



Depression

We will all, at times, experience low moods and sadness in our lives. Often we are aware of why we feel this way and it is a response to something upsetting, stressful or frustrating happening to us; however, there are times that we may not be able to pinpoint why we feel sad or low.

Usually these feelings pass in a short amount of time and we are able to move on with our lives. But unfortunately, for some people, they either do not stop or frequently reoccur. In these cases, the person is likely to be suffering from depression. Depression is not an uncommon problem; on the contrary, it is in fact the most commonly occurring mental health problem in society today and affects a great number of people each year.

Often people do trivialise depression and that is usually down to a lack, or a dismissal of, a real understanding of its severity. Depression can cause a massive disruption and hindrance in people's lives, and at its worst it can drive people to suicide. It should always be taken seriously and treated adequately. If you suspect that you are suffering from depression, we would urge you to seek professional treatment. It is nothing to be ashamed of.

This brochure will briefly outline some of the medical and professional treatments that are available, as well as other important information about the disease. Whilst we acknowledge that depression can be an aspect of other disorders, such as Bipolar Disorder, this brochure covers depression alone and we will not be discussing other conditions in this brochure. Instead, please refer to our other leaflets available which cover some of these conditions.

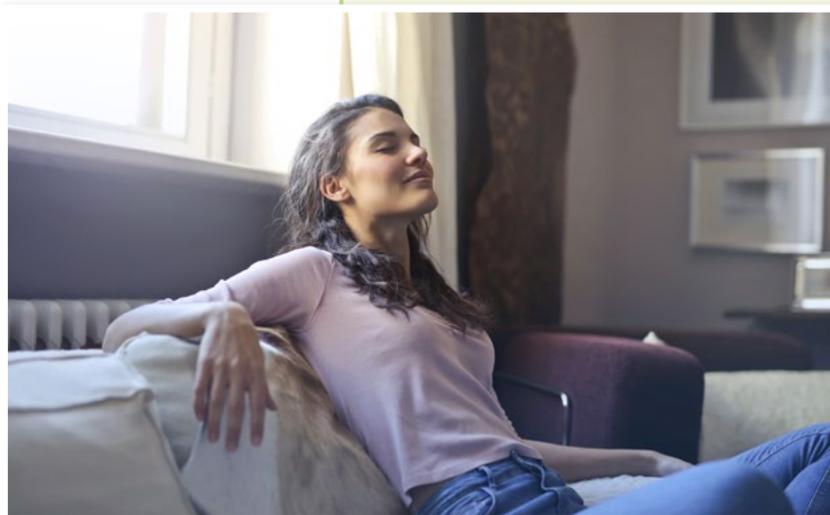
When we talk about depression we are often referring to the condition more formally known as Major Depressive Disorder (MDD). Of course, there are other forms of depression that may impact other individuals, such as post-natal depression and dysthymia. We have discussed the former of these conditions in our brochure on mental health in pregnancy, and we will mention the latter briefly in this leaflet.

Symptoms of Depression

There are many different symptoms of depression that can often be quite complex and interrelated, both to each other and to other disorders like anxiety-related conditions. Whilst each person will likely experience depression in their own way, the general defining feature of depression is that there is an enduring feeling of sadness and hopelessness. On the next page are just some of the other symptoms that can lead to a depression diagnosis when they persist for weeks or months at a time

and interfere with daily living. We should note that if you feel that your symptoms match those in this leaflet, or even if you don't see your symptoms here but still feel that you may have depression, then you should always consult a medical professional for a formal diagnosis instead of relying on these notes to self-diagnose.

Depression can have psychological, physical and social symptoms. It is a debilitating disorder that can impact all areas of life.



- **Psychological symptoms may include:** continuous low mood, sadness and tearfulness, hopelessness, low self-esteem, lack of motivation, irritability, and indecisiveness.
- **Physical symptoms may include:** slowed speech and movement, lack of libido, disturbed sleep and unexplained aches and pains.
- **Social symptoms may include:** a decline in work performance, isolating oneself from friends and family, and neglecting hobbies.

The symptoms of depression can also vary in their degree of severity. If somebody is able to function with their life and day-to-day activities, then they will be classed as having mild depression. Above this is the moderate depression classification, which is diagnosed if depression impacts the patient's daily life, often resulting in periods of missed work and school. If a person is unable to function or is really struggling to manage daily life, then they would be classed as having severe depression. In addition to struggling with daily life, those with severe depression may experience psychotic symptoms such as delusions and hallucinations which may sometimes, incorrectly, be given a different diagnosis. Whilst these psychotic symptoms may be about anything, those suffered during depression tend to focus on the depressed thoughts and feelings a person is already experiencing.

Dysthymia

Here we will briefly mention dysthymia, which is a form of depression that differs from Major Depressive Disorder, both in the length of the problem and the severity. Dysthymia is a continuous mild depression that lasts for more than two years, which is why it is also referred to as Chronic Depression. Whilst dysthymia may not reach the severity and risk levels that MDD does, it is still a condition that should be taken seriously and greatly impacts the lives of sufferers. Those with dysthymia experience little joy in their lives and have a continuous low mood. In fact, for some people the illness has gone on for such a time that a sufferer may come to believe that a person does always feel the way they do, leading to them no longer believing they are unwell. This is unfortunate as it prevents people seeking the treatment they need to improve their lives. This may also be the reason that people often delay seeking treatment for ten years or more. Dysthymia is not uncommon and it is thought that the lifetime prevalence of dysthymia is approximately 6% of the population and approximately 10% of these people will go on to develop MDD.



Causes of Depression

As with many mental health problems there is no consensus as to a single definitive cause of depression. Instead it is thought that there are a number of different factors that may cause it, with a person's risk increasing if they are subjected to a number of these factors. There are thought to be both biological and environmental causes for depression, although there is no consensus as to the extent of the role each of these aspects plays.

The first factor to consider is family and genetics. It has been shown that having a family member with a history of depression, especially a close family member like a parent, can greatly increase the odds of you yourself developing depression. As a result, it is thought that genetics play a big role in this. However, it is important to consider that,

whilst there may well be a genetic cause, that socially we learn from our families and those around us. Sharing the same environment with our immediate family could be the real root cause of the problem and it could be this, rather than genetics, that causes family members to show similar symptoms to each other.

The second factor to consider as a cause of depression is stressful, distressing, and often unexpected life events. These events may include things such as redundancy, divorce, bereavement or illness, as well as more traumatic events such as assault or physical or mental abuse. It is also thought that experiencing difficult events in childhood can increase susceptibility to depression in later life. Research also suggests that lots of small, challenging experiences, as opposed to one large traumatic experience, also have the potential to make a person more vulnerable to depression. The amount of support (or lack thereof), that a person receives after distressing events can heavily influence whether or not a person will develop depression.

Other health problems can also be a contributing factor of depression. Long-term and terminal physical health diagnoses can be upsetting and challenging and can lead to a lot of negative emotions. Other mental health problems are also well known to co-exist with depression, often because the coping strategies used to deal with the original mental illness can cause it. Depression can also be an unfortunate side effect of many medications used to treat other mental illnesses.

Lifestyle can also play a major part in a person's risk of developing depression. Illicit drug, alcohol and substance abuse can lead to depression due to negative impacts on livelihood and personal relationships. Many of these substances are also, in fact, depressants themselves. It is therefore advised to avoid these practices, especially if you are already at risk due to previously mentioned factors.



Depression Statistics

As with many mental health conditions it can be difficult to gain accurate statistics, because many people do not come forward for treatment. What we do know about depression is that it is a substantial disorder that affects many people worldwide and has been on the increase over the last 70 years, with some estimates claiming that depression rates are ten times higher than they were in 1945. In fact, the problem is so substantial that Canadian researchers have claimed that all Canadians are directly or indirectly affected by depression in their lifetimes.

It does appear that depression is more prevalent in the western world than other areas of the globe, as it is the most prevalent psychological disorder in the west. Reasons for this are still being debated and it's worth pointing out that other cultures are now also showing an unfortunate rise in depression rates. Unfortunately, with the current upwards trajectory of the condition, it is expected to be the most disabling condition worldwide in 2020, second only to heart disease.

When looking at the current global situation it is thought that 350 million people worldwide will suffer from depression in their lifetime. It is also thought that it affects females more than males, with yearly estimates suggesting that 5.8% of males worldwide are affected compared to 9.5% of females. The most affected nation on the planet is currently the United States of America, with lifetime prevalence rates estimating that depression affects 35 to 40 million Americans. There is also evidence to suggest that half of those who are affected will experience recurrent episodes of depression. When looking at yearly prevalence, it is thought that a staggering 16 million Americans suffer each year. This becomes more troubling when you consider that up to 80% of suicide deaths are attributed to people suffering from major depression.

Staying in North America, Canada also has a problem with depression as briefly mentioned before. It is estimated that between 8% and 11.3% of adults will suffer with depression in their lifetime, with 4.7% of the population suffering each year. Whilst this does not reach the levels seen in the USA, or countries like Australia where 6% of the population are suffering each year, this is still a substantial figure. As with many places, Canada has a problem with sufferers not seeking treatment, with some estimates suggesting that 49% of sufferers have never sought help from a doctor. Canadian researchers have also highlighted that depression is a significant problem for their youth population, with an estimated 3.2 million young Canadians (between the ages of 12 and 19) currently at risk.

Depression is also a continuously growing problem for the UK, where it is thought that between 4% and 10% of people will suffer at some point in their lives. Mixed anxiety and depression diagnoses are also a big problem in the UK; these disorders affect 7.8% of people and are considered the most common disorder affecting UK citizens. When looking at the yearly prevalence, we can see that a mixture of anxiety and depression affects 9.7 in every 100 people and that depression as a standalone illness affects a further 2.6 in every 100 people. Alarmingly these statistics do not include those in hospitals and prisons, where depression rates are thought to be much higher.



Cultural factors can cause problems both in recording diagnoses and also with sufferers seeking treatment. In Japan, depression has become increasingly problematic for the nation, although the size of the problem is hard to calculate there. Some experts in the area have suggested one in five people are affected, whilst others have put the lifetime prevalence rates at 6.6%, with 2.1% of the population suffering each year. Interestingly, as with Westernized nations, females in Japan seem to be affected more than males. It is also thought that the Japanese youth are particularly badly affected, with suggestions being that 1 in 12 elementary school children and 1 in 4 high school children are currently suffering.

Treatments for Depression

Thankfully there are a number of treatment options that can be used to deal with depression. In some cases these will be used in isolation, whereas for others they may work best in combination with others. We will briefly discuss some treatment options here. If you are thinking of starting treatment, then it would be a good idea to read this section and then discuss with a medical professional the options they think are best for you. Some of these options are known as self-help techniques and do not require medical professional input, but we would encourage you to seek professional advice to ensure your condition is monitored and self-help techniques are appropriate for your condition.

For the treatment of mild depression, people are often advised to make lifestyle changes and use self-help techniques. These may include things such as reducing alcohol intake, increasing exercise and nutrition, and improving sleep patterns. This may also include finding things that you enjoy doing and trying to work these into daily life, such as making time to read or picking up a hobby, whilst also trying to avoid self-criticism. When depression is mild, your medical professional may also suggest the 'wait-and-see' approach, whereby you monitor your symptoms to track whether they clear up on their own, or with the use of self-help techniques. If they get worse, further medical intervention is required.



If the depression is unresponsive to self-help techniques, or is classified as moderate, then the suggested course of treatment is psychotherapy. There are a number of psychotherapies available and many have been found to be useful with the treatment of depression. The main approaches are Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and counselling. CBT for depression looks at changing a person's thought patterns and also helps a person to understand their thoughts and behaviours so that they can work on changing them for the better. It also helps them identify negative thoughts and behaviours so that they can be vigilant in recognising them for in the future. IPT looks at a person's relationships with others and the problems that are affecting these relationships, such as communication issues. IPT will then look to help to resolve these problems to improve relationships and reduce depression. Counselling is where you can talk through your problems with a counsellor, so that you can establish new ways of dealing with things. Whilst a counsellor will not tell you what to do, it can be useful to talk problems through with somebody who is not involved in other aspects of your life.

Many forms of psychotherapy may now also involve a level of mindfulness. Mindfulness is the practice of trying to be in the present moment by focusing on thoughts, sensations and feelings experienced in the present. Mindfulness has been shown to be successful in the treatment and further prevention of depression and helps improve general wellbeing.

Another addition to some cognitive-behavioural treatments that may be implemented is Behavioural Activation (BA). BA revolves around activity scheduling to help a patient re-focus on goals. BA is not about scheduling in pleasurable activities but is about scheduling activities that need to be completed that may have previously been avoided due to depression.

If psychotherapies are not successful on their own, or if the depression is classified as severe, then treatment should involve the psychotherapy coupled with antidepressant medications. There are a vast number of antidepressants available, with the three most commonly offered categories of antidepressant being Selective Serotonin Reuptake Inhibitors (SSRI's), Serotonin and noradrenaline reuptake inhibitors (SNRI's) and Tricyclic antidepressants. All of these medications have their benefits and their side effects and so any medication should be discussed in detail with your medical professional to decide what best suits your needs. In some cases you may start one medication but be unhappy with the side effects. If so, your doctor can then move you to another of the available medications.

Mindfulness has been shown to be successful in the treatment and further prevention of depression and helps improve general wellbeing.

With many antidepressants there is a delay of a few weeks before the effects are felt and so you may become frustrated with the lack of immediate results. However, we encourage you to allow the drug the time to work. It is important that you continue taking your medication and

discuss any medication reductions with your doctor before doing anything, as stopping an antidepressant without proper planning can be dangerous and can cause withdrawal symptoms. This applies even after you feel your depression symptoms have cleared up.

For some severe cases of depression, a hospital stay may be required for the safety of the sufferer and to ensure them the best chance of recovery. In very severe cases of depression Electro-convulsive therapy (ECT) may be offered as a treatment option. This is likely to only be offered in extremely severe cases where a patient's life may be in danger. ECT involves an electrical stimulation of the brain to induce a seizure. Whilst this sounds barbaric and has been depicted as such in the media, modern ECT techniques involve anaesthetics and muscle relaxants to ensure the patient does not suffer violent convulsions. Whilst it is not known why ECT works, many people who were unable to gain results from more traditional treatments have found success with ECT. Unfortunately these successes are often not long-term and as such people will need further treatments. There are also risks with ECT such as short-term memory loss and anybody considering ECT should discuss this at length with their medical professional to ensure it is the right course of action for them.

For more information regarding living with mental illness please visit our website: www.shawmind.org



The Foundation Centre, Navigation House
48 Millgate, Newark, Nottinghamshire
NG24 4TS, United Kingdom

contact@shawmind.org

www.shawmind.org

Follow the conversation:



Registered charity in England (no. 1167947), and a registered charitable company (no. 09921207) in the UK

Registered Office

The Foundation Centre, Navigation House, 48 Millgate, Newark, Nottinghamshire, NG24 4TS, UK