



Feeling Better: Taking Charge of Your Depression

About Depression

Almost everyone has felt depressed at some point. That's why we have so many words to describe depressed feelings. We talk about being sad, blue, down in the dumps. We describe feeling heartbroken, glum, melancholy, forlorn. Or we might be rundown, low, or simply have "the miseries."

Most of the time, these are brief episodes of feeling "down," a natural response to loss, fatigue or the stresses of everyday life. But one in six Americans,² at some point in life, will get more than a case of the blues.

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Depression *is not* a character flaw. *It is not* the result of personal weakness or lack of education. Clinical depression is a medical illness. And it is an equal-opportunity illness, one that affects all kinds of people – young and old, rich and poor, male and female, married, single, and any status in-between. Depression impacts the way you feel, emotionally and physically. It also impacts your thoughts and your behavior, as well as your relationships at home, school, and work.

The good news is that ***depression is treatable***. According to the National Mental Health Association, once depression is recognized, 80 percent of people improve when treated with medication, psychotherapy or a combination of both. Some people find that their depression comes and goes over long periods of time. Still other people find that their depression is chronic, and it may never go away unless they seek treatment. Depression may improve without treatment. Treatment with antidepressant medication may help you feel better faster. The medication may save you from experiencing severe emotional pain and improve your quality of life. Treatment is most likely to be successful when started early in the depressive episode and continued until your doctor recommends stopping. The sooner treatment begins, the sooner you will be feeling better.

Depression Risk Factors

Many factors are thought to increase an individual's risk for depression. These factors include (1) a history of past depression, (2) a family history of depression or (3) stressful life events. Other risk factors for depression are having a chronic medical condition or a substance abuse problem. Some people who are exposed to these risk factors develop depression while others do not, and we still are not very clear on why this is so. Several explanations have been offered to help us understand the complex forces that cause depression.

When people are depressed, changes occur in the chemicals that send and receive messages in the brain. These chemicals are called neurotransmitters (neuro = nerve and transmitter = send messages). As the process of sending and receiving messages becomes impaired, depression may develop. The two neurotransmitters identified as having a role in depression are serotonin and norepinephrine.

Psychological explanations of depression include disruptions in personal relationships, impaired self-esteem and overly negative views of oneself and the world.

List your own risk factors and life stresses:

What Are the Symptoms of Depression?

The following symptoms of depression are used to determine if a person should be treated for depression. Most physicians and therapists follow the guideline that at least five of these symptoms must be present nearly every day for two weeks before treatment for depression is indicated.

- Depressed mood
- Loss of interest or pleasure
- Fatigue/loss of energy
- Feeling worthless or guilty
- Less able to concentrate
- Feeling irritable and angry
- Changes in appetite
- Changes in sleep pattern
- Increase in physical symptoms
- Thoughts of death or suicide

Sometimes other symptoms, such as headaches, general aches and pains, digestive problems, sexual problems, and feeling of anxiety or restlessness are also present. People from some cultural groups may describe their symptoms in different terms than are listed here. A person's age, ethnic group or cultural group may also influence how the person responds to a particular therapy prescribed by his or her doctor.

List your own symptoms:

How Do You Know This is Depression and Not Something Else?

It isn't always easy to be certain that your symptoms are caused by depression and not by something else. This is because many of the symptoms of depression, such as change in appetite, weight, sleep and energy levels, are similar to symptoms of other medical problems. Most people have been sad or discouraged from time to time, and it is not easy to know when these feelings have gone on too long and need to be checked.

For example, grief is the term given to the feelings of sadness, restlessness and intense discomfort that people often feel after the death of a loved one. Most people who are grieving do not become clinically depressed or require treatment for depression. Most often grief, although intensely painful, will resolve itself gradually without medical treatment.

Your medical history, physical examination, and selected laboratory tests will help your doctor decide if you require treatment for depression. Knowing all the medications you are taking and all the medical conditions you are being treated for will help your doctor determine if depression, or something else, is causing your symptoms.

²Kisely, S.R. and D.P. Goldberg. "Physical and Psychiatric Comorbidity in General Practice."
British Journal of Psychiatry, 169 (1966), 236-241.

