



A Guide to Depression



Niamh

Mental Wellbeing





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Depression is common. Symptoms can affect day-to-day life and can become very distressing. Treatments include talking treatments and antidepressant medicines. Treatment takes time to work but has a good chance of success. Some people have recurring episodes of depression and require long-term treatment to keep symptoms away.

What is depression?

The word depressed is a common everyday word. People might say “I’m depressed” when in fact they mean “I’m fed up because I’ve had a row, or failed an exam, or lost my job” etc. These ups and downs of life are common and normal. Most people recover quite quickly.

With true depression, you have a low mood and other symptoms each day for at least two weeks. Symptoms can also become severe enough to interfere with day-to-day activities.

Who gets depression?

About 2 in 3 adults have depression at some time in their life. Sometimes it is mild or lasts just a few weeks. However, an episode of depression serious enough to require treatment occurs in about 1 in 4 women and 1 in 10 men at some point in their lives. Some people have two or more episodes of depression at various times in their life.

What are the symptoms of depression?

Many people know when they are depressed. However, some people do not realize when they are depressed. They may know that they are not right and are not functioning well, but don’t know why. Some people think that they have a physical illness, for example, if they lose weight.

The following is a list of common symptoms of depression. It is unusual to have them all, but several usually develop if you have depression.

- Low mood for most of the day, nearly every day. Things always seem ‘black’.
- Loss of enjoyment and interest in life, even for activities that you normally enjoy.
- Abnormal sadness, often with weepiness.
- Feelings of guilt, worthlessness, or uselessness.
- Poor motivation. Even simple tasks seem difficult.
- Poor concentration. It may be difficult to read, work, etc.

- Sleeping problems:
 - sometimes difficulty in getting off to sleep.
 - sometimes waking early and unable to get back to sleep.
 - sleeping too much sometimes occurs.
- Lacking in energy, always tired.
- Difficulty with affection, including going off sex.
- Poor appetite and weight loss. Sometimes the reverse happens with comfort eating and weight gain.
- Irritability, agitation, or restlessness.
- Symptoms often seem worse first thing each day.
- Physical symptoms such as headaches, palpitations, chest pains, and general aches.
- Recurrent thoughts of death. This is not usually a fear of death, more a preoccupation with death and dying. Some people get suicidal ideas such as..."life's not worth living".

The severity of the symptoms can vary from mild to severe. As a rule, the more symptoms from the list above that you have, the more severe the depression is likely to be.

What causes depression?

The exact cause is not known. Anyone can become depressed. Some people are more prone to it, and it can develop for no apparent reason. You may have no particular problem or worry, but symptoms can develop quite suddenly. An episode of depression may also be triggered by a life event such as relationship problem, bereavement, redundancy, illness, etc. In many people it is a mixture of the two. For example, the combination of a mild low mood with some life problem, such as work stress, may lead to a spiral down into depression.

Women tend to develop depression more often than men. Particularly common times for women to become depressed are after childbirth (postnatal depression) and the menopause.

A chemical imbalance in the brain might be a factor. This is not fully understood. However, an alteration in some chemicals in the brain is thought to be the reason why antidepressants work in treating depression.

Some myths and other points about depression

Depression is common, but many people don't admit to it. Some people feel there is a stigma attached, or that people will think they are weak. Great leaders such as Winston Churchill have suffered depression. Depression is one of the most common illnesses that GPs deal with. People with depression may be told by others to 'pull their socks up' or 'snap out of it'. The truth is, they cannot, and such comments by others are very unhelpful.

Understanding that your symptoms are due to depression, and that it is a common illness, may help you to accept that you are ill and need help. This may be particularly true if you have physical symptoms such as headache or weight loss. Some people ask "am I going mad?" It may be a relief to know that you are not going mad, and the symptoms that you have are common and have been shared by many other people.

You may 'bottle up' your symptoms from friends and relatives. However, if you are open about your feelings with close family and friends, it may help them to understand and help.

What are the treatment options for depression?

In general, treatments are divided into those used for mild depression and those used for moderate and severe depression.

What if I don't have any treatment?

Most people with depression would get better without treatment. However, this may take several months or even longer. Meanwhile, living with depression can be difficult and distressing (and also for your family and friends). Relationships, employment, etc, may be seriously affected. There is also a danger that some people turn to alcohol or illegal drugs. Some people think of suicide. Therefore, many people with depression opt to try some form of treatment.

Treatment options for mild depression

In general, mild depression means that you have some of the symptoms listed above, but are still able to cope reasonably well with normal activities. For example, you may still be able to do your normal job, and get by with household chores, but perhaps with difficulty. Your doctor may suggest one or more of the following.

Talking treatments (psychological treatments)

Talking through feelings may be all that you need for mild depression. Sometimes talking with an understanding friend or relative is helpful. Your doctor may also 'talk things through' with you or refer you to a counsellor. A brief course of cognitive behavioural therapy may help (see below for further details of this.)

Specific counselling

In some cases there is a particular problem that triggered the depression, or is making it worse. For example, marital problems, sexual problems, bereavement, previous childhood abuse, etc. Counselling directed at a specific area may then be helpful. Sometimes this may be done by a local agency or self-help group which deals with specific problems. For example, RELATE for marital or sexual problems, or a bereavement counsellor following a bereavement, etc.

An exercise programme

Research has shown that regular exercise can help to ease symptoms of depression in some cases. A typical exercise programme to help ease depression would be three 'formal' sessions per week of moderate duration (45-60 minutes) for 10-12 weeks. Aerobic exercises are probably best such as jogging, brisk walking, swimming, playing a vigorous team sport such as football or netball, etc. However, ideally you should try to get into the habit of doing some sort of exercise on most days in between any 'formal' exercise. For example, try to go out for a walk each day.

A self-help programme

There are various pamphlets, books, and audio tapes which can help you to understand and combat depression. The best are based on the principles of cognitive behavioural therapy. There is some evidence to say that a 'guided self help programme' can help some people with mild depression to recover. That is, a programme where the materials are provided by a doctor or nurse, and where a doctor or nurse monitors your progress. These programmes take some motivation and effort to work through - a bit like doing homework.

Computer and internet based self-help cognitive behavioural therapy programmes are recent innovations and may become more popular.

Antidepressant medicines

Antidepressant medication (discussed in detail below) is not usually recommended for the initial treatment of mild depression. However, an antidepressant may be advised for mild depression in certain circumstances. For example, in people:

- with mild depression that persists after other treatments have not helped.
- whose depression is associated with a physical illness.
- who have had an episode of moderate or severe depression in the past.

Treatment options for moderate or severe depression

In general, moderate depression means that you have several of the symptoms listed above, and you find great difficulty in coping with normal activities. Severe depression is even worse. In these situations, a doctor may suggest one or more of the following.

Antidepressant medicines

Antidepressants are usually the first-line treatment for moderate or severe depression. A medicine cannot alter your circumstances. However, symptoms such as low mood, poor sleep, poor concentration, etc, are often eased with an antidepressant. This may then allow you to function normally, and increase your ability to deal with any problems or difficult circumstances.

Antidepressants do not usually work straight away. It takes 2-4 weeks before their effect builds up fully. A common problem is that some people stop the medicine after a week or so as they feel that it is doing no good. You need to give it time. Also, if it is helping, follow the course that a doctor recommends. A normal course of antidepressants lasts up to six months or more after symptoms have eased. Some people stop treatment too early and the depression quickly returns.

There are several types of antidepressants, each with various 'pros and cons'. For example, they differ in their possible side-effects. (The leaflet that comes in the medicine packet provides a full list of possible side-effects.) If the first one that you try does not suit, then another may be found that will suit. So, tell your doctor if you have any problems with an antidepressant. Antidepressants are not tranquillisers and are not thought to be addictive.

About 5-7 in 10 people with moderate or severe depression improve within a few weeks of starting treatment with a prescribed antidepressant. However, up to 3 in 10 people improve with dummy tablets (placebo) as some people would have improved in this time naturally. So, you are roughly twice as likely to improve with antidepressants compared to taking no treatment. But, they do not work in everybody.

Talking (psychological) treatments

If available in your area, an option is to be referred to a psychologist or other professional for a more specific type of talking treatment. Most psychological treatments for depression last in the range of 16-20 sessions over 6-9 months. For example:

- Cognitive therapy. Briefly, cognitive therapy is based on the idea that certain ways of thinking can trigger, or 'fuel', certain mental health problems such as depression. The therapist helps you to understand your thought patterns. In particular, to identify any harmful, unhelpful, and 'false' ideas or thoughts which you have that can make you depressed. The aim is then to change your ways of thinking to avoid these ideas. Also, to help your thought patterns to be more realistic and helpful. Therapy is usually done in weekly sessions over several months. You are likely to be given 'homework' between sessions.
- Cognitive-behaviour therapy (CBT). This is a combination of cognitive therapy and behaviour therapy. Behaviour therapy aims to change any behaviours which are harmful or not helpful. In short, CBT helps people to achieve changes in the way that they think, feel and behave. (See separate leaflet for more details on CBT.)
- Other types of therapy sometimes used include: interpersonal therapy, problem-solving therapy and psychodynamic psychotherapy.

For moderate depression, the number of people who improve with cognitive therapy and cognitive behaviour therapy is about the same as with antidepressants. These treatments may not be so good for some people with severe depression. This is because you need some motivation to do these treatments and people with severe depression often find motivation difficult.

Also, there is a shortage of trained therapists who can perform psychological treatments. So, it might not be an option in your area, or there may be a long waiting list.

Some research suggests that a combination of an antidepressant plus a talking treatment such as CBT is better than either treatment alone.

Exercise and counselling

In addition to the above treatments, as with mild depression, regular exercise is thought to help to improve symptoms (if you are able to do some exercise). Also, counselling for a specific problem may help too if a particular problem is troubling you (relationship breakdown, bereavement, etc).

Other treatments

St John's Wort (hypericum)

This is a herbal antidepressant that you can buy from pharmacies without a prescription. It recently became a popular 'over the counter' treatment for depression. However, many doctors now do not advise that you take this because:

- It is not clear how well it works. Although some studies suggest that it may help depression, other studies have failed to confirm this.
- Side-effects sometimes occur. (Some people think that because St John's wort is 'natural' then it is totally safe. This is not true. It contains many chemicals which sometimes cause problems.)
- It may react with other medicines that you may take. Sometimes the reactions can cause serious problems. For example, you should not take St John's wort if you are taking warfarin, cyclosporin, oral contraceptives, anticonvulsants, digoxin, theophylline, or certain anti-HIV medicines. Also, you should not take it at the same time as certain other prescribed antidepressants.

Specialist and hospital based treatments

Other treatments such as specialist medicines or electrical treatment (ECT) may be advised if you have severe depression which has not improved with other treatments.

Some dos and don'ts about depression

- Don't bottle things up and 'go it alone'. Try and tell people who are close to you how you feel. It is not weak to cry or admit that you are struggling.
- Don't despair - most people with depression recover. It is important to remember this.
- Do try and distract yourself by doing other things. Try doing things that do not need much concentration but can be distracting such as watching TV. Radio or TV is useful late at night if sleeping is a problem.
- Do eat regularly, even if you do not feel like eating.
- Don't drink too much alcohol. Drinking alcohol is tempting to some people with depression as the immediate effect may seem to relieve the symptoms. However, drinking heavily is likely to make your situation worse in the long run.
- Don't make any major decisions whilst you are depressed. It may be tempting to give up a job, or move away, to solve the problem. If at all possible you should delay any major decisions about relationships, jobs, or money until you are well again.
- Do tell your doctor if you feel that you are getting worse, particularly if suicidal thoughts are troubling you.
- Sometimes a spell off work is needed. However, too long off work might not be so good as dwelling on problems and brooding at home may make things worse. Getting back into the hurly-burly of normal life may help the healing process when things are improving. Each person is different, and the ability to work will vary.

- Sometimes a specific psychological problem can cause depression, but some people are reluctant to mention it. One example is sexual abuse as a child leading to depression or psychological difficulties as an adult. Tell your doctor if you feel something like this is the root cause of your depression. Counselling may be available for such problems.

Will it happen again?

A 'one-off' episode of depression at some stage in life is common. However, some people have two, three, or more episodes of depression. You can have treatment for each episode. However, if you are prone to recurring episodes of depression, you may be advised to take an antidepressant long-term to prevent depression from recurring.

Some related conditions

Postnatal depression

Some women develop depression just after having a baby.

Bipolar affective disorder

In some people, depression can alternate with periods of elation and over-activity (mania or hypomania). This is called bipolar affective disorder or manic-depression. Treatment tends to include mood stabiliser medicines such as lithium.

Seasonal affective disorder

Some people develop recurrent depression in the winter months only. This is called 'Seasonal Affective Disorder' or SAD. For people in the UK with SAD, symptoms of depression usually develop each year sometime between September and November, and continue until March or April. You, and your doctor, may not realize that you have SAD for several years. This is because recurring depression is quite common. You may have been treated for depression several times over the years before it is realized that you have the seasonal pattern of SAD. Treatment of SAD is similar to other types of depression. However, 'light therapy' is also effective. See separate leaflet called 'Seasonal Affective Disorder' for details.

Other mental health problems

Depression sometimes occurs at the same time as other mental health problems.

- People with anxiety, panic disorder, and personality disorders quite commonly also develop depression. As a rule, depression should be treated first, followed by treatment of the other disorder. In particular, anxiety will often improve following treatment of depression.
- Eating disorders such as anorexia and bulimia may accompany depression. In this situation the eating disorder is usually the main target of treatment.

Further help and information

Depression Alliance

212 Spitfire Studios, 63-71 Collier Street
London N1 9BE
Telephone 0845 123 23 20
www.depressionalliance.org

Provide information, support and understanding to those who are affected by depression.

Saneline

Telephone 0845 767 8000
www.sane.org.uk

Saneline is a national out of hours telephone helpline providing information and support for anyone affected by mental health problems including families and carers.

The British Association of Behavioural and Cognitive Psychotherapies (BABCP)

Globe Centre, PO BOX 9
Accrington BB5 2GD
Telephone 01254 875277
www.babcp.com

They maintain a register of qualified practitioners. They also have a series of pamphlets (available for a small charge) which provide information about frequently encountered problems such as Anxiety, Depression, Schizophrenia, PTSD, General Health, OCD, Agoraphobia, Learning Disability, Insomnia, Chronic Fatigue Syndrome, Eating Disorders, Understanding CBT, Sexual Dysfunction, Chronic Pain, Conduct Disorder, Bipolar Disorder, Social Phobia, Fear of Flying and Self Help.

Oxford Cognitive Therapy Centre (OCTC)

www.octc.co.uk

Based in the Oxford Psychology Department, part of Oxfordshire Mental Healthcare NHS Trust.

Their website gives details of how to order a number of educational and self-help booklets with a CBT approach for conditions such as Depression, Obsessive-Compulsive Disorder, Bulimia Nervosa, Anorexia Nervosa, Anxiety, Panic, Phobias.

Self-help leaflets based on a CBT approach

For common mental health issues including depression. Written by members of the Newcastle, North Tyneside and Northumberland Mental Health NHS Trust. Available on the web at: www.nnt.nhs.uk/mh/content.asp?PageName=selfhelp

Ultrasis

www.ultrasis.com

Produce interactive, computer based CBT programmes for healthcare professionals, corporations and consumers.

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