

Depression

Caregiver Information Booklet

Support for those
who care for others



An Area Agency on Aging

Family Caregiver Support Project

Northwest Regional Council/Area Agency on Aging

Depression

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What is Depression?

The National Mental Health Association developed this fact sheet as an introductory overview of depression.

Information: The Key Ingredient for Treating Depression

Depression is a word commonly used to describe temporarily “down” moods or sad feelings, but for a lot of people—at least 10 million in the US alone—it means something much more serious.

For these individuals and those who care about them, depression is a severe illness, affecting their body, feelings, and the way they live their lives. In some cases, it can cause death or suicide.

It’s not an illness they choose, or one they could escape if they would “snap out of it,” any more than one decides to have diabetes or heart disease.

Fortunately, effective treatment (through medication, psychotherapy, or a combination of both) is available for more than 80 percent of those with this illness, enabling them to live full, healthy lives. The most important part of treatment of any disorder is information—accurate, current facts on the causes, symptoms, treatment options, and tips for coping. The patient, family, and friends should all have this basic understanding of depression to ensure the fullest, quickest recovery.

More than a Case of the Blues

It’s important to distinguish between normal feelings of sadness we all occasionally experience and what mental health professionals refer to as clinical depression.



Clinical depression refers to several serious conditions that are not related to occasional periods of dejection or even the intense feelings of grief that life brings to everybody at one time or another.

Depression takes many different forms, each of which varies from person to person. In general, though, clinical depression is referred to as either “major depression” (the “sad” kind), or “manic-depression” (the “up-and-down” kind).

What Causes Clinical Depression?

Not everyone agrees on what specifically causes these conditions (also known as depressive disorders), but scientists do know that they're not caused by personal weaknesses, bad parenting, or other factors falsely attributed them.

In fact, leading theories indicate that the causes are mostly biological in nature, as with cancer, diabetes, and other major illnesses.

Biological factors that are believed to contribute to the development of depressive disorders include heredity (some people maybe have a gene or genes that predispose them to a depressive disorder) and chemical imbalances (some people's brains may not have the appropriate balance of chemicals needed to process behavioral information).

It's believed that in some cases, a stressful situation can bring these inherited traits and/or chemical imbalances to the forefront and change a person's behavior in much the same way stress is known to play a role in heart disease or other medical problems.

What are the Symptoms of Clinical Depression?

As with any other illness, clinical depression has recognizable symptoms. These vary from person to person, and not all people with depression have all the symptoms. In general, though, this list of symptoms gives a pretty clear idea as to whether you or someone you know has clinical "major" depression:

- Persistent (more than several weeks) sad, anxious, or "empty" mood
- Feelings of hopelessness or pessimism
- Loss of pleasure or interest in ordinary activities, such as sex
- Problems with sleep (insomnia, early-morning waking, or oversleeping)
- Eating disturbances (loss of appetite or overeating)
- Decreased energy, fatigue
- Restlessness, irritability
- Difficulty concentrating, remembering, or making decisions
- Inappropriate feelings of guilt
- Thoughts of death or suicide (these should always be taken seriously)

Occasionally, the symptoms of depression masquerade as persistent physical ailments, such as headaches, digestive problems, or chronic pain. If your family doctor can't find a specific health problem that might be causing these ailments, consider seeing a mental health professional for an evaluation.

Other people have a depressive disorder that involves something called mania, giving rise to the name “manic-depressive” illness. Because clinical depression is often associated only with feelings of sadness or listlessness, symptoms of manic-depressive illness can go unrecognized. These symptoms include:

- Inappropriate elation
- Insomnia
- Unrealistic notions or self-attitudes
- Dramatically increased talking, fidgeting, or sexual activity
- Racing thoughts
- Inability to make decisions
- Inappropriate social behaviors

You, a friend, or someone in your family may have clinical depression and not even realize it. Sometimes, the very nature of the disorder can interfere with the ability to get help. Help is available. If you or someone you know shows the symptoms listed on this fact sheet, consider getting help from a mental health professional.

Where to Get Help

Contact these organizations for additional information:

National Mental Health Association
1021 Prince St., Alexandria, VA 22314
(800) 969-NMHA

National Alliance for the Mentally Ill
2101 Wilson Blvd., Suite 302
Arlington, VA 22201
(703) 524-7600

*National Depressive and Manic-
Depressive Association*
730 North Franklin, Suite 501
Chicago, IL 60610
(312) 642-0049

*Depression/Awareness, Recognition and
Treatment Program (D/ART)*
National Institute of Mental Health
5600 Fishers Lane, Room 14C-02
Rockville, MD 20857
(301) 443-4140

*National Foundation for Depressive
Illness*
P.O. Box 2257
New York, NY 10116-2257

Recognizing Depression

The National Mental Health Association developed this fact sheet to provide basic information on the symptoms and various terms associated with depressive disorders.

Recognizing Depression as a Serious Health Problem

Attitudes play an important role in determining whether the warning signs of depression are recognized. The idea that depression comes from a personal weakness or lack of will power is still common. Outdated views such as these can make it difficult for someone to acknowledge the symptoms of clinical depression as the warning signs of a serious illness, and to get the necessary help for it.

By learning more about depressive disorders and their symptoms, people can recognize situations (with themselves or people they know) that call for help from a mental health professional.

Different Types of Depression

Depression is used to describe several different types of disorders, and scientists use many different (and sometimes complicated) systems to classify them according to their symptoms, severity, causes, and other characteristics. The important thing to know is that depression can take many forms, affecting each person differently, and that some depressive disorders have symptoms that are very different from the “sad” behavior we normally associate with depression. To simplify things as much as possible, depressive disorders can generally be divided into two categories: depressive illnesses and manic-depressive illnesses.



Things to Remember

- Depression is an illness, not a personal weakness
- The symptoms of depression are recognizable
- Treatment is available

Checklist for Depressive Illness

Check any symptoms below you or someone you know has experienced for more than two weeks.

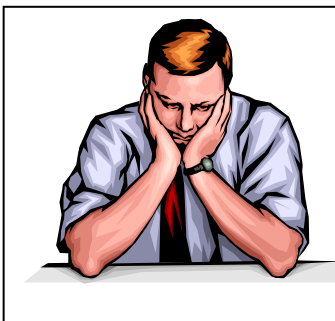
- Sad, anxious, or “empty” mood
- Loss of interest or pleasure in ordinary activities, including sex
- Decreased energy, fatigue, feeling “slowed down”
- Sleep problems (insomnia, oversleeping, etc.)
- Eating problems (loss of appetite, overeating)
- Difficulty concentrating or remembering
- Inappropriate feelings of guilt or worthlessness
- Irritability
- Recurring aches and pains
- Thoughts of death or suicide

Checklist for Manic-Depressive Illness

These symptoms usually appear in periods that alternate with episodes of symptoms on the list above. Again, consider seeing a mental health professional if four or more persist for more than two weeks.

- Excessively “high” mood
- Decreased need for sleep
- Increased energy
- Increased talking, moving, sexual activity
- Racing thoughts
- Disturbed ability to make decisions
- Overconfidence; grandiose notions
- Being easily distracted

Depression and Other Illnesses



Sometimes depression can look like other illnesses with symptoms such as headaches, backaches, joint pain, stomach problems, and other physical ailments. People with depression often focus on these symptoms because they are easier to describe than feelings of sadness, anxiety, or tiredness.

Some signs of depression—such as memory lapse and difficulty concentrating—can mimic other disorders or medical problems,

while other problems such as alcoholism and substance abuse may actually indicate an attempt to self-medicate a depressive disorder. It's always important to have a thorough medical examination to rule out other disorders before beginning treatment for depression.

Treatment is Available

Depression won't go away by itself, but in most cases there is effective treatment available—treatment that in many cases can relieve symptoms in a few weeks. Treatment usually comes in the form of medication, psychotherapy, or a combination of both.

Medication is used to alter brain chemicals to improve mood, sleep, energy levels, and concentration. Different people need different medications, and some need more than one to treat their depression. Psychotherapy also comes in many forms: cognitive therapy aims to help the patient recognize and change negative thinking patterns that can make their disorder worse; while interpersonal therapy focuses on helping the person deal more effectively with other people, because good relationships can help reduce the problems associated with depression.

Where to Get Help

Many different types of professionals in different settings can help treat depression. The list of national organizations can also provide information on what's available in your community as well as additional information on depressive disorders.

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National Mental Health Association
1021 Prince St., Alexandria, VA 22314
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Causes of Depression

The National Mental Health Association developed this fact sheet to provide basic information on what's known about the causes of clinical depression. The information has been adopted from Depressive Illness: Treatments Bring New Hope, a booklet from the US Department of Health and Human Services.

A Combination of Causes

Most scientists believe that this cause of clinical depressive disorders is related to at least three factors: genetics, biochemistry, and life events. Although the exact role played by these factors is not yet fully understood, substantial progress has been made in treating the symptoms, offering hope for at least 80 percent of those with a depressive disorder.

Genetic Factors

Studies of families with histories of high rates of depression have led scientists to conclude that vulnerability to the illness could be inherited, or passed on through the genes from one generation to another.

Recently, direct evidence of genetic vulnerability to a serious form of depression, called manic-depressive illness, has been found: family members with the disorder were shown to have genes different (in a specific area of the cell) than those who were not ill. The illness may serve as an indication of a genetic abnormality that causes the illness. For this reason, the genes are called “genetic markers.”

Long before sophisticated gene-mapping techniques provided evidence for genetic vulnerability, research with twins indicated that inheritance plays a role. Scientists have shown that if one identical twin suffers from depression, there is a 70 percent likelihood that the other will also be affected. Among non-identical twins, however, the risk decreases to about 25 percent.



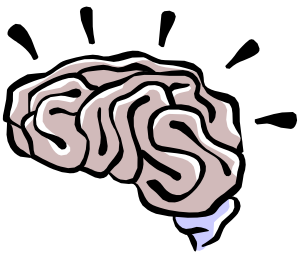
Since identical twins have all their genes in common, and non-identical twins have only half their genes in common (as in siblings), the rates attest to genetic involvement.

Biochemical Factors

Almost 30 years ago, scientists observed that certain medications had strong mood-altering properties. The implications of these observations—that mood disorders such as depression could be a function of biochemical disturbance—prompted clinical and laboratory studies that revolutionized the concept and treatment of mental illness.

Since then, several types of medication have been developed and successfully used to treat the symptoms of depression, with new ones being developed and tested regularly.

How these medications work is being intensively studied. Central to most theories is the role of neurotransmitters—“chemical messengers”—that convey electrical signals from one nerve cell to another. This chemical signaling sets in motion complex interaction in the nervous system that affects behavior, feelings, and thought.



It's now believed that depressive and manic episodes are associated with improper functioning of particular neurotransmitters. Originally, it was thought that depression was caused by deficits in two such neurotransmitters—norepinephrine or serotonin—at critical locations in the nervous system, and that mania was caused by an excess of these neurotransmitters. More recently, it has become evident that a third transmitter, dopamine (and possibly others), may also be involved in mood disorders. It's not yet known whether these “biochemical disturbances” arise on their own or whether they're caused by some combination of stress, trauma, genetics, and other conditions.

Life Events

Personal losses, financial problems, physical illness, midlife crises, sex role expectations, and “psychosocial” phenomena such as personality, upbringing, and negative thinking styles have been cited as contributors to depressive illness. These factors, arising outside the body and brain, are often called “environmental” factors.

Any change, serious loss, or stress—divorce, the death of a loved one, the loss of a job—can trigger depressive feelings. In most cases, such feelings are temporary, but some people—who may have a pre-existing genetic or biochemical vulnerability—develop a depressive illness.

Trying to sift apart the environmental, biological, and genetic causes of depressive illnesses is extremely complex. Confusion about terms—depressive *feelings* vs. depressive *illness*—add to the problems.

For example, depressive feelings and demoralization are certainly more common among the poor, the deprived, and those lacking social supports. Yet it's not clear whether depressive illnesses are more prevalent among victims of such environmental stressors.

On the other hand, studies show that women are at greater risk than men for major depression at every age. In contrast, manic-depressive illness—much less prevalent than major depression—occurs about as frequently in men as in women. Whether this is because the biochemistry of women is different than men, or because they're subject to more environmental stress, or for some other reason, is not yet known.

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Fact Sheet on Depression

What is Depression?

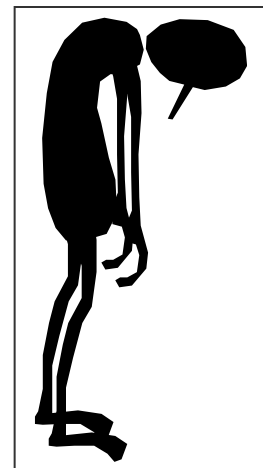
- Depression is a common and sometimes serious disorder of mood that is pervasive, intense, and attacks the mind and body at the same time.
- Depression may be associated with an imbalance of chemicals (neurotransmitters) in the brain that carry communications between nerve cells that control mood and other basic bodily functions.
- Other factors may also come into play, such as negative life experiences such as stress, illnesses, medicines, and certain personality traits and genetic factors.

Types of Depression

- Major depression is a common type of depression and is characterized by at least five of the key symptoms (see list below).
- Dysthymia is a milder, chronic form of depression that lasts two years or more.
- Bipolar depression is the depressive phase of manic-depressive illness (bipolar disorder), in which there are both extreme highs and extreme lows of mood. Bipolar depression symptoms are similar to those of major depression and may involve excessive sleep and appetite with very low energy.
- Seasonal Affective Disorder is a type of depression that follows seasonal rhythms, with symptoms occurring in the winter months and diminishing in spring or summer, and can occur in major depression or bipolar disorder.

Symptoms of Depression

- Persistent sad or empty mood
- Loss of interest or pleasure in ordinary activities
- Changes in appetite or weight
- Inability to sleep or oversleeping
- Restlessness or sluggishness
- Decreased energy or fatigue
- Difficulty concentrating or making decisions
- Feelings of guilt, hopelessness, or worthlessness
- Thoughts of death or suicide



The Extent of the Problem

- Between 17 and 20 million Americans each year develop some form of depression.
- One out of every five adults may experience a depression at some point in their lives.
- Only a small minority of people suffering from depression are accurately diagnosed and receive treatment.

Treatment for Depression

- More than 80% of people with depression improve with treatment within several months, although it may be necessary to try multiple forms of treatment until the right ones are found.
- Antidepressant medications may take several weeks to be effective.



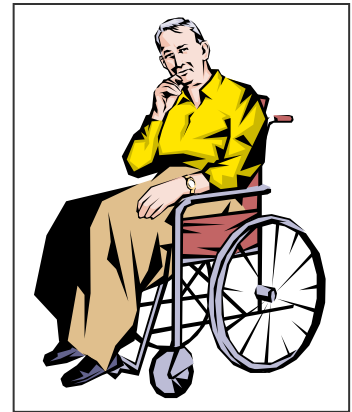
- Psychotherapy, sometimes called talking therapy, is aimed at helping the person develop new ways of thinking, improving relations with other people, or resolving current conflicts or those remaining from childhood.
- Electro convulsive therapy (ECT), contrary to popular mythology, is a very safe and effective form of treatment. It is generally used for individuals with severe depression and for patients who cannot tolerate medication because of a medical condition or are at high risk for suicide.
- Self-help groups can provide a supportive environment for individuals with depression, their family and friends.

Economic and Social Costs of Depression

- Depression costs nearly \$50 billion annually in the United States alone.
- \$24 billion is comprised of lost productivity and worker absenteeism.
- Treatment for depression reduces overall costs by reducing hospitalizations, medical expenses, and disability.
- By the year 2020, unipolar major depression will be the second most burdensome illness in the world in terms of lost years of healthy life.
- Depression has been linked with increases in risk, severity, and mortality of cancer and heart disease.
- Heart attack survivors and those with congestive heart failure with major depression have 304 times greater risk of dying within six months than those who do not suffer from depression.

Depression and Seniors

- Depression symptoms occur in approximately 15 percent of community residents over age 65, with an even higher prevalence in nursing home residents.
- Chronically depressed seniors have an 88% higher risk of contracting all forms of cancer than do non-depressed seniors.
- Concurrent medical conditions and early dementia can compromise accurate recognition of depression in seniors.
- Common medical illnesses associated with late-life depression include cancer, Parkinson's disease, heart disease, stroke, and Alzheimer's dementia.
- A third of widows/widowers meet criteria for a major depressive episode in the first month after death, and half of these remain clinically depressed one year later.



Adolescent and Child Depression

- As many as one in 33 children and one in eight adolescents may have clinical depression.
- Children who are depressed may not show outward signs of being sad, but may spend a great deal of time alone and talk of death or suicide.
- Early onset of major depression (first episode prior to age 20) is associated with a greater likelihood of a more recurrent pattern in adulthood and with development of manic depression.
- Children of parents with a history of major depression or bipolar disorder are at markedly higher risk for major depression, including prepubertal onset illness.

Depression and Women

- Twice as many women as men suffer from depression; however, the risk for bipolar disorder is similar in men and women.
- The difference in the incidence of depression between women and men begins to appear in adolescence and becomes more pronounced with age.
- There is some evidence that married women and those who stay home with small children have higher rates of depression.
- Exercise is often suggested for women (and men) who feel depressed because it may elevate certain mood-elevating chemicals in the blood and can contribute to a feeling of well-being, self-discipline, control, and positive self-esteem.

Depression and Suicide

- Major depression and bipolar disorder are the psychiatric diagnosis most commonly associated with suicide.
- About two-thirds of people who complete suicide have a depressive disorder at the time of their deaths.
- Suicide is the ninth leading cause of death in the US, claiming approximately 30,000 lives each year.
- Each year, almost 5,000 young people, ages 15-24, kill themselves.
- Suicide rates among youth have increased more than 300% since the 1950's.
- Four times as many men kill themselves, as do women, but three to four times as many women attempt suicide as do men.

Additional Information

- Call 1-800-573-4433 or visit www.nmisp.org

Co-Occurrence of Depression with Stroke

Awareness and Treatment Can Improve Overall Health and Reduce Suffering

Facts on Depression After a Stroke

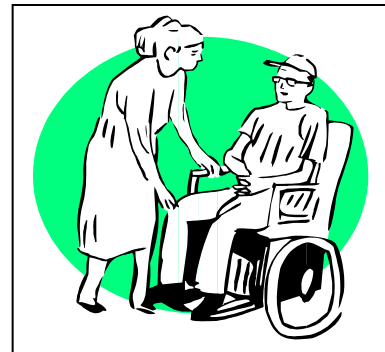
There are currently about 3 million stroke survivors in the US, and each year an additional 400,000-550,000 people will suffer a stroke. Clinical depression affects about 10 percent of the general population and is significantly more common in stroke survivors, occurring in between 10-27 percent of them. Unfortunately, the co-occurring depression is often unrecognized. However, treating post-stroke depression can improve patient health in several ways.

The average duration of major depression in stroke patients is just under a year. An additional 15-40 percent of stroke survivors will have some of the symptoms of depression within two months following the stroke.

Early diagnosis and treatment of co-occurring depression are important because this second illness interferes with rehabilitation and family relationships, and reduces quality of life.

Treating Depression Has Many Benefits

Studies show that post-stroke patients who are depressed, particularly those with major depression, are less compliant with treatment, are more irritable and demanding (making care and rehabilitation more difficult), and may experience personality changes that disrupt family relationships. Research also shows that treating depression can shorten rehabilitation time, leading to more rapid recovery and resumption of routine. Treatment may also reduce health costs, for example, by shortening or avoiding nursing home stays.



Depression is Often Undiagnosed and Untreated

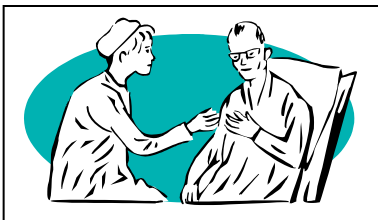
Depression in stroke survivors goes unrecognized for several reasons. If symptoms are not assessed for their severity and duration, they may be dismissed as the temporary low mood that is a common reaction to stroke. Or some of the depressive symptoms may be

attributed to injury from the “brain attack,” which can also impair memory, concentration, and attention. Finally, because three-fourths of strokes occur in people aged 65 and older, depression may be mistakenly viewed as a normal part of aging. Careful evaluation can overcome these diagnostic hurdles and if depressive illness is present it should be treated.

Risk Factors

Factors that contribute to depression following a stroke are: the location of the brain lesion, previous or family histories of depression, and having had difficulties with social functioning prior to the stroke.

Effective Treatment for Depression



With treatment, up to 80% of depressed people can improve, usually within weeks. Treatment includes medication, psychotherapy, or a combination of both. The severity of the depression, the other conditions present, and current medical therapies being used must be considered to determine the appropriate treatment.

- Antidepressant medications
 - Several types of antidepressant medication are effective, and none of them are habit-forming. Most side effects can be eliminated or minimized by adjustment in dosage or type of medication, so it is important for patients to discuss all side effects with the doctor.
 - Also, because individual responses differ, several trials of medicine may be needed before an effective treatment is found. In severe depression, medication is usually required and is often enhanced by psychotherapy.
- Psychotherapy
 - Cognitive/Behavioral Therapy and Interpersonal Therapy have also been shown to be effective in treating depression. These short-term (10-20 weeks) treatments involve talking with a therapist to recognize and change behaviors, thoughts, or relationships that cause or maintain depression and to develop more healthful and rewarding habits.

- Electro convulsive therapy
 - Electro convulsive therapy is a safe and often effective treatment for severe depression. It may be of particular use for patients who cannot take antidepressant medication because they are taking certain cardiac medicines.

The Path to Healing

Depression can be overcome through recognition of symptoms, and evaluation and treatment by a qualified professional. Stroke survivors, their loved ones, and their physicians should be alert for the symptoms of depression and seek an evaluation when indicated.

If depression is diagnosed, family and friends can help further by encouraging the depressed person to remain in treatment. Participating in a support group may be a helpful addition to treatment.

What is D/ART?

As part of the National Institute of Mental Health, the Depression Awareness, Recognition, and Treatment program develops educational materials and conducts public and professional education activities at federal, state, and local levels, and with business and profession groups.

Additional Information

For more information and free brochures, call 1-800-421-4211.