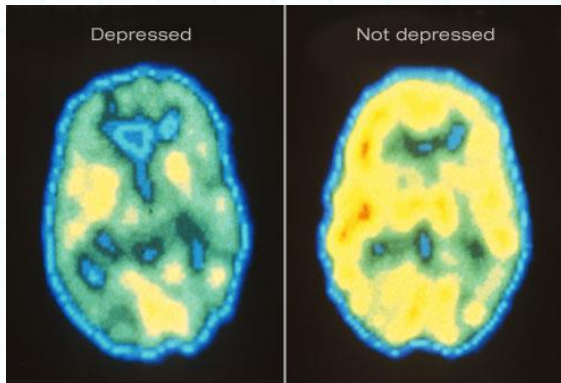


Depression



Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being. People with depressed mood can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, ashamed or restless. They may lose interest in activities that were once pleasurable, experience overeating or loss of appetite, have problems concentrating, remembering details or making decisions, and may contemplate, attempt or

commit suicide. Insomnia, excessive sleeping, fatigue, aches, pains, digestive problems or reduced energy may also be present.

Depressed mood is a feature of some psychiatric syndromes such as major depressive disorder, but it may also be a normal reaction to life events such as bereavement, a symptom of some bodily ailments or a side effect of some drugs and medical treatments.

Types of depression

There are several forms of depression (depressive disorders). Major depressive disorder and dysthymic disorder are the most common.

- **Major depressive disorder (major depression)**

Major depressive disorder is also known as major depression. The patients suffer from a combination of symptoms that undermine their ability to sleep, study, work, eat, and enjoy activities they used to find pleasurable.

Experts say that major depressive disorder can be very disabling, preventing the patient from functioning normally. Some people experience only one episode, while others have recurrences.

- **Dysthymic disorder (dysthymia)**

Dysthymic disorder is also known as dysthymia, or mild chronic depression. The patient will suffer symptoms for a long time, perhaps as long as a couple of years, and often longer. The symptoms are not as severe as in major depression - they do not disable the patient. However, people affected with dysthymic disorder may find it hard to function normally and feel well.

Some people experience only one episode during their lifetime, while others may have recurrences.

A person with dysthymia might also experience major depression, once, twice, or more often during their lifetime. Dysthymia can sometimes come with other symptoms. When they do, it is possible that other forms of depression are diagnosed.

For a patient to be diagnosed with dysthymia he or she must have experienced a combination of depressive symptoms for at least two years⁷.

- **Psychotic depression**

When severe depressive illness includes hallucinations, delusions, and/or withdrawing from reality, the patient may be diagnosed with psychotic depression. Psychotic depression is also referred to as delusional depression.

- **Postpartum depression (postnatal depression)**

Postpartum depression is also known as postnatal depression or PND. This is not to be confused with 'baby blues' which a mother may feel for a very short period after giving birth.

If a mother develops a major depressive episode within a few weeks of giving birth it is most likely she has developed postpartum depression. Experts believe that about 10% to 15% of all women experience this type of depression after giving birth. Sadly, many of them go undiagnosed and suffer for long periods without treatment and support.

Postpartum depression can start any time within a year of giving birth, according to the National Library of Medicine⁸.

- **SAD (seasonal affective disorder)**

SAD is much more common the further from the equator you go, where the end of summer means the beginning of less sunlight and darkest hours. A person who develops a depressive illness during the winter months might have SAD.

SAD symptoms go away during spring and/or summer. In Scandinavia, where winter can be very dark for many months, patients commonly undergo light therapy - they sit in front of a special light. Light therapy works for about half of all SAD patients. In addition to light therapy, some people may need antidepressants, psychotherapy, or both. Light therapy is becoming more popular in other northern countries, such as Canada and the United Kingdom.

The National Health Service⁹, UK, suggest that sunlight may stimulate the hypothalamus, a part of the brain that controls sleep, appetite and mood.

- **Bipolar disorder (manic-depressive illness)**

Bipolar disorder is also known as manic-depressive illness. It used to be known as manic depression. It is not as common as major depression or dysthymia. A patient with bipolar disorder experiences moments of extreme highs and extreme lows. These extremes are known as manias.

Causes Of Depression

There are a number of factors that may increase the chance of depression, including the following:

- Past physical, sexual, or emotional abuse can cause depression later in life.
- Certain medications. Some drugs, such as Accutane (used to treat acne), the antiviral drug interferon-alpha, and corticosteroids, can increase your risk of depression.
- Conflict. Depression in someone who has the biological vulnerability to develop depression may result from personal conflicts or disputes with family members or friends.
- Death or a loss. Sadness or grief from the death or loss of a loved one, though natural, may increase the risk of depression.
- Genetics. A family history of depression may increase the risk. It's thought that depression is a complex trait that may be inherited across generations, although the genetics of psychiatric disorders are not as simple or straightforward as in purely genetic diseases such as Huntington's chorea or cystic fibrosis.
- Major events. Even good events such as starting a new job, graduating, or getting married can lead to depression. So can move, losing a job or income, getting divorced, or retiring.
- Other personal problems. Problems such as social isolation due to other mental illnesses or being cast out of a family or social group can lead to depression.
- Serious illnesses. Sometimes depression co-exists with a major illness or is a reaction to the illness.
- Substance abuse. Nearly 30% of people with substance abuse problems also have major or clinical depression.

Symptoms Of Depression

Depression varies from person to person, but there are some common signs and symptoms. It's important to remember that these symptoms can be part of life's normal lows. But the more symptoms you have, the stronger they are, and the longer they've lasted—the more likely it is that you're dealing with depression. When these symptoms are overwhelming and disabling, that's when it's time to seek help.

Signs and symptoms of depression include:

- Feelings of helplessness and hopelessness. A bleak outlook—nothing will ever get better and there's nothing you can do to improve your situation.
- Loss of interest in daily activities. No interest in former hobbies, pastimes, social activities, or sex. You've lost your ability to feel joy and pleasure.
- Appetite or weight changes. Significant weight loss or weight gain—a change of more than 5% of body weight in a month.
- Sleep changes. Either insomnia, especially waking in the early hours of the morning, or oversleeping (also known as hypersomnia).

- Anger or irritability. Feeling agitated, restless, or even violent. Your tolerance level is low, your temper short, and everything and everyone gets on your nerves.
- Loss of energy. Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.
- Self-loathing. Strong feelings of worthlessness or guilt. You harshly criticize yourself for perceived faults and mistakes.
- Reckless behavior. You engage in escapist behavior such as substance abuse, compulsive gambling, reckless driving, or dangerous sports.
- Concentration problems. Trouble focusing, making decisions, or remembering things.
- Unexplained aches and pains. An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.

Treatment of depression

Many people use a combination of treatments, such as medication and psychotherapy. For depression that doesn't respond to standard treatment, non-drug approaches can be effective, either alone or used with other treatments.

Talk Therapy for Depression

Talking with a trained therapist is one of the best treatments. Some people choose to be in therapy for several months to work on a few key issues. Other people find it helpful to continue in therapy for years, gradually working through larger problems. The choice is up to you and your therapist. Here are some common types of therapy:

- Cognitive behavioral therapy helps you see how behaviors and the way you think about things plays a role in your depression. Your therapist will help you change some of these unhealthy patterns.
- Interpersonal therapy focuses on your relationships with other people and how they affect you. Your therapist will also help you pinpoint and change unhealthy habits.
- Problem-solving therapy focuses on the specific problems you face and helps you find solutions.

Medicines for Depression

Medicines are the other key treatment for depression. If one antidepressant doesn't work well, you might try a similar one or a different kind. Your doctor might also try changing the dose. In some cases, he or she might recommend taking more than one medication for your depression. There are now many different antidepressants that your doctor can choose from. They include:

- Selective serotonin reuptake inhibitors (SSRIs). These common medicines include Celexa (citalopram), Lexapro (escitalopram), Paxil (paroxetine), Prozac (fluoxetine), and Zoloft (sertraline). Side effects are generally mild. They include stomach upset, sexual problems, insomnia, dizziness, weight change, and headaches.

- Other serotonergic antidepressants. These include Brintellix (vortioxetine) and Viibryd (vilazodone).
- Serotonin and norepinephrine reuptake inhibitors (SNRIs) This class of medicines includes Cymbalta (duloxetine), Effexor (venlafaxine), Fetzima (levomilnacipran), and Pristiq or Khedezla (desvenlafaxine). Side effects include upset stomach, insomnia, sexual problems, anxiety, dizziness, and fatigue.
- Tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs). These were some of the first medicines used to treat depression. TCAs include amitriptyline (Elavil), desipramine (Norpramin), doxepin (Adapin, Sinequan), imipramine (Tofranil), nortriptyline (Aventyl, Pamelor), and protriptyline (Vivactil). Side effects include stomach upset, dizziness, dry mouth, constipation, tremor, changes in blood pressure, and nausea. MAOIs can cause serious interactions with other medications and certain foods. While they can work extremely well, these drugs are usually reserved for depression that doesn't respond to other medicines that are simpler to take. MAOIs include isocarboxazid (Marplan), phenelzine (Nardil), transdermal selegiline (Emsam), and tranylcypromine (Parnate).
- Other antidepressant medications. Bupropion (Wellbutrin, Aplenzin) is a unique antidepressant option with side effects that are usually mild, including upset stomach, headache, insomnia, and anxiety. Bupropion may be less likely to cause sexual side effects or weight gain than most other antidepressants. Mirtazapine (Remeron) is usually taken at bedtime. Side effects are usually mild and include sleepiness, weight gain, elevated triglycerides, and dizziness. Trazodone (Desyrel) is usually taken with food to lower the chance of stomach upset. Other side effects include drowsiness, dizziness, constipation, dry mouth, and blurry vision.

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