

Depression

Do you feel sad more often than you feel happy?

Have you lost interest in activities that you usually enjoy?

Are you experiencing frequent feelings of worthlessness or hopelessness?

Have you noticed a recent unusual weight loss or gain?

Do you feel fatigued or sluggish or restless much of the time?

Are you usually having difficulty concentrating or making decisions?

Have your eating or sleeping patterns changed?

Are you having difficulty remembering when you last felt happy?

Have you had thoughts of death or suicide?

If you answered "yes" to five or more of these questions, you may be suffering from depression. Depression often results from persistent stress, the breakup of an important relationship, feeling out of control, or other situational factors that affect us biologically and emotionally. It is also possible to become depressed without experiencing any environmental stressor.

Symptoms of Depression

Not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many. Also, severity of symptoms varies with individuals.

Persistent sad, anxious, or "empty" mood.

Feelings of hopelessness, pessimism.

Feelings of guilt, worthlessness, helplessness.

Loss of interest or pleasure in hobbies and activities that were once enjoyed.

Insomnia, early-morning awakening, or oversleeping.

Appetite and/or weight loss or overeating and weight gain.

Decreased energy, fatigue, being "slowed down".

Thoughts of death or suicide; suicide attempts.

Restlessness, irritability.

Difficulty concentrating, remembering, making decisions.

Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

What Causes Depression?

The cause of depression is thought to be related to at least three factors: genetics, biochemistry and life events. Although the exact role played by these factors is not yet fully understood, substantial progress has been made in treating the symptoms and offering hope for at least 80% of those with a depressive disorder (National Mental Health Association).

Some types of depression run in families, indicating that a biological vulnerability can be inherited. This seems especially to be the case with bipolar disorders. Studies of families, in which members of each generation develop bipolar disorder, found that those with the illness have a somewhat different genetic makeup than those who do not get ill. The specific genes, while not necessarily the cause of the illness, may serve as an indication of a genetic abnormality that causes the illness. For this reason, genes are called "genetic markers."

Identical twin studies demonstrate that if one twin has depression there is a 70% likelihood the other will one also be affected. Among non-identical twins, however, the risk decreases to about 25%. Since identical twins have all their genes in common and non-identical twins have only half their genes in common (as in siblings), the rates attest to genetic involvement—use non-identical twins to rule out similarity in environment.

However, the reverse is not true: Not everybody with the genetic makeup that causes vulnerability to bipolar disorder has the illness. Apparently additional factors, possibly a stressful environment, are involved in its onset. Major depression also seems to occur, generation after generation, in some families. However, it can also occur in people who have no family history of depression. Whether inherited or not, major depressive disorder is often associated with having too little or too much of certain brain neurochemicals.

General psychological health also plays a role in vulnerability to depression. People who have low self-esteem, who consistently view themselves and the world with pessimism, or who are readily overwhelmed by stress are prone to depression.

A serious loss, chronic illness, difficult relationship, financial problem, or any unwelcome change in life patterns can also trigger a depressive episode. Any change, serious loss, divorce, loss of job, can trigger depressive feelings. In most cases, such feelings are temporary, but some people—who may have a pre-existing genetic or biochemical vulnerability develop a depressive illness.

Mood disturbances can be a function of biochemical disturbances. Central to most theories is the role of neurotransmitters (chemical messengers that convey signals from one neuron to the next). This chemical signaling sets in motion complex interaction in the nervous system that affects behavior, feelings and thought.

Very often, a combination of genetic, psychological, and environmental factors is involved in the onset of a depressive disorder.

Types of Depression

Depressive disorders come in different forms, just as do other illnesses, such as heart disease. Following is a brief description of three of the most prevalent types of depressive disorders. However, within these types there are variations in the number of symptoms, their severity, and persistence.

Major depression is manifested by a combination of symptoms (see symptom list) that interfere with the ability to work, sleep, eat, and enjoy once pleasurable activities. These disabling episodes of depression can occur once, twice, or several times in a lifetime.

A less severe type of depression, Dysthymia, involves long-term, chronic symptoms that do not disable, but keep a person from functioning at "full steam" or from feeling good. Sometimes people with dysthymia also experience major depressive episodes.

Another type is Bipolar Disorder, formerly called manic depressive illness. Not nearly as prevalent as other forms of depressive disorders, bipolar disorder may involve cycles of depression and elation or mania. Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, a person may have any or all of the symptoms of a depressive disorder. When in the manic cycle, any or all symptoms listed under mania may be experienced. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment. For example, unwise relationship, business or financial decisions may be made when an individual is in a manic phase. Bipolar disorder is often a chronic recurring condition.

How Is Depression Diagnosed?

A diagnostic evaluation also will include a complete history of the individual's symptoms, including:

When the symptoms started.

How long the symptoms have lasted.

How severe the symptoms are.

Whether the individual had ever had them before and, if so, whether he or she was treated and what treatment he or she received.

Self-Help for Depressive Disorders:

Depressive disorders can make individuals feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect an individual's situation. Negative thinking fades as treatment begins to take effect. In the meantime, individuals should:

Not set difficult goals or take on a great deal of responsibility.

Break large tasks into small ones, set some priorities, and do what can be done, as it can be done.

Not expect too much from themselves too soon as this will only increase feelings of failure.

Try to be with other people; it is usually better than being alone.

Participate in activities that may make them feel better.

Try mild exercise, going to a movie, a ball game, or participating in religious or social activities. Not overdo it or get upset if their mood is not greatly improved right away. Feeling better takes time. Not make major life decisions without consulting others who know them well and who have a more objective view of their situation. In any case, it is advisable to postpone important decisions until the depression has lifted.

Not expect to snap out of their depression. People rarely do. Individuals should help themselves as much as they can, but not blame themselves for not being up to par.

Not accept their negative thinking. It is part of the depression and will disappear as the depression responds to treatment.

When Someone You Know is Depressed

Since depression can make an individual feel exhausted and helpless, he or she will want and probably need help from others. The most important thing anyone can do for the depressed person is to help him or her get appropriate diagnosis and treatment.

It is very important to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed, but point out realities and offer hope. Do not ignore remarks about suicide. Invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused. Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.