

DEPRESSION: WHAT YOU NEED TO KNOW

WHAT IS DEPRESSION?

Most people are familiar with feeling “depressed” at some point in their lives. Other commonly used phrases are being burnt-out, feeling stressed and being low in energy. This can be due to a fight with a friend, marital problems, financial problems, a demanding job, a big change in your life or a loss in the family. However, feeling down does not necessarily mean that we are suffering from a clinical depression.

A **clinical depression** is one of the most common psychiatric disorders. One in every 10 people is affected by clinical depression at some point in their lives. It can affect all age groups, from children right up to the elderly. It is also found amongst all social groups around the world.

In medical or psychiatric terms a (clinical) depression is a disorder which affects the patient’s mental and physical state. The depressive state is severe, lasts for at least two weeks and interferes with our ability to function at home or at work.

WHAT ARE THE SYMPTOMS OF DEPRESSION?

Mental symptoms of depression include feelings of sadness or tearfulness, diminished interest or pleasure in almost all activities, reduced sex-drive, reduced motivation, feelings of worthlessness or inappropriate guilt, diminished capacity to think, lack of concentration and also indecisiveness, reoccurring thoughts of death and even suicidal thoughts.

Physical symptoms of depression include insomnia (*the inability to sleep*), hypersomnia (*excessive daytime sleepiness*), restlessness or apathy, loss of appetite, in some cases an increase in appetite, weight loss, constipation and loss of energy.

Do you have several of the symptoms mentioned above, especially feeling sad, tearful and experiencing a diminished interest or pleasure in almost all activities? Do you feel this way during most days of the week for at least two weeks and does this interfere with your ability to function at work, home or school?

If yes, you should seek help from a professional.

WHAT CAUSES CLINICAL DEPRESSION?

Depression is probably one of the most researched disorders in psychiatry and still we do not understand the full extent of what happens in the brain and body. The difficulty stems from depression being such a diverse illness. It exhibits itself in many different ways. There seem to be different types of depression and they can have different causes (trauma, severe illness, grief, financial troubles, unemployment, major life events, birth, physical or sexual abuse, medication, substance abuse, genetics, aging brain, etc.). It is unclear if all these different presentations and causes can be attributed to the same dysfunction(s) causing depression. Overall the common dysfunction found is a disruption in functioning of neurotransmitters -*chemicals that carry information from one part of the brain to the next "messengers"*-. Mainly the neurotransmitter serotonin shows decreased activity in depressed patients. But also other neurotransmitters (noradrenaline and dopamine) are linked to depression, mainly the more severe presentations of depression, also known as "biological depression" or "melancholic depression".

DIAGNOSING DEPRESSION

A depression can have several causes and can present itself with different symptoms. Talking about depression can be very difficult for patients. People are often unaware of the diversity of symptoms of a depression and only link being depressed with feeling sad or down. There is also the fear of stigma once diagnosed with a depression. People can associate having a depression as being weak, unable to cope with life, being mentally unstable, etc.

Other factors that can complicate diagnosing a depression are cultural beliefs. In some cultures there is no word for depression or feeling depressed. Patients can only express feelings of mental discomfort in terms of physical well-being (headaches, stomach aches, pain in the limbs, etc.). In other cultures mental illness is linked to the supra-natural (evil spirits, black magic a curse) or religion (paying for sins).

All these factors can make diagnosing a depression challenging. It is therefore important to diagnose depression by an experienced doctor. The doctor might find it necessary to do additional tests (lab tests, X-ray or in some cases additional imaging tests) to exclude other illnesses or to identify certain causes of depression.

Once the diagnosis depression has been made, grading the severity or the type of depression is necessary to decide on the appropriate course for treatment. Certain types of treatment are more effective in certain types of depression.

HOW IS DEPRESSION TREATED?

Once the diagnosis of depression is clear and the severity (mild, moderate or severe) of the depression or type (biological, non-biological, psychotic depression or bipolar -*manic depressive*-) has been established, the choice of treatment needs to be addressed. It is important that the patient understands that the symptoms are part of an illness that can be treated and are not seen as an attribute of themselves. Once the depression is treated, the symptoms will disappear.

A depression can in some instances resolve itself without treatment, but this could take months. It's advisable to seek help as depressions cause extended suffering, dysfunction and tends to be reoccurring, especially when the underlying problems are not addressed and solved.

Treatment of depression falls roughly into these categories:

1. Psychotherapy
2. Medication
3. Electroshock Therapy

4. Experimental treatments as transcranial magnetic stimulation and other forms of brain stimulation
5. Other treatments as light therapy, self-help and alternative treatments

A **mild depression** can be treated with psychotherapy, self-help or alternative therapies. Self-help strategies are bibliotherapy *-use of books to understand and treat depression-*, exercise, diet, meditation, acupuncture, St. John's Wort, light therapy, etc.

Moderate depressions can be treated with psychotherapy or medication or a combination of both.

For **severe depressions** (biological depressions) medication is the main course of treatment, as psychotherapy is less likely to have an effect. In a later phase when the symptoms of the depression are less prominent psychotherapy can be added to the treatment.

Often people think that taking medication is more effective and an easier option for treating their depression. Research shows that certain forms of psychotherapy are just as effective as medication and unlike medication will not have any adverse side effects. On the other hand there are people who do not believe that medication can help solve a depression. They fail to see that depression is a physical state (serotonin imbalance) in which the brain is unable to function properly and resolving this might need intervention in the form of medication. Again the course of treatment is determined by the type of depression because not every depression is the same!

MEDICATION TO TREAT DEPRESSION

Depression is treated with antidepressants or mood-stabilizers. Additionally other medication (tranquilizers) can be given to relief symptoms of depression but do not cure the depression and are not advisable to use for extended periods of time as they are addictive.

Antidepressants can be grouped in the following categories:

- Selective serotonin re-uptake inhibitors (SSRI's)
- Serotonin and noradrenaline re-uptake inhibitors (SNRI's)
- Tricyclic antidepressants (TCA's)
- Monoamine oxidase inhibitors (MAOI's)

The choice for antidepressant depends on the type and severity of the depression. The most known and prescribed are the group of SSRI's (e.g. Prozac®, Zoloft®, Paxil®, Luvox®, etc.).

If depression is part of a bipolar disorder *-besides depressions the patient has manic episodes-*, then a mood-stabilizer is warranted. The most known mood-stabilizers are lithium and valproate.

It is important to know that all medications to some extent have side-effects. This is also the case with antidepressants and mood-stabilizers. Most side-effects are temporary and will disappear over time. Some people fear that antidepressants are addictive; once you start you will not be able to do without them. This is not the case. Antidepressants are not addictive. When the depression is adequately treated the patient can stop taking the medication. In some cases the depression could resurface and treatment needs to be resumed, but this is not a sign of addiction to the medication but the natural course of the disease. Another reason people tend to think antidepressants are addictive is due to withdrawal symptoms that one can experience with certain antidepressants. Withdrawal symptoms can be prevented by tapering off the medication.

Addictive drugs are tranquilizers used to treat sleeping problems, anxiety and restlessness. These drugs should only be used as a short term solution of symptom relief, but are not meant to treat the depression.

FORMS OF PSYCHOTHERAPY

- Cognitive behavioral therapy
- Interpersonal therapy
- Analytic therapy
- Light therapy

You might wonder how it is possible to treat depression with psychotherapy.

Psychotherapy has been shown to affect the brain. To give a small example; serotonin imbalance (causing depression), is linked to a continuous high level of cortisol, also known as the stress hormone. Ongoing stress raises the level of cortisol in the body which influences the neurotransmitters in the brain, including serotonin. So, as ongoing stress can influence the brains messengers, it is understandable that reduction of this stress can also affect these messengers.

Sometimes, milder forms of depression can be treated by stress reduction, by working through issues causing the stressful or depressive state and helping people to better cope with their problems. A big advantage of this is that, once the patient learns to deal with things that cause them stress, they are more likely in the future to prevent getting into a stressed state and are more likely to prevent a relapse.

Unfortunately when the depression is severe, it affects more the brain, which warrants more extensive treatment.

Light therapy is only effective for a specific type of depression known as the “seasonal depression” or “winter depression”.

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