



Patient Information

Defeating Depression

Most people go through periods of sadness in their lives—often after experiencing a loss or personal setback. While such a reaction is normal, if feelings of intense sadness begin to interfere with your ability to work, sleep, eat, and enjoy once-pleasurable activities, you may have what's known as depression.

Depression, although common, is a serious medical illness that affects you emotionally, mentally, and physically. While it can be brought on by a stressful event, it also can occur without an obvious trigger. During a period of depression, your brain chemistry is altered: Your body doesn't produce enough of 2 chemicals—*serotonin* (ser-eh-**tone**-in) and *norepinephrine* (nor-ep-eh-**nef**-rin)—that deliver messages to nerve cells. Normally, your body corrects this chemical imbalance within a few weeks, but if it doesn't you may develop depression.

About 14.8 million adults in the United States have major depression. Fortunately, most people with depression, even those with the severest cases, can be helped. The key is to be aware of the risks, watch for the signs, and get treatment early.

How do I know if I'm at risk?

Some types of depression tend to run in families, so you may be at greater risk if depression has been diagnosed in a family member before. It has been shown that as many as 1 in every 33 children and 1 in every 8 adolescents has depression. Chronic pain can be mentally and

physically stressful and also may trigger depression.

What are the warning signs?

If you have 5 or more of the following symptoms at the same time, you may have depression:

- depressed mood;
- inability to sleep or oversleeping;
- significant change in body weight;
- feeling restless or slowed down;
- lack of energy and motivation;
- diminished interest in most activities;
- feelings of worthlessness, hopelessness, or terrible guilt;
- difficulty concentrating or inability to make decisions; and
- thoughts of suicide.

For a diagnosis of depression, these signs should be present most of the day and should last for at least 2 weeks. Physical symptoms like back pain or headaches also can occur. Although episodes of depression can come and go with months in between, they can last for years without treatment.

When do I need medical attention?

The main differences between sadness and depression are the number and severity of symptoms, the length of time the symptoms have been present, and the reason behind the symptoms. With depression, there may be no obvious cause for symptoms (or the symptoms may seem out of proportion with the cause). Even when there is a clear reason for the symptoms, however, you may have depression.

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That's why talking to a doctor can be very helpful. Be sure to describe all of your symptoms and mention any medications you're taking.

Many people with a depressive illness never seek help even though most can get better with treatment. If someone you know seems to have symptoms of depression, encourage that person to seek help. Never dismiss talk of suicide. The idea that those who talk about it don't attempt it is a myth.

How can I avoid the problem?

You can take steps to avoid depression by examining the stress in your life. Break up large tasks into small ones, set realistic goals for yourself, and postpone important decisions (such as whether to get married or change jobs) until you are feeling better. Eating right and getting regular exercise may improve your mood. Your doctor can suggest more ways to reduce your stress level.

When you experience a loss, setback, or even a small annoyance, talk it over with someone. Don't isolate yourself, let others help you. Remember that improvement in your mood may be gradual.

How is it treated?

After ruling out other possibilities for your symptoms, your doctor may refer you to a mental health professional or other counselor who can help you explore your feelings, develop better ways of dealing with stress, and "reshape" negative thoughts.

Antidepressant medication may be prescribed to help restore your brain's chemical balance. Medications, such as *tricyclic* (try-**sick**-lick) antidepressants, *monoamine oxidase* (mahn-o-am-**een** **ak**-seh-dase) inhibitors (MAOIs), and selective serotonin

reuptake inhibitors work by increasing the brain's levels of serotonin, norepinephrine, or both.

You'll probably need to take your antidepressant medication regularly for at least 3 or 4 weeks before your symptoms start to go away. Even after you're feeling better, you'll need to continue with the medication for the time specified by your doctor to prevent your depression from coming back. Although you don't have to worry about becoming addicted to antidepressant medications, abruptly ending such medications may cause some relapse symptoms. As with any treatment, let your doctor know if you feel the medication isn't working, or if it seems to cause unpleasant effects.

If you still have symptoms of depression despite treatment with medication and psychotherapy, your doctor may recommend *electroconvulsive* (ee-leck-tro-kun-**vuhl**-siv) therapy, which involves a brief electrical charge to the brain. Early treatment of depression is important; it can lessen your symptoms, speed your recovery, and reduce your likelihood of relapse.

For more information about depression, visit the depression page of the National Institute of Mental Health's Web site (<http://www.nimh.nih.gov/health/topics/depression/index.shtml>). ●

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