



## GRAVES' DISEASE & THYROID FOUNDATION

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# Unmasking and Dealing with Depression - I

By James W. Jefferson, M.D. and John H. Greist, M.D.

### **Bringing depression out into the open**

When you think of depression, you may think of “feeling blue” or “being down in the dumps.” These feelings certainly are a part of depression for most people. But for others, depression may be hidden beneath other symptoms that seem to have nothing to do with “the blues.”

Perhaps you suspect that you have depression, but just aren't sure. Perhaps a family member, friend, or even your doctor has suggested that you might be depressed. This bulletin was written to help you recognize and understand some of the less obvious symptoms of depression so that you can feel more comfortable discussing the way you feel with your doctor.

Sometimes it's difficult to take the first step and talk to someone about depression. But there's no reason to feel

embarrassed or ashamed. Depression is not a sign of weakness; it is a disorder that responds well to various treatment programs. You might be surprised at how soon you could be feeling better.

On the following pages of this bulletin you'll find a questionnaire that might help bring some of your “hidden” symptoms out into the open. Filling it out could make it easier to explain what's been bothering you to your doctor.

### **A quick look at the facts**

More people are affected by depression than you might think. In fact, in the United States alone, 5% of the population may have major depression at any given time. Researchers believe that between 10% and 25% of all people in the United States will experience a major depression at some time in their lives.

Depression strikes people of all nationalities, backgrounds, ages, and lifestyles. Some of the possible causes that researchers have suggested are genetic (inherited) factors, various life events and stresses, and “chemical imbalances” in the body.

But depression is almost always caused by a combination of factors in a person's life. Sometimes it may be possible to pinpoint a certain life event that may have set off a depression. But for other people, depression seems to strike for no reason at all, even when life is going well.

Fortunately, early recognition and treatment programs seem to decrease the length and severity of depressive episodes for most people.

### **Some of the ways depression can be “masked”**

Feelings of sadness or unhappiness are, of course, common symptoms of

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depression. But as we've mentioned, some of the other aspects of depression may be difficult to recognize for what they really are.

Someone might, for example, have chronic aches and pains or digestion problems that just can't be explained. Another may feel tired all the time, yet be unable to sleep. Some people oversleep; some overeat. Still others begin to lose weight, finding they have no appetite at all for their favorite foods. Various combinations of these physical effects are also common.

Symptoms of depression that show up as changes in bodily functions are known as *somatic* or physical effects. Let's take a closer look at some of them.

*Fatigue.* Do you feel tired most of the time? People who are depressed often do, no matter how many hours of sleep they get. The fatigue and loss of energy that come with depression are seldom relieved by sleeping.

To make matters worse, many depressed people are troubled by insomnia. They may have difficulty falling asleep or staying asleep, or they may wake too early in the morning and be unable to get back to sleep.

On the other hand, some depressed people find they want to sleep all the time. But no matter how much sleep they get, they still feel exhausted. You may have heard of the disabling condition known as "chronic fatigue syndrome."

Researchers are still debating the possible causes and treatments, but some believe that in certain cases, chronic fatigue syndrome may be related to depression. For these people, treatment for depression can be effective.

Fatigue and lack of energy can complicate other problems depressed people have, such as loss of interest in formerly pleasurable activities, including sex.

*Appetite changes.* Most commonly, people who are depressed lose appetite and weight. Some people, however, experience an increase in appetite and a consequent weight gain; this is less common but does occur.

*Chronic pain and other unexplained health changes.* Depression can make itself known through persistent, recurrent headaches, backaches, or stomachaches that seem to have no cause. Unexplained pains may appear, migrate from one side

of the body to the other, and disappear when depression lifts. Depressed people also commonly complain of a range of problems with the digestive system, including dry mouth, nausea, constipation, and, less commonly, diarrhea.

### **Worrying and irritability: other commonly overlooked symptoms**

Being constantly worried, anxious, or concerned over everyday matters doesn't mean you're "just a worry wart" – it could mean you're depressed. Depressed people frequently have persistent negative thoughts about their lives and the future. Anxiety, which is defined as a sense of dread that something terrible yet unknown will happen, is common with depression and can be extremely troubling. Exaggerated fears about specific situations (phobias) can occur as well.

Increased irritability with family members, coworkers or others is another often-missed sign of depression.

Problems with memory and concentration are also common.

**Test yourself to see if you have symptoms of depression**

The following questionnaire, known as “The Wakefield Questionnaire,” has been included here to help you become more familiar with some signs and symptoms of depression that you may have overlooked.

Of course, only your doctor can diagnose depression.

You may wish to bring the completed questionnaire to show your doctor if you feel that this would make it easier to explain what’s bothering you.

The questionnaire contains groups of statements. Carefully read each group of statements; then circle the number in front of the statement that best describes how you are feeling. Make sure you pick the statement that describes how you are feeling now, not how you were feeling or how you hope to feel in the future.

A. I feel miserable and sad.  
(0) No, not at all  
(1) No, not much  
(2) Yes, sometimes  
(3) Yes, definitely

B. I find it easy to do the things I used to do.  
(0) Yes, definitely

(1) Yes, sometimes  
(2) No, not much  
(3) No, not at all

C. I get very frightened or panicky feeling for apparently no reason at all.  
(0) No, not at all  
(1) No, not much  
(2) Yes, sometimes  
(3) Yes, definitely

D. I have weeping spells or feel like it.  
(0) No, not at all  
(1) No, not much  
(2) Yes, sometimes  
(3) Yes, definitely

E. I still enjoy the things I used to.  
(0) Yes, definitely  
(1) Yes, sometimes  
(2) No, not much  
(3) No, not at all

F. I am restless and can’t keep still.  
(0) No, not at all  
(1) No, not much  
(2) Yes, sometimes  
(3) Yes, definitely

G. I get off to sleep easily without sleeping tablets.  
(0) Yes, definitely  
(1) Yes, sometimes  
(2) No, not much  
(3) No, not at all

H. I feel anxious when I go out of the house on my own.  
(0) No, not at all  
(1) No, not much  
(2) Yes, sometimes

(3) Yes, definitely

I. I have lost interest in things.  
(0) No, not at all  
(1) No, not much  
(2) Yes, sometimes  
(3) Yes, definitely

J. I get tired for no reason.  
(0) No, not at all  
(1) No, not much  
(2) Yes, sometimes  
(3) Yes, definitely

K. I am more irritable than usual.  
(0) No, not at all  
(1) No, not much  
(2) Yes, sometimes  
(3) Yes, definitely

L. I wake early and then sleep badly for the rest of the night.  
(0) No, not at all  
(1) No, not much  
(2) Yes, sometimes  
(3) Yes, definitely

*Scoring the test.* Add up the circled numbers for all twelve questions. If your score is 15 or higher, it is recommended that you show the test to your doctor and ask him or her to evaluate you for depression. Even if you did not score that highly on the test and still suspect you are depressed, tell your doctor. Some people with normal scores on depression questionnaires are actually severely depressed and benefit dramatically from a treatment program. And please – if you develop thoughts of harming

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yourself or others – tell your doctor right away.

**An important next step:  
talk to your doctor**

Fortunately, depression is a condition that responds extremely well to treatment. A variety of effective treatment programs are available, and researchers are currently working on new ones.

But first, the single most important step you can take is to tell your doctor that you suspect you are depressed. Your primary care doctor is a good person to talk to first, because he or she already knows a good deal about your history and your health.

Bring along the questionnaire you completed if you think that this will make it easier to explain how you are feeling. Together you and your doctor can determine whether or not you have depression. Then the two of you can decide on an appropriate treatment program.

**You don't have to learn to live with it**

Many treatment options are available for depression. But first, there's a simple but important step to take: talking to your doctor. Once your doctor has taken depression

into consideration, it is usually easy to confirm or rule out the disorder. Relief from what's bothering you could be right around the corner.

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