

Depression is a medical illness that affects a person's body, feelings, thoughts and behavior. It is not a character weakness.

Everyone experiences bouts of the blues or periods of sadness now and then. However, if these feelings last more than two weeks or disrupt daily life, a person may have major depression.

Major depression can cause pain, suffering and disability that can last for months and sometimes years. Recurrent thoughts of death or suicide may occur.

People with major depression cannot just pull themselves together and get better. With correct diagnosis, however, major depression is treatable for nearly all patients.

This brochure provides information about the causes and symptoms of depression, and ways to care for and manage the illness.

Did you know?

- Over 18 million Americans suffer from depression.
- More than 80 percent of patients with depression have another medical condition, such as cardiovascular disease, diabetes or chronic pain. Other illnesses, medications and substance abuse can cause depression.
- Only about half of depressed adults get treatment.
- Major depression is second only to back and neck pain for people missing work days.
- About twice as many women as men have depression.
- Depression in adults age 65 and older is widespread, often undiagnosed and usually untreated. It is a common misperception that depression is a part of normal aging.

Causes

What causes depression is not always known.

Risk factors for major depression include:

- Family or personal history of depression
- Uneven balance of mood-influencing chemicals in the brain
- Poor self-image, negative view of self or easily overwhelmed with life challenges
- Chronic illness, difficult relationship (domestic abuse or violence) or major life changes or stressors (death, divorce, moving)
- Pregnancy or following childbirth (for women)

Symptoms

If you feel depressed, it is important to talk to your doctor. Many people with major depression do not complain of feeling down or blue. A major symptom of depression is a loss of interest or pleasure in most or all activities—an inability to enjoy life. Other common symptoms of depression may include:

- Loss of energy, feeling tired
- Change in sleep patterns
- Increased or decreased appetite or weight loss or gain
- Difficulty concentrating, making decisions
- Difficulty working
- Change in personal relationships
- Feeling inappropriately guilty, worthless, helpless or hopeless
- General irritability
- Repeated thoughts of death or suicide, or attempted suicide

Quick depression assessment

Quick Depression Assessment:

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 is a brief questionnaire to aid in diagnosing depression and monitoring progress of treatment over time. It is very important to routinely complete the PHQ-9 for you and your doctor to better understand and address your care needs. This may be done at your clinic visit or over the phone.

Managing depression

Treatment for depression aims to help people feel better and stay well. This includes resuming regular work and other activities. If you are diagnosed with depression:

- Your doctor may prescribe medication to help treat your depression. Early on in treatment and follow-up visits, your doctor may decide to change the dose or type of medication. This often depends on how you respond to the medication. Adjusting medication often is necessary to ensure that you receive the best treatment.
- Report any unusual side effects. Let your health care provider know if you experience side effects from the medication, especially if the side effects get in the way of doing things. Do not stop taking the medication without consulting your provider. Most side effects can be eliminated or controlled by adjusting medications.
- Keep in mind that symptoms often get better gradually. Typically, this occurs over the first two to six weeks you are on medication. With medication adjustments, it may take up to three months to feel your symptoms are improving. Let your health care provider know if your symptoms are not improving.
- Your doctor also may recommend or refer you to a mental health care provider for psychotherapy. With psychotherapy, it can take eight to ten weeks to start feeling better. Often a combination of psychotherapy and medication is most helpful.
- Recognize that a long-term approach to treatment is very important. In the short-term, the goal of treatment is to improve symptoms. This is called *achieving remission*. The next goal is to maintain remission as long as

possible to lessen the chance of your depression returning (called *relapse*). If your medication has been working, your doctor likely will recommend that you take it for at least six to 12 months. Your doctor may recommend that you take medication longer if you have had previous episodes of depression.

Self-care

- Do not stop taking the medication without first talking to your doctor.
- Keep all follow-up appointments with your health care provider or call to discuss how you are doing. Do not miss an appointment, even if you are feeling better that day.
- Do not expect to snap out of your depression. Instead, help yourself as much as you can. Do not blame yourself for not feeling your best.
- Share your treatment plan with people you are close to and trust. Explain what you are going through. Be aware that views of depression vary across cultures. If those close to you have questions, suggest they read some of the books or Web sites recommended in this brochure.
- Set realistic goals and avoid taking on a great deal of responsibility.
- Divide your workload by breaking large tasks into small ones and setting priorities. Do not be hard on yourself if you are unable to finish everything.
- Participate in activities that you enjoy and help you feel better, such as going to the movies, attending a concert, walking with a close friend. Studies suggest that exercise eases major depression symptoms. People tend to feel healthier when they are doing activities they enjoy.

- Writing in a journal also helps. Some people notice what triggers them to feel more depressed or better.

For more information

Books

Look in the self-help section of your local bookstore or library for these and other books:

- *Hope and Help for Depression; A Self-Care Handbook*, revised, by Channing Bete Company, 2007
- *A Mindful Way through Depression, Freeing Yourself from Chronic Unhappiness* by Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat-Zinn, 2007
- *The Feeling Good Handbook* by D.D. Burns, 1999
- *Mind Over Mood: Change How You Feel by Changing the Way You Think* by D. Greenburger and C. Padesky, 1995

Web sites

- National Alliance for the Mentally Ill
www.nami.org
- National Depressive and Manic Depressive Association
www.ndmda.org
- National Institute of Mental Health
www.nimh.nih.gov

Understanding Depression

If you want more information on any medical topic, please contact the Park Nicollet Health Library. A medical librarian can help you find out what you need to know.

Web site: parknicollet.com/healthlibrary

E-mail: library@parknicollet.com

Phone: 952-993-5011

This brochure is based on guidelines developed by a team of health care experts at the Institute for Clinical Systems Improvement (ICSI), of which Park Nicollet Health Services is an active member. It is reviewed and updated regularly as scientific evidence changes. This material is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.