Understanding Depression

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Introduction

Depressed and/or negative moods are common in people of all ages, from all cultures and socioeconomic backgrounds. Everyone feels blue, unhappy, sad, frustrated and/or angry from time to time. These negative moods usually last for a short period of time, because mood is a temporary state of mind or feeling. If feelings of sadness, loss, frustration, or anger linger for weeks (or months) and start to interfere significantly with the ability to function in daily life, a clinical depression may have developed.

Understanding Depression

While diverse in nature, mood disorders may be best conceptualized as occurring on a mania-depression continuum with melancholia at the opposite end of mania. For bipolar disorder (or manic-depressive disorder) refer to the next article on the website. Individuals suffering from depression usually perceive things from a more negative perspective, as their mood distorts their perceptions of themselves, their lives, and significant others. These individuals are plagued by feelings of hopelessness and helplessness and have difficulty envisioning possible solutions to life's problem.

Feelings of worthlessness, self-hate, self-blame and guilt are also often associated with depression. Depression could also manifest as anger and discouragement rather than feelings of sadness, e.g., activities that normally would make one satisfied and happy could now trigger sudden bursts of anger or a lack of pleasure. Depressed individuals thus lose interest in activities and the company of people that they once enjoyed, and become increasingly more inactive, withdrawn and isolated. These behaviors further reinforce their depressive mood and self-deprecating views.

Depressed individuals can also experience disturbances in sleeping and eating patterns, high levels of fatigue, and changes in cognitive functioning, e.g., memory, concentration, awareness, etc. In severe cases, there might even be psychotic symptoms, such as hallucinations and delusions. A significant concern mental health professionals face with depressed patients is the risk of suicide. Some individuals come to feel that the only way to escape their suffering is through death. At this critical point suicide may be attempted. Yet in other cases, attempted suicide can represent a desperate cry for help. Clinical depression is thus a potential life-threatening condition and for this reason requires professional attention and intervention.

Demographics of Depression

Statistics (from various countries and cultures) reveal that women are more likely to suffer depression. A variety of explanations have been invoked to account

for this gender difference. Perhaps women are more at risk for developing depression due to their strong nurturing roles in families and society and the importance they attached to significant and meaningful relationships. Women also tend to be in touch with their emotions and/or more likely to express negative feelings. Popular stereotypes and some empirical evidence suggest that men are, in general, more reticent to express deep affect, more likely to use distraction as a coping mechanism, and less likely to seek any type of help for emotional problems.

Depression is also common in the teenage years, although depressed children and teenagers manifest different symptoms than adults. It is important to monitor their behavior and consult a clinical practitioner, if there are drastic changes in school performance, emotional expressiveness, sleep, appetite and/or other behaviors.

Prevalence

According to statistics published by the Centers for Disease Control and Prevention (March 31, 2011), depression affects one out of ten Americans. Similarly, Canadian epidemiologic surveys (2006) reveal the lifetime prevalence of unipolar major depression to be about 12 percent. If you suffer from depression, you are not alone! Over one million Canadians currently suffer from this condition. Depression costs Canadians $14.4 billion annually in health treatment, lost productivity, and premature death (Auditor General of Canada, 2001).

Diagnosis and Classification

Mental health disorders are diagnosed and classified according to internationally accepted criteria provided in the first edition of the Diagnostic and Statistical Manual of Mental Disorders published in 1952. These criteria have served as the guideline for all clinical practitioners worldwide ever since. The American Psychiatric Association has since published the *Diagnostic and Statistical Manual of Mental Disorders (4th ed.): Text Revision* (DSM-IV-TR) in 2000. The various types of mood disorders are classified in chapter six of DSM-IV-TR.

Listed below (for reference purposes only) are the main criteria of the different types of depression as classified in the DSM-IV-TR. For precise assessment, diagnosis and a possible treatment plan, please consult a clinical practitioner in your community.

Symptoms

Dysthymic Disorder

Although dysthymic disorder is a milder form of depression, it is a chronic condition often lasting 20 years or more, if not treated. Brief periods of normal mood might occur, but they last only few days to a maximum of two months.

Criteria for Dysthymic Disorder

A. Depressed mood for most of the day (for more days than not) for at least two years (one year for children or adolescents).

B. While depressed, individual reports two (or more) of the following:
   i. Poor appetite or overeating.
   ii. Insomnia or hypersomnia.
   iii. Low energy or fatigue.
   iv. Low self-esteem.
   v. Poor concentration or difficulty making decisions.
   vi. Feelings of hopelessness.

During the 2-year period of the disturbance, the person has never been symptom-free (refer to Criteria A or B) for 2 months at a time.

C. No Major Depressive Disorder has been present during the first two years of the disturbance.

D. There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode, and criteria have never been met for Cyclothymic Disorder.

E. The symptoms cause clinically significant distress or impairment in functioning.

Major Depressive Disorder (MDD)

Major depression tends to continue for at least 6 – 24 months if left untreated, with cognitive (pervasive negative thoughts, feelings of worthless or guilt, etc.), behavioural (fatigue, inactivity, etc.) and physical (changes in sleep and eating patterns, etc.) symptoms. Minor depression is similar to major depression except it usually presents with *less* than five symptoms and could last for at least 2 weeks.

Criteria for Major Depressive Disorder

A. Must have five or more of the symptoms listed below for at least 2 weeks and represent a change from previous functioning, at least one of the symptoms is either 1) depressed mood, or 2) loss of interest or pleasure. These symptoms must be present every day, or nearly every day:

   i. Depressed most of the day, nearly every day, as indicated by either subjective reports or observation made by others.
   ii. Markedly diminished interest or pleasure in all, or almost all, activities.
   iii. Significant weight loss (when not dieting) or weight gain.
   iv. Insomnia or hypersomnia.
   v. Psychomotor agitation or retardation.
   vi. Fatigue or loss of energy.
   vii. Feelings of worthlessness or excessive or inappropriate guilt.
   viii. Diminished ability to think or concentrate, or indecisiveness.
   ix. Recurrent thoughts of death or suicide, the recurrent suicidal ideation can be with or without a plan.

B. The symptoms do not meet criteria for a Mixed Episode.

C. The symptoms cause clinically significant distress or impairment.

Postpartum Depression

Arrival of a newborn child is a joyful event in life, but some mothers or fathers might experience significant mood changes in this period, which can signal postpartum depression. This condition can be severe and has symptoms of major depressive disorder.

Criteria for Postpartum Depression

A. Within 10 days of the birth of the child.

B. The same criteria as major depression disorder.

C. Emotional lability.

D. Crying easily and irritability intermixed with happy feelings.

Seasonal Affective Disorder (SAD)

Although it occurs mostly during the dark fall-winter season, and disappears during the warm spring-summer season, seasonal affective disorder impacts negatively the cognitive, behavioural and physical functioning of individuals. The recurrent depressive episodes meet the diagnostic criteria of recurrent major depressive disorder (with a seasonal pattern) under the classification of DSM-IV-TR.

Criteria for Seasonal Affective Disorder

A. At least two or more episodes in past two years that have occurred at the same time (usually fall or winter), marked by subsequent full remission (usually in spring).

B. Cannot have other non-seasonal episodes in the same two-year period.

C. Most of the lifetime depressive episodes must have been of seasonal variety.

What Causes Depression?

The precise cause of depression is still a myth to the scientists of National Institute of Mental Health (NIMH) and Canadian Mental Health Association. Most researchers, however, believe that individuals may have a biological vulnerability, or predisposition to depression, and that prolonged exposure to psychosocial stress may trigger the condition.

Researchers have focused on identifying possible biological, psychosocial and socio-cultural risk factors that may contribute to the development of mood disorders. The following are some of the possible risk factors that researchers and clinicians have identified:

Biological Risk Factors

- Genetic factors
- Neurochemical factors
- Abnormalities of the hormonal regulatory systems
- Disturbances in sleeping or other biological rhythms
- Existing health conditions, i.e., underactive thyroid, cancer, non-fatal stroke, non-fatal heart attack or chronicle pain, etc.
- Substance abuse, i.e. alcohol, steroids, drug use, etc.

Psychosocial Risk Factors

- Stressful life events such as:
    - Divorce
    - Unemployment
    - Financial loss and/or prolonged financial difficulties
    - Relocation
    - Rupture of a romantic relationship
    - Failing an important test or work challenge
    - Burglary or theft
    - Loss of significant one to death or relocation, i.e. parent, grand-parent, spouse, close friend, etc.
    - Illness of significant one
    - Social isolation (common in the elderly)
    - Experiencing a natural disaster, i.e. earth quake, tsunami, etc.

- Risk factors that affect personality development

  - History of childhood abuse
  - Emotional and/or physical neglect in childhood
  - Sexual abuse, i.e. rape

Sociocultural and Interpersonal Risk Factors

- Issues related to marriage and family life
- Lack of social support and social-skills deficits
- Difficulties in acculturation
- Cross-cultural differences

Postpartum depression might due to the challenges of becoming a new parent, adjustment to a new identity, and/or lack of social support. Biological contributing factors could include hormonal readjustment and disturbances in sleep and eating patterns. Seasonal affective disorder is most likely due to a lack of sunlight.

Is there help available?

How could we help family members, friends, staff or colleagues suffering from a mood disorder? What could be done to prevent the occurrence and the recurrence of depression? What are the most effective treatments? These questions are frequently asked by patients, their families and friends. Individuals first need to speak to their family practitioner about their symptoms, if they suspect suffering from one of the disorders outlined above. Their medical doctor could then assess the best treatment option for their case. Many patients are also referred to a mental health professional (psychologist and/or psychiatrist) for more specialized treatment and interventions. The mental health professional will conduct an assessment for each case to facilitate diagnosis and develop a treatment plan (sometimes in conjunction with the family doctor). The good news is that depression could definitely be treated and there are several intervention options.

Assessment

Mental health professionals try to identify the cognitive, behavioral, emotional and somatic symptoms that patients present with. They will focus on current psychosocial stressors in the individual's life, and examine how these may be impacting negatively on the patient. They will also obtain information on current lifestyle and health issues including medical history, drug and alcohol use, current use of prescribed medications, as well as sleep and eating habits.

Furthermore, a detailed family and developmental history could be obtained to help identify longstanding issues that need to be addressed. This type of thorough assessment is conducted over several meetings with the mental health professional, and may consist of both interviews and the completion of standardized psychological tests.

Diagnosis

Clinical practitioners carefully examine all the data obtained from the assessment sessions and arrive at an informed diagnosis according to the DSM-IV-TR criteria. The diversity of symptoms, the overlap of characteristics and subtle nature of mood disorders render it challenging to arrive at a precise diagnosis. Patients should be encouraged to discuss their diagnosis with their clinician and to share their impressions/views with them.

Treatment

Most depression is treated with either psychotherapy, medication or both. Certain treatments or combinations of treatments are more effective than others against different types and severities of depression. Individuals with mild depression might need only one of these treatments, whereas individuals with more severe depression usually require a combination of treatments, or even referral to a psychiatrist. Patients with more severe depression and/or strong suicidal impulses may need to be hospitalized and monitored more closely until their condition is stabilized.

There is no quick fix for the treatment of mood disorders. Individuals may need to make several changes in their lives before they start to feel better. The choice of treatment could also be affected by the patient's feelings about each intervention. Therefore, it is imperative that patients and clinicians discuss the pros and cons of the various options and agree upon a treatment plan together. Regardless of the treatment option, one should experience some improvement of symptoms in about 6-8 weeks, although outcomes may vary greatly from one individual to another.

Psychotherapy

Patients meet with a therapist on a regular basis, (usually weekly) to identify and talk about the problems they confront in their daily lives. These could include difficulties at work, problems in significant relationships, strains in family life, and other stressors that individuals are currently facing. Most forms of psychotherapy help people acquire a better understanding of why they feel and think the way they do. They also try to promote the acquisition of new coping strategies for problems, including the depression.

Research on psychotherapy suggests that is a highly effective treatment for many psychological disorders, including depression, and that the different approaches are equally effective. The most common approaches to the treatment of depression are cognitive, cognitive-behavioral, interpersonal and psychodynamic.

I Cognitive and Cognitive-Behavior Therapy (CBT)

Provides a more structured and systematic approach to therapy and posits that maladaptive, negative thoughts contribute to depression. These lead to the negative feelings associated with depression as well as the behavioral avoidance and passivity, which characterize the

syndrome. The therapy aims at getting patients to alter their thoughts, feelings and behaviours, to render them more in touch with reality, deal more productively with life issues, and optimize their mental health.

II Psychodynamic Psychotherapy

Tries to identify and bring to consciousness the conflicts originating in childhood which can be impacting negatively in the present. Through the processes of increased insight, emotional catharsis, and the corrective emotional experience, patients are guided to resolve the longstanding conflicts and achieve healthier ego functioning. Usually psychodynamic psychotherapy is of longer duration than other approaches.

III Interpersonal Psychotherapy

This approach focuses on the individual's current relationship issues and their impact on the person's life. The therapy aims to help the individual understand and change maladaptive interaction patterns in order to derive more security, comfort and enjoyment from existing relationships.

Other Treatments For Mood Disorders

- Electroconvulsive therapy (ECT) is used for severe depression with suicidal thoughts or when other resources have been exhausted. It could also help treat depression with psychotic symptoms or depression with mania (bipolar disorder).

- Light therapy might relieve seasonal affective depression symptoms in the fall and winter time, but it may need to be combined with psychotherapy and/or medication to achieve more significant improvement.

- Support and/or psycho-educational groups where people with similar problems meet to share, support, exchange information and ideas can also be a useful adjunct to therapy. These are led either by professional counselors or, sometimes, patients themselves. Consult your clinical practitioner for information about such groups in your community.

- Bibliotherapy provides an opportunity for individuals to become more involved in their own treatment through the use of psycho-educational or self-help books. A reading list of highly recommended self-help materials and resources is provided at the end of the next section.

Medication

Anti-depressant medications are widely used in treatment of mood disorders. Some drugs might work better with some individuals than others. Patients may need to try a few drugs at different dosages, or even a combination of drugs, before arriving at the most effective treatment. There appear to exist a lot unrealistic expectations and misconceptions about anti-depressant medications. They are not "happy pills", and they will not miraculously fix one's problem. Anti-depressant do, however, stabilize the depression, reverse some symptoms, and can thus render patients more functional. In this state, people are more able to address their life's difficulties (through psychotherapy or other interventions) and resolve the issues that triggered the depression. Listed below are some of the more common antidepressants used today.

- Selective serotonin re-uptake inhibitors (SSRIs) – increase the levels of available serotonin, a naturally occurring neurotransmitter, in the central nervous system. Some example of SSRIs include:

    - Fluoxetine (Prozac)
    - Sertraline (Zoloft)
    - Paroxetine (Paxil)
    - Fluvoxamine (Luvox)
    - Citalopram (Celexa)
    - Escitalopram (Lexapro).

- Serotonin and norepinephrine reuptake inhibitors (SNRIs)

    - Desvenlafaxine (Pristiq)
    - Venlafaxine (Effexor)
    - Duloxetine (Cymbalta).

Additional medications (anti-psychotics) could be prescribed if the patient also presents with delusions or hallucinations.
Other drugs used to treat depression include:

- Tricyclic anti-depressants
- Bupropion (Wellbutrin)
- Monoamine oxidase inhibitors

What are Common Side-Effects of Anti-Depressants?

All pharmaceutical drugs have side-effects. Not everyone experiences them and individuals do not all experience the same ones. Some drugs cause fewer side-effects than others and most people experience side-effects early in the treatment. Some of the negative effects subside over time. Your clinical practitioner will usually recommend continuing your treatment, if the benefits far outweigh the negative effects. The most common side-effects include:

- dry mouth
- gastrointesinal changes
- bladder problems
- sexual problems
- dizziness
- blurred vision
- headaches
- nausea
- nervousness
- insomnia
- weight changes

Patients should report side-effects to their doctors. Physicians often adjust the dosage or change the medication if the side-effects are persistent and distressing. Finding the right medication at the suitable, effective dosage often requires a trial-and-error approach and takes time. It is important that the patient and the practitioner work together to achieve this goal.

Cautionary Notes About Medication

Individuals often take other medications which could interact negatively with their antidepressants. Even herbal supplements that sell over the counter (e.g. St. John's wort), could interact negatively with the anti-depressants and oral contraceptives. Please consult the pharmacist or your clinical practitioner prior to consuming any herbal remedy.

Other prescribed medications, such as oral contraceptives, could also cause or worsen depression. Patients should not stop taking the prescribed medications prior to consulting their clinical practitioner.

Women who are taking anti-depressants and subsequently become pregnant, or who are considering becoming pregnancy, should not stop taking the prescribed medication prior to consulting their medical specialist.

People taking antidepressants should not consume alcohol or use illegal drugs. These substances can make depression worse and might lead to increased thoughts of suicide.

WARNING

Individuals with mood disorders are more likely to engage in substance abuse. This could further complicate the mood disorder syndrome and increase the risk of health problem(s) such as proneness to suicide.

Children, adolescents, and young adults must be monitored closely for possible suicidal behaviors, especially during the first few months of taking anti-depressant, as there is a documented increased risk of suicide in this population.

Treatment: Medication or Psychotherapy?

Patients and their families often agonize over the various treatment options. What is the best treatment or combination of interventions? There is no treatment that is best for all patients. That is why individuals need to discuss the possible treatment options for their depression with their family doctor and mental health practitioner(s).

The research findings from several outcome studies on the effectiveness of various treatments for depression have led to the following recommendations:

- Antidepressant medication is not usually recommended for the initial treatment of mild depression, because the risk-benefit ratio is poor.
- Psychotherapy is the treatment of choice for mild-to-moderate depression, especially if it is the first episode.
- Antidepressants and psychotherapy should be combined for patients presenting with severe depression as the dual approach is more time and cost-effective than either alone.
- Patients should continue with their medication for 9 – 12 months and should be gradually weaned off under the supervision of their doctor.
- Patients who have had two or more depressive episodes in the recent past with significant functional impairment are encouraged to continue medication for at least two years.
- The above recommendation also applies to patients whose depression is treatment resistant.

Taking Care of Your Mental Health

A healthy lifestyle coupled with good habits could help prevent some mood disorders and/or reduce the chances of recurrence. For moderate to severe mood disorders, the most effective treatment plan would be a combination of psychotherapy, lifestyle changes, and medication. The following recommendations can help promote good mental health:

- If you are already experiencing several symptoms of depression for two weeks or longer, contact a medical professional or a clinical practitioner immediately before your symptoms get worse.
- Learn to recognize the signs that may indicate that your depression is getting worse.
- Increase your physical activity and exercise regularly.
- Maintain good sleeping habits.
- Maintain a healthy and nutritious diet.
- Add omega-3 fatty acids to your diet (Could be done through over-the-counter supplements or increased consumption of fish such as tuna, salmon, or mackerel).
- Avoid alcohol, marijuana and other recreational drugs.
- Seek out activities for fun and pleasure.
- Volunteer or get involved in group activities.
- Share feelings and thoughts with someone you trust and respect.
- Surround yourself with caring, supportive and positive people.
- Spend time with family and friends.
- If you are religious or spiritual, talk to a clergy member or spiritual advisor.

- Consider relaxation activities, i.e. strolling, meditation, yoga, tai chi, progressive-muscle relaxation, breathing exercises, etc.

- In the gloomy fall or winter months, you may want to try light therapy i.e. Philips Light Therapy, that is like sunlight.

Call If....

When you have thoughts of suicide or harming yourself or others, please call immediately the following numbers:

- 911
- A suicide hotline **1-866-277-3553**
- Present yourself at the emergency of the nearest hospital
- Call your doctor right away if:
  - you hear voices or see things that are not actually present.
  - you have frequent crying spells for little or no reason.
  - You have three or more symptoms of depression.
  - depression is negatively impacting you ability to function at work, school, or family life for longer than 2 weeks.
  - current medications are not working or causing adverse side effects. Never change or stop any medications without first talking to your clinical practitioner.
  - you feel that one of the current medications is making you more depressed - DO NOT change or stop taking any medications without first talking to your doctor.

Recommended Reading

The Feeling Good Handbook
– Burn D.D. New York: Plume Books; 1999.
Overcoming Depression: A Self-Help Guide Using Cognitive Behavioural Techniques
– Gilber P. London: Robinson Publishing; 1997.
Mind Over Mood: A Cognitive Therapy Treatment Manual for Clients
– Greenberger D, Padesky C. A. New York: Guilford Press; 1995.
Learning Optimism
– Seligman M. New York: Simon and Schuster; 1992.
Authentic Happiness
– Seligman M. Boston: Nicholas Brealey Publishing; 2003.

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Helpful Resources

The organizations and websites below offer information and support to people with mood disorders.

Canadian Mental Health Association, National
Phenix Professional Building, Suite 303
595 Montreal Road
Ottawa, ON K1K 4L2
Telephone: 613-745 5522
Website: www.cmha.ca

Mood Disorders Society of Canada
www.mooddisorderscanada.ca

Revivre – Quebec Anxiety, Depressive and Bipolar Disorder Support Association
5140, St-Hubert Street
Montreal, QC H2J 2Y3
Telephone: 514-738 4873 (in Montreal); 1-866-738 4873
Website: www.revivre.org

Depression Education and Prevention Program
Department of Psychology
P2.150 Royal Victoria Hospital
McGill University Health Centre
Telephone : 514-934-1934 ext. 34284
Website: www.psych.mcgill.ca/labs/rvh/topics.html

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Disclaimer

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