

depression

DEPRESSION · EASY TO READ

National Institute of Mental Health

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Depression: When the blues don't go away

Everyone occasionally feels blue or sad, but these feelings usually pass within a couple of days. When a person has depression, it interferes with his or her daily life and routine, such as going to work or school, taking care of children, and relationships with family and friends. Depression causes pain for the person who has it and for those who care about him or her.

Depression can be very different in different people or in the same person over time. It is a common but serious illness. Treatment can help those with even the most severe depression get better.

Depression is a common but serious illness.

Treatment can help those with depression get better.

What are the symptoms of depression?

- *Ongoing sad, anxious or empty feelings*
- *Feelings of hopelessness*
- *Feelings of guilt, worthlessness, or helplessness*
- *Feeling irritable or restless*
- *Loss of interest in activities or hobbies that were once enjoyable, including sex*
- *Feeling tired all the time*
- *Difficulty concentrating, remembering details, or difficulty making decisions*
- *Not able to go to sleep or stay asleep (insomnia); may wake in the middle of the night, or sleep all the time*
- *Overeating or loss of appetite*
- *Thoughts of suicide or making suicide attempts*
- *Ongoing aches and pains, headaches, cramps or digestive problems that do not go away.*

Not everyone diagnosed with depression will have all of these symptoms. The signs and symptoms may be different in men, women, younger children and older adults.

Can a person have depression and another illness at the same time?

Often, people have other illnesses along with depression. Sometimes other illnesses come first, but other times the depression comes first. Each person and situation is different, but it is important not to ignore these illnesses and to get treatment for them and the depression. Some illnesses or disorders that may occur along with depression are:

- Anxiety disorders, including post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), panic disorder, social phobia, and generalized anxiety disorder (GAD);
- Alcohol and other substance abuse or dependence;
- Heart disease, stroke, cancer, HIV/AIDS, diabetes, and Parkinson's disease.

Studies have found that treating depression can help in treating these other illnesses.

When does depression start?

Young children and teens can get depression but it can occur at other ages also. Depression is more common in women than in men, but men do get depression too. Loss of a loved one, stress and hormonal changes, or traumatic events may trigger depression at any age.

Is there help?

There is help for someone who has depression. Even in severe cases, depression is highly treatable. The first step is to visit a doctor. Your family doctor or a health clinic is a good place to start. A doctor can make sure that the symptoms of depression are not being caused by another medical condition. A doctor may refer you to a mental health professional.

The most common treatments of depression are psychotherapy and medication.

Psychotherapy

Several types of psychotherapy—or “talk therapy”—can help people with depression.

There are two main types of psychotherapy commonly used to treat depression: cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). CBT teaches people to change negative styles of thinking and behaving that may contribute to their depression. IPT helps people understand and work through troubled personal relationships that may cause their depression or make it worse.

For mild to moderate depression, psychotherapy may be the best treatment option. However, for major depression or for certain people, psychotherapy may not be enough. For teens, a combination of medication and psychotherapy may work the best to treat major depression and help keep the depression from happening again. Also, a study about treating depression in older adults found that those who got better with medication and IPT were less likely to have depression again if they continued their combination treatment for at least two years.

Is there help?

Medications

Medications help balance chemicals in the brain called neurotransmitters. Although scientists are not sure exactly how these chemicals work, they do know they affect a person's mood. Types of antidepressant medications that help keep the neurotransmitters at the correct levels are:

- SSRIs (selective serotonin reuptake inhibitors)
- SNRIs (serotonin and norepinephrine reuptake inhibitors)
- MAOIs (monoamine oxidase inhibitors)
- Tricyclics.

These different types of medications affect different chemicals in the brain.

Medications affect everyone differently. Sometimes several different types have to be tried before finding the one that works. If you start taking medication, tell your doctor about any side effects right away. Depending on which type of medication, possible side effects include:

- *Headache*
- *Nausea*
- *Insomnia and nervousness*
- *Agitation or feeling jittery*
- *Sexual problems*
- *Dry mouth*
- *Constipation*
- *Bladder problems*
- *Blurred vision, or*
- *Drowsiness during the day.*

Other therapies

St. John's wort

The extract from St. John's wort (*Hypericum perforatum*), a bushy, wild-growing plant with yellow flowers, has been used for centuries in many folk and herbal remedies. The National Institutes of Health conducted a clinical trial to determine the effectiveness of the herb in treating adults who have major depression. Involving 340 patients diagnosed with major depression, the trial found that St. John's wort was no more effective than a "sugar pill" (placebo) in treating major depression. Another study is looking at whether St. John's wort is effective for treating mild or minor depression.

Other research has shown that St. John's wort may interfere with other medications, including those used to control HIV infection. On February 10, 2000, the FDA issued a Public Health Advisory letter stating that the herb may interfere with certain medications used to treat heart disease, depression, seizures, certain cancers, and organ transplant rejection. The herb also may interfere with the effectiveness of oral contraceptives. Because of these potential interactions, patients should always consult with their doctors before taking any herbal supplement.

Electroconvulsive therapy

For cases in which medication and/or psychotherapy does not help treat depression, electroconvulsive therapy (ECT) may be useful. ECT, once known as "shock therapy," formerly had a bad reputation. But in recent years, it has greatly improved and can provide relief for people with severe depression who have not been able to feel better with other treatments.

ECT may cause short-term side effects, including confusion, disorientation and memory loss. But these side effects typically clear soon after treatment. Research has indicated that after one year of ECT treatments, patients show no adverse cognitive effects.

Is there help?

FDA warning on antidepressants

Despite the fact that SSRIs and other antidepressants are generally safe and reliable, some studies have shown that they may have unintentional effects on some people, especially young people. In 2004, the U.S. Food and Drug Administration (FDA) reviewed data from studies of antidepressants that involved nearly 4,400 children and teenagers being treated for depression. The review showed that 4% of those who took antidepressants thought about or attempted suicide (although no suicides occurred), compared to 2% of those who took sugar pills (placebo).

This information prompted the FDA, in 2005, to adopt a “black box” warning label on all antidepressant medications to alert the public about the potential increased risk of suicidal thinking or attempts in children and teenagers taking antidepressants. In 2007, the FDA proposed that makers of all antidepressant medications extend the black box warning on their labels to include young patients up through age 24 who are taking these medications for depression treatment. A “black box” warning is the most serious type of warning on prescription drug labeling.

The warning also emphasizes that children, teenagers and young adults taking antidepressants should be closely monitored, especially during the initial weeks of treatment, for any worsening depression, suicidal thinking or behavior. These include any unusual changes in behavior such as sleeplessness, agitation, or withdrawal from normal social situations.

Results of a review of pediatric trials between 1988 and 2006 suggested that the benefits of antidepressant medications likely outweigh their risks to children and adolescents with major depression and anxiety disorders. The study was funded in part by the National Institute of Mental Health.

Children, teenagers and young adults taking antidepressants should be closely monitored, especially during the initial weeks of treatment, for any worsening depression, suicidal thinking or behavior.

How can I find treatment and who pays?

Most insurance plans cover treatment for depression. Check with your own insurance company to find out what type of treatment is covered. If you don't have insurance, local city or county governments may offer treatment at a clinic or health center, where the cost is based on income. Medicaid plans also may pay for depression treatment.

If you are unsure where to go for help, ask your family doctor. Others who can help are:

- *Psychiatrists, psychologists, licensed social workers, or licensed mental health counselors*
- *Health maintenance organizations*
- *Community mental health centers*
- *Hospital psychiatry departments and outpatient clinics*
- *Mental health programs at universities or medical schools*
- *State hospital outpatient clinics*
- *Family services, social agencies or clergy*
- *Peer support groups*
- *Private clinics and facilities*
- *Employee assistance programs*
- *Local medical and/or psychiatric societies.*

You can also check the phone book under “mental health,” “health,” “social services,” “hotlines,” or “physicians” for phone numbers and addresses. An emergency room doctor also can provide temporary help and can tell you where and how to get further help.

Why do people get depression?

There is no single cause of depression. Depression happens because of a combination of things including:

GENES – some types of depression tend to run in families. Genes are the “blueprints” for who we are, and we inherit them from our parents. Scientists are looking for the specific genes that may be involved in depression.

BRAIN CHEMISTRY AND STRUCTURE – when chemicals in the brain are not at the right levels, depression can occur. These chemicals, called neurotransmitters, help cells in the brain communicate with each other. By looking at pictures of the brain, scientists can also see that the structure of the brain in people who have depression looks different than in people who do not have depression. Scientists are working to figure out why these differences occur.

ENVIRONMENTAL AND PSYCHOLOGICAL FACTORS – trauma, loss of a loved one, a difficult relationship, and other stressors can trigger depression. Scientists are working to figure out why depression occurs in some people but not in others with the same or similar experiences. They are also studying why some people recover quickly from depression and others do not.

What if I or someone I know is in crisis?

If you are thinking about harming yourself, or know someone who is, tell someone who can help immediately.

- Call your doctor.
- Call 911 or go to a hospital emergency room to get immediate help or ask a friend or family member to help you do these things.
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to talk to a trained counselor.
- Make sure you or the suicidal person is not left alone.

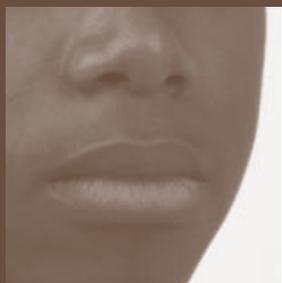
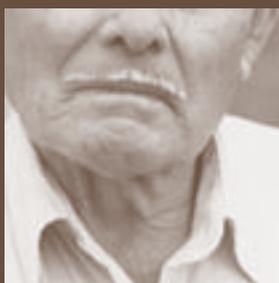
Personal Story

It was really hard to get out of bed in the morning. I just wanted to hide under the covers and not talk to anyone. I didn't feel much like eating and I lost a lot of weight.

Nothing seemed fun anymore. I was tired all the time, and I wasn't sleeping well at night. But I knew I had to keep going because I've got kids and a job. It just felt so impossible, like nothing was going to change or get better.



I started missing days from work, and a friend noticed that something wasn't right. She talked to me about the time she had been really depressed and had gotten help from her doctor.



I called my doctor and talked about how I was feeling. She had me come in for a checkup and gave me the name of a specialist, who is an expert in treating depression.



Now I'm seeing the specialist on a regular basis for "talk" therapy, which helps me learn ways to deal with this illness in my everyday life, and I'm taking medicine for depression.



Everything didn't get better overnight, but I find myself more able to enjoy life and my children.

FOR MORE INFORMATION ON DEPRESSION

Visit the National Library of Medicine's
MedlinePlus www.nlm.nih.gov/medlineplus
En Español, <http://medlineplus.gov/spanish>

For information on clinical trials for depression
www.nimh.nih.gov/studies/index.cfm

National Library of Medicine Clinical Trials Database
www.clinicaltrials.gov

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