

Seeing the Unseen: A 3-Part Series on Depression

Part 1: Introduce some of the medical/scientific background for depression (1/11/2023)

Part 2: Discussion on the Islamic perspective of depression (TBA)

Part 3: Provide community a space to explore/discuss these important topics (TBA)

Key Take-Aways from Part 1 + References on Page 2

1. Depression is a **common** issue in the United States and globally, affecting millions of people. It is more common in women than men, and in younger adults than older adults.
2. There are various types of depression and categories. The **term** “depression” may be used in many ways including:
 - Mood state (“I feel depressed”); Syndrome (“I have Major Depression”); Mental Disorder (“I have Major Depressive Disorder”) – of note, not all depression is the same, and can present in different ways
3. The **cause** of depression is complicated – it likely involves a combination of things you are born with and things that you are exposed to over the course of your life (which can include difficult/traumatic events and/or other things that have the potential to impact your brain/hormones). Depression is associated with changes in brain structure and function.
4. The **characteristics** of depression can include emotional impairment (how we feel), cognitive impairment (how we think) and somatic functioning impairment (how we function). Examples of these include:

Emotions/Feelings

- **Depressed mood:** feeling sad, hopeless, discouraged, “blue,” or “down in the dumps”
- **Loss of interest or pleasure:** “don’t care anymore”, withdrawn, decreased libido, etc.
- **Feelings of worthlessness or guilt:** feeling like a failure, inappropriate guilt, not worthy, etc.
- **Thoughts of suicide:** recurrent thoughts of death, suicide or suicide attempt

Cognition

- **Neurocognitive:** problems with memory, attention, concentration, etc.

Somatic functioning

- **Sleep:** insomnia (difficulty falling asleep and/or staying asleep; difficulty with restorative sleep)
- **Weight/appetite:** may increase or decrease
- **Energy:** lack of energy; feeling exhausted
- **Psychomotor issues:** repetitive motions (hand-wringing, pacing, etc.) or slowing of movements, speech, etc.

5. The **treatment** of depression can include things that do not involve medicines (e.g., psychotherapy) and can also involve medicines – sometimes it can require both. It is really important that these decisions are made with your healthcare provider.

If you are concerned that you may be having symptoms of depression, what are some options?

Talk to your healthcare provider (If you do not have a primary provider, visit link below or connect with someone in the MAPS health team so they can direct you (MAPS also provides health care clinics occasionally).

In conjunction with your primary provider, you can connect with a **licensed mental health professional**.

If you would like to speak with a mental health professional, please visit the Muslim Health Professionals website (<http://www.mhpseattle.org/resources.html>) where you can find numerous mental health professionals. We are also currently working on updating the licensed mental health professional list to have a comprehensive database -- when this is available, we will communicate with the broader MAPS community.

If you or a loved one is ever having a mental health crisis, **988 (suicide & crisis lifeline)** can be called/texted any time.

Thank you so much for your feedback and questions – we look forward to seeing you at Parts 2 and 3, insha'Allah!

References (one per topic, although others exist)

Economic burden of depression (200+ billion per year): Greenberg et al. (2021). The Economic Burden of Adults with Major Depressive Disorder in the United States (2010 and 2018). *Pharmacoeconomics* 39, 653-665.

Depression as a leading cause to disability, globally: <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf>

General information regarding depression by WHO (this is globally, not US): <https://www.who.int/news-room/fact-sheets/detail/depression>

Definitions: https://www.uptodate.com/contents/unipolar-depression-in-adults-assessment-and-diagnosis?search=depression%20definitions&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H2

Prevalence of depression in women more than men: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478054/>

Association between depression and mortality: Gilman et al. (2017). Depression and mortality in a longitudinal study: 1952-2011. *CMAJ*: 189(42):E1304. (one source provided, but multiple others available)

Association between depression and diabetes: Carnethon et al. (2007). Longitudinal association between depressive symptoms and incident type 2 diabetes mellitus in older adults: the cardiovascular health study. *Arch Intern Med*: 167(8): 802.

Association between depression and Parkinson's Disease: Shen et al. (2013). Risk of Parkinson disease after depression: a nationwide population-based study. *Neurology*: 81 (17) 1538.

Other general information regarding clinical characteristics and basics of treatment for depression:

https://www.uptodate.com/contents/unipolar-depression-in-adults-assessment-and-diagnosis?search=depression&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2

https://www.uptodate.com/contents/unipolar-major-depression-in-adults-choosing-initial-treatment?search=depression%20definitions&topicRef=1721&source=see_link