

Turning Depression Around

Most people feel sad or down at times, but when the sadness lasts longer than a few days, it could be depression. More than just feeling “blue,” depression is a serious illness that can affect how individuals think and behave and can lead to emotional and physical problems.

Research indicates that depressive illnesses are disorders of the brain: People with depression appear to have actual physical changes in their brains. But depression can have many causes and take many forms. For instance, some people have *seasonal affective disorder*, depression related to not getting enough natural daylight. About 10% to 15% of women who have just given birth experience *postpartum depression*. And some people have severe depression with delusions or hallucinations.

How do I know if I'm at risk?

People of any age can become depressed. The exact cause of depression is unknown, but risk factors include:

- Having family members with depression
- Experiencing long-term stress, as when a loved one is dying
- Experiencing trauma
- Having few friends or other personal relationships
- Abusing alcohol, nicotine, or illicit drugs
- Being a woman with hormonal changes after giving birth or while going through menopause

In older people, depression may be overlooked for many reasons, and it's important to know that depression is *not* a normal part of aging.

What are the warning signs?

The signs of depression can be different for different people. Women, for example, are more likely to say they have feelings of sadness, worthlessness, or guilt. Men are more likely to turn to drugs or

alcohol, act recklessly, or have outbursts of anger.

It's often hard to tell the difference between normal sadness and major depression. To be diagnosed with major depression, you must have 5 or more of the following symptoms most of the time over a 2-week period:

- Sad, anxious, or “empty” feelings
- Hopelessness or despair
- Feelings of worthlessness or inappropriate guilt
- Irritability or angry outbursts
- Loss of interest in activities once enjoyed
- Fatigue and low energy
- Trouble concentrating, remembering details, making decisions
- Restlessness or agitation
- Sleep problems, such as insomnia or sleeping too much
- Overeating, loss of appetite, or significant weight loss (when not dieting)
- Unexplained pain or digestive problems
- Crying for no apparent reason
- Thoughts of suicide or suicide attempts

How can I avoid the problem?

It may not be possible to prevent depression, and it's not usually something you can treat on your own. But there are things you can do to help yourself:

- **Stay involved** in activities you've always enjoyed.
- **Get exercise.** Physical activity reduces symptoms.
- **Learn to manage stress.** Try yoga or meditation, for example.
- **Focus on your accomplishments** to boost your self-esteem.
- **Don't isolate yourself.** Spend time with friends and let them help you.
- **Postpone important decisions** if possible, and discuss your plans with someone you trust.

When do I need medical attention?

When you're depressed, you may feel there's nothing you can do about it, and you may not have the energy to try. But the sooner you get help, the sooner you'll feel better.

Your doctor will perform a physical exam, interview, and do lab tests to find out whether your symptoms are caused by something other than depression, such as a virus or thyroid disorder. Your doctor may also prescribe medicine to relieve your symptoms or refer you to a mental health specialist, such as a psychiatrist.

How is it treated?

Depression is a chronic illness that usually requires long-term treatment with medicine, therapy, or both. Usually, the medicine will be an antidepressant, but your doctor may prescribe other medicines, depending on the underlying cause of your symptoms.

Antidepressants, which work on brain chemicals that help regulate mood, include:

- **Selective serotonin (ser-oh-TOE-nin) reuptake inhibitors (SSRIs).** This most commonly prescribed class of antidepressants increases the amount of available serotonin in the brain and boosts mood.
- **Serotonin and norepinephrine (nor-ep-ih-NEF-rin) reuptake inhibitors (SNRIs).** Sometimes called dual reuptake inhibitors, this class of antidepressants increases the amount of available serotonin and norepinephrine in the brain and boosts mood.
- **Norepinephrine and dopamine (DOE-puh-mene) reuptake inhibitors (NDRIs).** This class of antidepressants increases the amount of available norepinephrine and dopamine in the brain and is less likely to cause adverse effects than are SSRIs and SNRIs. At high doses, NDRIs may increase a person's risk for seizures.
- **Monoamine oxidase inhibitors (MAOIs).** Reduces the amount of monoamine oxidase (the chemical that breaks down mood regulators) in

the brain and requires that the patient adhere to diet restrictions.

- **Tricyclics and tetracyclics.** These antidepressants are generally prescribed when another drug fails to relieve symptoms.
- **Atypical antidepressants.** Each drug in this class is unique and affects serotonin, norepinephrine, and dopamine in the brain differently than SSRIs, SNRIs, and NDRIs.

Although antidepressants are not habit-forming, stopping them suddenly can cause withdrawal symptoms or lead to a relapse (the depression comes back), so it's important to continue taking your prescribed medicine even if you start feeling better. However, if you don't feel better, your doctor may prescribe a different medicine for you or add an additional medicine to your regimen.

Counseling with a mental health provider is another key depression treatment:

- **Psychotherapy** (sometimes called talk therapy) can prove effective. One of the most common types is *cognitive-behavioral therapy*, which helps you think differently, change behaviors that worsen your depression, and find better ways to cope with life challenges.

If medicine and therapy don't relieve your depression, your doctor or therapist may recommend brain-stimulation therapy such as **electroconvulsive therapy (ECT)** or **vagus nerve stimulation**.

It may not be possible to prevent depression, and it's not usually something you can treat on your own. A good place to start is with your health care team, local hospital, or clergy. You can also visit <http://www.mentalhealth.va.gov/depression.asp> and <http://www.nimh.nih.gov/health/topics/depression/index.shtml> for additional resources. With time, treatment, and support, you will be able to enjoy life again.

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