Depression

Depression is extraordinary sadness that interferes with the ability to function.

Everyone feels sad from time to time as a natural response to disappointment and loss. Like ordinary sadness, depression may develop after a sad event or may develop for no apparent reason. Depression can also occur with many physical disorders. But depression differs from ordinary sadness in several ways. For some, depression involves a nagging sense of feeling blue that drags on as they try to perform daily activities. For others, it is a heavy shroud of despair or emotional emptiness that becomes incapacitating. And depression can and often does become life threatening when a person has a deep sense of hopelessness or worthlessness and stops eating or turns to suicide for relief.

Causes

The exact cause of depression is unknown, although imbalances of certain substances that carry messages between nerves (neurotransmitters) in the brain play an important role. An emotionally stressful life-changing event or experience precedes depression in some people. These events or experiences may include the death of a loved one, the ending of a significant relationship, or a loss of familiar surroundings, as when moving away from a long-time neighborhood. More persistent, smoldering sources of stress, such as ongoing poverty, a worsening chronic illness, a gradual loss of independence, or a lack of social support, may also contribute. Depression sometimes develops during or soon after a person develops a physical disorder. Depression is common among people with cancer, heart attack, heart failure, hypothyroidism, or hyperthyroidism. Depression often occurs in people with nervous system and brain disorders, such as stroke, dementia, and Parkinson's disease. Depression also occurs in combination with other mental health disorders, such as anxiety.

Symptoms

Extraordinary sadness is at the core of depression for many people. For others, a feeling of emptiness or absence of emotion may be the primary symptom. Many other symptoms may be present as well. Absence of pleasure or of interest in activities is often noticeable. Some
depressed people stop performing daily activities at work or at home, and they may simply stop making any effort to care for themselves. Many depressed people have trouble falling asleep and staying asleep. Early awakening in the morning is especially common. Appetite is often decreased or lost altogether.

Depression may slow thinking and interfere with concentration and memory. Some depressed older people are mistakenly thought to have dementia because of confusion, forgetfulness, and disorientation (a condition often called pseudodementia). Feelings of hopelessness, worthlessness, and guilt are common in people with pseudodementia.

Some depressed people are restless, wringing their hands and talking continuously. In contrast, other people with depression are withdrawn, seem tired all the time, move slowly, and gain weight. Symptoms may be worse at a certain time of the day, usually in the morning. Thoughts about death and suicide often surface. Many depressed people want to die or feel that they should die.

Loss of contact with reality (psychosis) develops in some severely depressed people. When this occurs, it usually involves false ideas or beliefs (delusions). For example, people with psychotic depression may become convinced that they are worthless or sinful or that they are impoverished. Some may become convinced that they hear or see people or things that no one else hears or sees (hallucinations).

People with symptoms of depression may also develop episodes of intense joyousness or elation if they have bipolar disorder. During such episodes, they may also be very restless, distracted, and irritable.

**Screening and Diagnosis**

Depression is often difficult to diagnose for several reasons:

- Some people believe that depression is a weakness and are reluctant to tell anyone that they are experiencing sadness or other symptoms.
- The absence of emotion may not be interpreted as depression, but rather, as indifference.
- The symptoms may be attributed to another disorder.

Because recognition and diagnosis of depression can be challenging and because depression threatens a person's quality of life and ability to perform daily activities, some experts recommend screening. Screening involves asking a person a series of questions that help identify symptoms of depression.
Treatment

Drug therapy: The three types of antidepressants (used in drug therapy) are selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, and monoamine oxidase inhibitors (MAOIs). Other types of drugs, including psychostimulants, antipsychotics, and mood stabilizers, are available to treat certain symptoms of depression. No one antidepressant has been found to be consistently more effective than another, although the side effects of the different types of antidepressants vary widely. Therefore, doctors usually recommend an antidepressant that is least likely to cause side effects for the person taking it.

Counseling: Counseling (psychotherapy) is an effective treatment for mild depression. It is also effective when combined with drug therapy for more severe depression. Counseling may focus on helping the depressed person change unrealistic expectations, reduce tendencies to self-criticize, and avoid automatic reactions to negative, distorted thoughts. Counseling may also help the person use insight to distinguish between life problems that are most important and those that are minor. Problem-solving strategies may be taught so that the person is better able to cope with everyday stress. Counseling may take place in group or individual sessions. Visits are usually once a week for 12 to 20 sessions. Counseling may be performed by a specially trained social worker, a psychologist, or a psychiatrist.

Phototherapy: Phototherapy is the use of bright light for people with seasonal affective disorder. Phototherapy consists of sitting daily for brief periods in a room lit by a special lighting device (sometimes called a light box). Increasing the time spent outdoors may also help.

Exercise: A number of studies have pointed out the beneficial effects of exercise, particularly aerobic exercise, on mood. This may in part be due to the role of exercise in elevating the level of a type of neurotransmitter called endorphins. Endorphins are small proteins that produce a feeling of well-being and tolerance to pain by stimulating certain sites in the brain. Therefore, a supervised exercise program, perhaps combined with psychotherapy, antidepressants, or both, may be recommended.