



Depression: What You Need to Know

What is a Depressive Illness?

A depressive illness is a “whole-body” illness, involving your body, mood, thoughts, and behavior. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. A depressive illness is *not* a passing blue mood. It is *not* a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help over 80 percent of those who suffer from depression.

Types of Depression

Depressive illnesses come in different forms, just as do other illnesses, such as heart disease. This pamphlet briefly describes three of the most prevalent types of depressive illnesses. 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 you from functioning at “full-steam” or from feeling good. Sometimes people with dysthymia also experience major depressive episodes.

Another type of depressive illness is *manic-depressive illness*, also called bipolar depression. Not nearly as prevalent as other forms of depressive illnesses, manic-depressive illness involves 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, you can have any or all of the symptoms of a depressive illness. When in the manic cycle, any or all symptoms listed under mania may be experienced. Mania often affects thinking, judgement, and social behavior in ways that cause serious problems and embarrassment. For example, unwise business or financial decisions may be made when in a manic phase.

Symptoms of Depression and Mania

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

Depression

- 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 you once enjoyed, including sex
- 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

Mania

- Inappropriate elation
- Inappropriate irritability
- Severe insomnia
- Grandiose notions
- Increased talking
- Disconnected and racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgement
- Inappropriate social behavior

Causes of Depression

There is a risk for developing depression when there is a family history, indicating that a biological vulnerability can be inherited. The risk may be somewhat higher for those with bipolar depression. However, not everybody with a genetic vulnerability develops the illness.

Though major depression seems to occur generation after generation, in some families, it can also occur in people who have no family history of depression. Whether the disease is inherited or not, it is evident that individuals with major depressive illness often have too little or too much of certain neuro chemicals.

A serious loss, chronic illness, difficult relationship, financial problem, or any unwelcome change in life patterns can also trigger a depressive episode. Very often, a combination of genetic, psychological, and environmental factors is involved in the onset of a depressive illness.

- Sexual problems sexual functioning may change.
- Blurred vision this will pass soon; do not get new glasses.
- Dizziness rise from bed or chair slowly.
- Drowsiness this will pass soon; do not drive or operate heavy equipment if feeling drowsy or sedated.

The newer antidepressants (SSRIs such as Prozac, Paxil, Zoloft, Celexa) have different types of side effects:

- Headache this will usually go away.
- Nausea even when it occurs, it is usually transient.
- Nervousness and Insomnia these may occur during the first few weeks, if persistent, discuss with your doctor.
- Agitation if this happens for the first time after the drug is taken and is more than transient, consult your doctor.
- Sexual Dysfunction occasionally patients will notice a diminished capacity for orgasm. This tends to subside with time.

Helping Yourself

Depressive illnesses make you 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 your situation. Negative thinking fades as treatment begins to take effect. In the meantime:

- ❑ Do not set yourself difficult goals or take on a great deal of responsibility.
- ❑ Break large tasks into small ones, set some priorities, and do what you can as you can.
- ❑ Do not expect too much from yourself. 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 you feel better. You might try mild exercise, going to a movie, a ballgame, or participating in religious or social activities. Don't overdo it or get upset if your mood is not greatly improved right away. Feeling better takes time.

- ❑ Do not make major life decisions, such as changing jobs or getting married or divorced, without consulting others who know you well and who have a more objective view of your situation. In any case, it is advisable to postpone important decisions until your depression has lifted.
- ❑ Do not expect to “snap out” of your depression. People rarely do. Help yourself as much as you can, and do not blame yourself for not being up to par.
- ❑ Remember; do not accept your negative thinking. It is part of the depression and will disappear as your depression responds to treatment.

Family and Friends Can Help

Since depression can make you feel exhausted and helpless, you will want and probably need help from others. However, people who have never had a depressive illness may not fully understand its effect. They won't mean to hurt you, but they may say and do things that do. It may help to share this pamphlet with those you most care about so they can better understand and help you.

Helping the Depressed Person

The most important thing anyone can do for the depressed person is to help him or her get appropriate diagnosis and treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks), or to seek different treatment if no improvement occurs. On occasion, it may require making an appointment and accompanying the depressed person to the doctor. It may also mean monitoring whether the depressed person is taking medication.

The second most important thing is to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not ignore remarks about suicide. Always report them to the doctor.

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.

Do not accuse the depressed person of faking illness or of laziness, or expect him or her to “snap out of it”. Eventually, with treatment, most depressed people do get better. Keep that in mind, and keep reassuring the depressed person that with time and help, he or she will feel better.