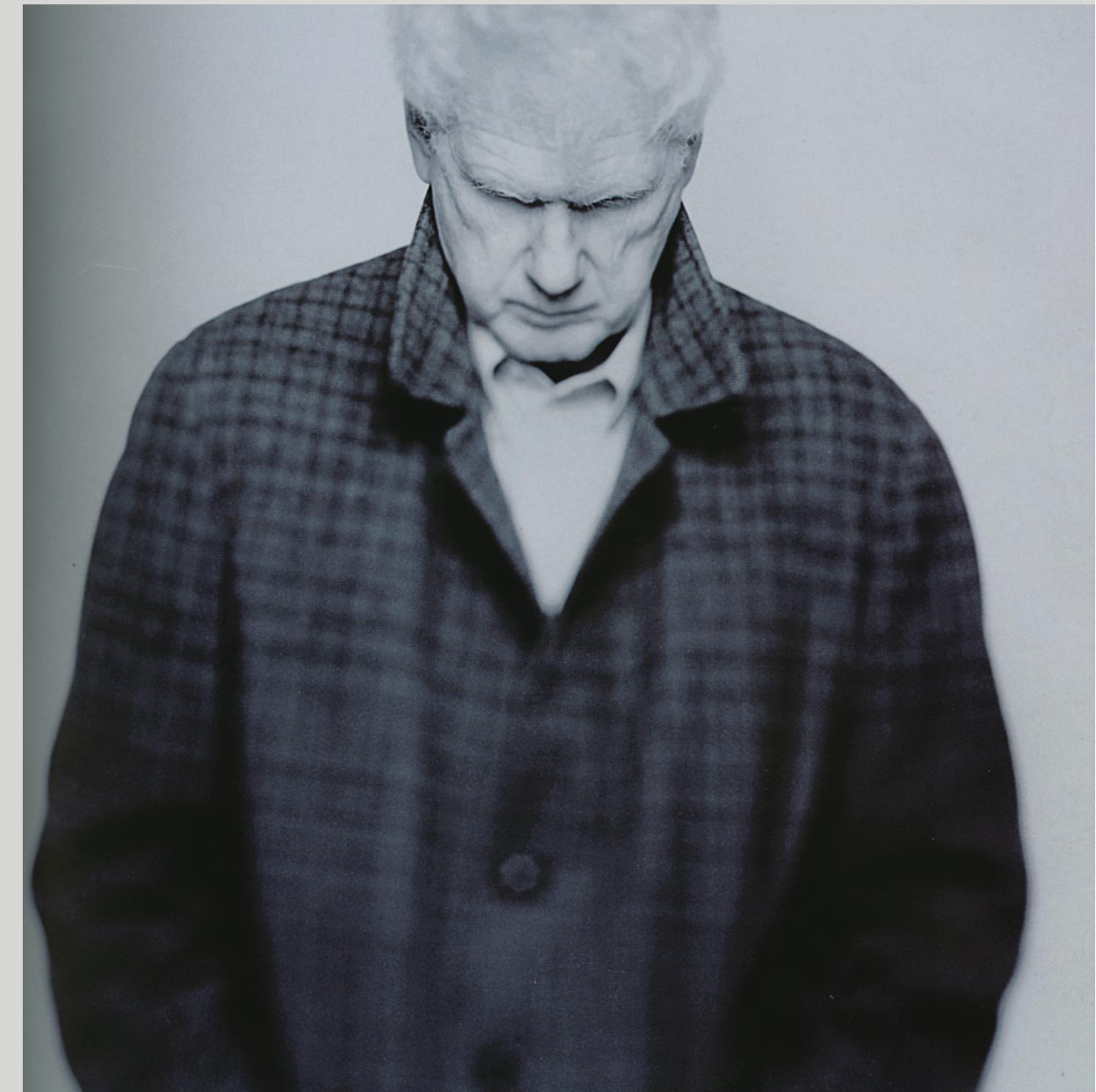
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complex interaction between one's genes and the environment. However, there is not an accurate tool to predict when and where depression will appear. Since the majority of the symptoms are intangible it is difficult to know which people look fine but are actually suffering from depression. According to the National Institute of Mental Health, it takes the average person with a mental disability (like depression) ten years before asking for help.

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