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Unmasking and Dealing with Depression - II

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Taking steps toward recovery

A diagnosis of depression may answer some of your questions about the way you've been feeling, but it probably raises many more. What causes depression? Who is affected? How is depression treated?

This bulletin was written to answer some of these questions, and also to offer you encouragement. With the help of your doctor, you should soon be on the road to recovery.

You may wish to share the information in this booklet with others who are close to you, such as family members. In a very real way, they are going through your depression with you and are in a good position to offer help and support.

Talking to your doctor is very important

You've taken an important step toward overcoming depression by going to your doctor for help. Depression is a condition that responds well to a treatment program. Together, you and your doctor can decide upon the treatment program that is best for you.

Many depressed persons do require a treatment program of some kind. People may expect that you can just "snap out of it," but this is rarely possible.

It's important to understand that depression is not "your fault," and that there's no reason to feel ashamed. Depression is a disorder, like pneumonia, not a sign of weakness or lack of willpower. You wouldn't feel embarrassed about seeking treatment for pneumonia so don't be embarrassed about seeking treatment for depression.

Who is affected?

You're certainly not alone. Depression is more common than you might imagine: it affects persons of all ages and races, from all around the world, in all walks of life. Studies in the United States have shown that at any given time, about 5% of the population can be diagnosed as having major depression. At least 10% of Americans will experience a major depression at some point in life – and some researchers place this figure as high as 25%.

Those who have already had one bout of serious depression may experience an average of five episodes over the course of their lives. This does not hold true for everyone, of course. Some people will have only one episode, while others will have more. Fortunately, early treatment can decrease the duration and severity of depression for most sufferers.

What, exactly, is depression?

When we use the term *depression* in this booklet, we are referring to depressive disorders of a significant severity and duration, with specific symptoms.

Everyday, temporary “blues” or sadness are not depression; nor is the normal grief caused by the death of a loved one. People with the blues or normal grief may experience short-term symptoms of depression, but in general continue to function almost normally and soon recover without treatment.

What are the major symptoms?

The kind of depression that requires treatment affects a person’s mood, thinking, bodily functions, and behavior in many ways.

Mood in depression is nearly always sad, blue, or worried, although irritability is also common. Even if a person does not seem to be depressed, however, he or she may show loss of interest or pleasure in things or activities that once gave pleasure.

Depressed thinking often takes the form of negative thoughts about oneself, the present, and the future.

Depressed people may have difficulties with concentration and memory, and often have trouble making decisions. Feelings of worthlessness and hopelessness may occur as depression becomes more severe. People who feel that life is just no longer worth living often have thoughts of suicide.

Anxiety, a sense of dread that something unspecified but terrible is going to happen, often accompanies depression. Phobias, or fears about specific situations, may also develop.

Bodily functions can be disrupted in many ways. Loss of appetite and weight is common, although increased appetite with weight gain occurs in some people.

Depression can interfere with sleep, usually causing insomnia that ranges from difficulty falling asleep, or staying asleep, to early morning awakening with inability to get back to sleep. Some people, however, feel like sleeping all the time. No matter how much sleep they get, depressed persons are often fatigued and lack energy, and frequently lose interest in sex.

Dry mouth, nausea, constipation, or diarrhea may occur, and some even

experience unexplained pains in different parts of the body.

Behavior changes related to mood, thinking, and bodily functions can greatly affect a depressed person’s ability to carry out everyday activities. Some are unable to dress, eat, or work. Others, however, may feel very depressed but continue to function normally at work. Some are able to “put on a smile” to cover their feelings; others may cry a great deal.

The most extreme example of depressed behavior is, of course, suicide. Tell your doctor immediately if you develop thoughts of harming yourself or others.

What causes depression?

Just as depression takes many different forms, it has many possible causes. In fact, depression is almost always caused by a combination of factors.

But why does one person become depressed while another remains unaffected? There’s no clear answer. For each person there is a complex, individual pattern of factors that work together to either allow or prevent depression at any given time.

Sometimes it is possible to point to a specific event that

seems to have triggered a depression. But other times depression comes on for no apparent reason, even for individuals whose lives are going well. Let's take a look at some possible reasons.

External events. Loneliness resulting from relationship difficulties may contribute to depression. So can financial worries, legal problems, retirement, or other stresses. Grief due to the death of a loved one may, but usually does not, progress to full-blown depression.

Genetics. Researchers now realize that inherited factors are important. In other words, having close relatives who have had depression means that you are more likely to become depressed. People with a genetic susceptibility may be more vulnerable to depression when something upsetting happens.

Physiological or "biochemical" factors. One particularly interesting area of research today involves the "biochemistry of depression." Depression is believed to be caused by an imbalance of brain chemicals called neurotransmitters. In other words, when the functioning of certain neurotransmitters is disturbed, depression can occur.

Another contributing physiological factor can be medical illness, including strokes, Cushing's disease, and thyroid problems. Various medications, such as treatments for high blood pressure, birth control pills, and steroids (like cortisone), have also been implicated. Last but not least, alcohol and other commonly abused substances take their toll.

What's the best treatment program for depression?

Today there are a number of very effective treatments for depression. Some currently available treatments are antidepressant medications, psychotherapy, and electroconvulsive therapy. Choosing the right treatment for you is an individual process that will depend not only on the severity of your depression, but on your preferences and those of your doctor.

Experts agree that depression should be treated when it causes prolonged interference with social and work activities, interpersonal relationships, and day-to-day functioning. Most also feel that treatment should be considered when personal distress becomes severe, even if the depressed person still appears to be functioning adequately.

Will antidepressant medications help?

Antidepressants can play an extremely important role in the treatment of depression. If your doctor chooses to prescribe an antidepressant, there is an excellent chance that the first one prescribed will work for you. If it doesn't, there are a wide variety of other antidepressant medications that may be helpful.

In general, antidepressant medications work by increasing the supply of neurotransmitters in the brain in order to restore the chemical balance.

Antidepressant medications fall into a number of different general categories.

Tricyclic antidepressants and the *monoamine oxidase inhibitors* (MAOIs) make up two main classes. Lithium is primarily used for a particular kind of depression associated with "manic-depressive disorder," a condition characterized by wide mood swings both above (mania) and below (depression) the range of normal mood.

Both tricyclic and MAOI antidepressants are effective for treating depression, but, as with all medications, the benefits can be accompanied by unwanted side effects. These may include dry mouth,

drowsiness, weight gain, blurred vision, constipation, and dizziness upon standing. MAOIs can also cause potentially dangerous high blood pressure unless certain foods and medications are avoided.

The recently introduced selective serotonin reuptake inhibitors are newer antidepressants that have a selective action leading to a different product profile than those just mentioned.

The new selective serotonin reuptake inhibitor antidepressants appear to have a similar level of effectiveness compared to the older medications. The side effects most commonly caused by these medications include nausea and diarrhea or loose stools, tremor, and insomnia.

Some of the side effects of antidepressants are troublesome. If they are intolerable for you, your doctor may wish to prescribe a different medication.

How about psychotherapy?

Psychotherapy, or “talk therapy,” may be appropriate for depression that requires treatment. It can be helpful either by itself or in combination with other treatment. For some people suffering from mild

depression, psychotherapy may be the only treatment needed.

During psychotherapy, the therapist and patient talk about past and present experiences that seem important to the patient. They explore relationships and personal goals that affect the patient’s life, and discuss associated thoughts, feelings, and behaviors. One of the most beneficial aspects of psychotherapy is that it provides support to the patient during a very difficult time.

Numerous types of psychotherapy are available; not all of them have been proven effective. Some of the more useful ones are those known as *supportive*, *cognitive*, *behavioral*, and *interpersonal* psychotherapies. Your doctor will be able to recommend one that may be appropriate for you.

What does the future hold?

In terms of new treatments, the future looks bright.

Researchers are currently at work on a number of experimental therapies that may prove to be very exciting. These include exercise, light, and sleep deprivation therapies.

Of course, as mentioned earlier, effective new antidepressants are now available.

The most important future improvement is likely to be the improvement in your own health. As you follow the treatment program that you and your doctor have chosen, you’ll find yourself following the road to recovery.

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