

COMMON SYMPTOMS OF DEPRESSION

The following are some of the more noticeable symptoms of depression. If you answer “yes” to four or more of these statements, you may be vulnerable to depression.

	Yes	No
1. I've been having trouble falling asleep.	<input type="checkbox"/>	<input type="checkbox"/>
2. I wake up early in the morning before it's time to get up.	<input type="checkbox"/>	<input type="checkbox"/>
3. I'm very self critical and blame myself when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>
4. I have no enthusiasm or energy even for things I want to do such as social activities, hobbies, or sex.	<input type="checkbox"/>	<input type="checkbox"/>
5. I can't concentrate; my thinking seems really slow.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have lost weight recently; I have little interest in food.	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel restless and irritable much of the time.	<input type="checkbox"/>	<input type="checkbox"/>
8. I have recurring pain or headaches I can't explain.	<input type="checkbox"/>	<input type="checkbox"/>
9. I think about death a lot.	<input type="checkbox"/>	<input type="checkbox"/>
10. I have considered suicide.	<input type="checkbox"/>	<input type="checkbox"/>

If any combination of these symptoms persists for more than a few weeks, it is advisable to seek professional help.

CMHA Vancouver-Burnaby promotes mental wellness and increases understanding of mental health issues through innovative and collaborative approaches in the areas of public education, accessible services and personal empowerment.

The Vancouver-Burnaby Branch of the Canadian Mental Health Association produces this brochure as an information service to the community. The inclusion of a specific organization in this pamphlet does not imply that we recommend any services they may provide.

If you have any comments on this brochure, please contact Health Promotion at (604) 872-4902.



**CANADIAN MENTAL
HEALTH ASSOCIATION**

ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

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A United Way Member Agency

Understanding Depression



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UNDERSTANDING DEPRESSION

All of us have occasional feelings of sadness, hopelessness, and inadequacy. How do these temporary, normal feelings or moods differ from what doctors call Clinical Depression? Depression is referred to as “clinical” (an illness) when it is out of proportion to the event that caused it, persists long after the event is over, has no apparent cause, or becomes severe enough to interfere with normal activities.

How often is depression severe enough to require some sort of professional help? Statistics indicate that depression is the most frequently diagnosed mental illness, sometimes called “the common cold of mental health.” It has been estimated that 15% of the population will experience a major depressive episode at some point in their lives. Of this group, women will be diagnosed as having clinical depression twice as often as men.

Fortunately, depression is also the most treatable mental illness. With appropriate treatment, well over 70% can expect a full recovery while the rest will improve substantially.

WHAT IS DEPRESSION?

Doctors classify depression as an **Affective** or **Mood Disorder**, that is, one of a group of disturbances characterized by changes in mood such as depression or elation. Mood disorders are often described as either “unipolar” or “bipolar”.

- **Unipolar Disorder:** Having one “pole” or direction - down, depressed.

- **Bipolar Disorder** (or manic-depression): Having two “poles” in which periods of depression alternate with periods of “mania” (excessive activity or excitement). When manic-depressives are in the “manic” phase, they will often work without stopping, require little sleep, speak more loudly and quickly than usual, express exaggerated feelings of self-esteem and become financially irresponsible.

Other terms you may encounter in connection with the treatment of depression:

- **Situational / Reactive Depression:** A depression clearly brought on by some triggering event such as divorce, loss of a job, or death of a loved one.
- **Secondary Depression:** A depression resulting from some other physical condition.
- **Primary or Endogenous Depression:** Depression not caused by another illness or event.

WAYS TO RECOGNIZE DEPRESSION

Being depressed is painful and seems as if it will never end. A depressed person may describe his situation as “being in a black hole,” “being at the bottom of a dark pit,” “having a glass wall around him,” “not being able to move,” etc. Depression is often experienced as a helplessness and hopelessness: worrying or despairing about the past, being unable to cope with the present, and fearing for the future. Depression can interfere with making the

smallest decisions - which side of the street to walk on, which shirt to wear. It can make life meaningless by taking away the joys of everyday living most of us take for granted.

WHAT CAUSES DEPRESSIVE DISORDERS?

The exact answer to this question is not known. Most researchers feel a combination of factors - biological, environmental, and/or psychological - are involved in depression. In some cases the tendency toward depression seems to be inherited. At times a prolonged illness can bring on depression. Environmental stresses related to work, relationships, or finances often trigger a depression. One’s general attitude toward life can be a factor, with traits such as dependency, perfectionism, low self-esteem, problems expressing negative feelings, or inadequate coping skills tending to make a person “depression susceptible.”

WHAT CAN YOU DO TO HELP YOURSELF?

Because depression is so treatable, there is much you can do to help, either on your own if the depression is not too severe, or in conjunction with other forms of treatment in mild to moderate cases. Listed below are some suggestions. Remember - time will usually bring about changes for the better. If, after a few weeks, you still feel depressed, it is probably time to seek professional help. So much can be done to treat depression; it makes sense to ask for help when you need it.

HELPING YOURSELF:

- Break down larger goals into smaller, achievable tasks and tackle these one at a time.
- Make a list of specific things you wish to get done today, and check them off as you complete them.
- Give yourself credit for accomplishments, however small they may seem.
- Go easy on yourself if you're not accomplishing as much as you want to.
- Get outside - take a walk, go for a run, ride a bike, swim; try to get some form of fairly strenuous physical exercise each day.
- Make a point of scheduling some part of your day for self-fulfilling activities - conversations with friends, listening to music you like, reading a book for pleasure, even a soak in a warm tub.
- If medications are prescribed, take them regularly and as indicated. Avoid alcohol (which is a depressant!) and report any side effects to your doctor.
- Don't worry about making decisions; they can usually wait awhile.

WHAT CAN FAMILY MEMBERS DO TO HELP?

Relatives worry about a person who is depressed. They may feel angry and overwhelmed, think that depression is a reflection on the family, or deny the fact that it is happening. They find it difficult to understand why a depressed person is not "snapping out of it."

Family members can help by being patient and reassuring. Listening to the depressed person's concerns is more productive than giving advice on what to do. Encourage the depressed person to be physically active, but don't push him beyond his capacities. Discussing thoughts about suicide is not encouraging a suicide attempt. However, anyone seriously thinking about taking his life is in urgent need of professional help.

Families can encourage a depressed person to seek professional help. They can work with the physician or therapist to ensure that any medication or other medical intervention is appropriate to the patient's situation and is carefully monitored. The support of family and friends can help shorten the time span of the illness and could make professional help more effective.

Children living at home are particularly apt to be confused and upset about a depressed person's behaviour. They may "personalize" the situation and think it is somehow their fault. They may feel afraid, hurt, or ashamed and not know how to express their feelings or respond to the person who is ill. Initiating an open discussion regarding the illness may help to dispel some of these fears and anxieties.

It's also important for family members to take care of their own mental health. Several ways to do this are:

- Set aside "worry time," a specific period of time (10 minutes a day for example) to really focus on specific worries.
- Don't let these worries interfere with the positive, good times you schedule for yourself.
- Make sure you have a support network of social contacts and use it!
- Remember that even though you have a family member who is depressed, it's O.K. to be happy and feel good about yourself.

KEEPING YOUR OWN MENTAL HEALTH INTACT IS IN THE BEST INTEREST OF EVERYONE, INCLUDING THE FAMILY MEMBER AFFECTED BY DEPRESSION.

WHAT KINDS OF TREATMENTS ARE AVAILABLE?

Some depressions will disappear eventually without any treatments, although this may take months or sometimes years. Currently there is no way of predicting when an episode of depression will end or when it might recur. Your doctor may recommend treatment rather than waiting.

Since depression can be caused by a combination of factors, a combination of treatments may be necessary. Various forms of psychotherapy may be used alone or in combination with various medications. Medication can be used to get the mind and body working in a reasonable way again, allowing the person to think more clearly about the problems that may be contributing to the depression.

There are also support groups in the community that can help you and your family understand depression and learn the best way to deal with it.

PSYCHOTHERAPIES (TALK THERAPIES)

Psychotherapy is most helpful to those who are experiencing the non-biological symptoms of depression such as decreased interest and pleasure in their work and relationships, self-doubt and criticism, and indecisiveness. Often these difficulties reflect long-standing personal characteristics and habits which contribute to the onset and maintenance of episodes of depression. Alternatively, they may contribute to chronic low levels of depression which don't reach levels sufficient to be diagnosed as a clinical depression but which can, nevertheless, be debilitating and result in a general unhappiness in one's life.

MEDICATIONS

Antidepressants are medications designed to act on specific areas of the brain to restore chemical balance. They are not tranquilizers like Valium, nor are they "uppers" like amphetamines or "downers" like sleeping pills. They are not addictive, but may take several weeks to reach optimal therapeutic effect and must be withdrawn slowly when no longer needed. There are several families of antidepressants including **Tricyclics and Monoamine Oxidase Inhibitors** (MAOI), **SSRI's** (eg. Prozac). Your doctor will determine which medication is most suitable for your particular situation.

Manic-depressive disorders respond best to mood stabilizers such as **Lithium Carbonate** which also work to correct the chemistry of the brain but are in a different chemical family from the antidepressants. Mood stabilizers may also help some cases of unipolar depression.

HOW WILL I KNOW THEY ARE WORKING?

Medication does not work immediately. In a few weeks, feelings of hopelessness should fade and you should be eating and sleeping better, have more energy and concentration, and feel more capable of dealing with problems in your life. The improvement is often gradual, and people around you may remark that you are looking better before you notice any change yourself.

WHAT ABOUT SIDE EFFECTS?

Many people experience certain side effects that usually disappear after the first few weeks. The following are how possible side-effects can be treated:

- Dry mouth – drink plenty of water or use sugarless citrus flavoured candy or gum; clean teeth often.
- Blurred vision – this should disappear soon; don't buy new glasses.
- Constipation – add bran to cereal; try cooked prunes; eat lots of fruit and vegetables.
- Bladder problems (difficulty urinating) – tell your doctor if urination is painful.
- Sexual problems (changes in sexual functioning) – discuss this with your doctor.
- Dizziness – get up from bed or chairs slowly
- Drowsiness – avoid driving or use of machinery
- Weight gain – consult your doctor.

Any unusual physical reaction to medication should be reported to your doctor, immediately.

HOW LONG WILL I NEED MEDICATION?

If medication plays a role in your recovery, it may need to be continued for as long as several months after you are feeling better. Your doctor will advise you of the best timing for withdrawing medication.

WHAT IF MEDICATION DOESN'T WORK?

Your doctor may increase the dosage of the medication, as some people require higher dosages to improve, or he may change to another type of antidepressant. If these measures don't work, you may be referred to a specialist in depression who may recommend other medication. Electro Convulsive Therapy (ECT) is another treatment which can be used.

WHERE TO LOOK FOR HELP

Depression is a particularly common condition of mental distress. Therefore, knowing where to look for treatment or how to decide what type of treatment is available or appropriate are important questions.

If you feel depressed, it is advisable to have a check up with your family doctor. Talk to your family or to a friend about how you are feeling. Having someone listen can often ease the pain and the sense of isolation which often accompanies depression.

If your depressed state persists and you are experiencing some of the symptoms noted earlier, it is recommended that you seek professional help. A wide variety of professionals including social workers, psychologists, nurses, general practitioners and psychiatrists are trained to respond to depression. There are Mental Health Centres located in all regions of British Columbia that are staffed with professionals who can help.