

Overview

Depression is a serious mood disorder that negatively affects how one thinks, feels and behaves. In contrast to normal sadness, clinical depression, also called major depressive disorder, is persistent and significantly interferes with life functioning. It cannot be willed away or shaken off, misconceptions that often lead people to avoid treatment. Untreated, symptoms can last for weeks, months or years.

Clinical depression can strike anyone at any age. It is estimated to affect 17 million to 20 million Americans annually — nearly one in 10 adults — and twice as many women as men. It often first appears during the late teens to mid-20s. Late-onset depression, affecting the elderly, is underdiagnosed and undertreated.

Over time, untreated depression can lead to significant impairment, other health-related issues and even suicide. Once diagnosed, however, more than 80 percent of depression patients respond well to treatment, and newly introduced treatments show promise of increasing the percentage.

Among related mood disorders, dysthymia, while less severe than major depression, involves long-term, chronic symptoms that decrease functioning and quality of life and increase risk of a major depressive episode. Seasonal affective disorder (SAD) is depression brought on by seasonal changes. Postpartum depression results from hormonal changes after childbirth and attendant stresses. Adjustment disorders involve depressed mood following a particularly stressful event. Bipolar disorder, formerly manic-depressive illness, is marked by extreme moods swings, severe highs (mania) and/or lows (depression).

Symptoms

Symptoms of clinical depression include:

- Depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure in activities most of the day, nearly every day
- Changes in appetite that result in weight losses or gains unrelated to dieting
- Changes in sleeping patterns
- Loss of energy or increased fatigue
- Restlessness or irritability
- Feelings of anxiety
- Feelings of worthlessness, helplessness or hopelessness
- Inappropriate guilt
- Difficulty thinking, concentrating or making decisions
- Increased alcohol or drug use
- Thoughts of death or suicide or attempts at suicide.

How Is It Diagnosed?

The diagnosis of a major depressive disorder requires that an individual experience for two consecutive weeks at least five of the symptoms listed above, at least one of which must be either depressed mood or loss of interest or pleasure.



Causes

People with a family history of depression are known to be at higher risk for developing clinical depression. Experts believe that depression can involve imbalances in neurotransmitters, the chemicals in the brain that affect nerve-cell communication. It is also believed that environmental factors, such as continuous exposure to neglect, abuse and stressful life events, can trigger depression, as can some types of medications; personality traits, such as a tendency to being self-critical or overly dependent or to have low self-esteem; chronic medical conditions, such as cancer or diabetes; and diet deficiencies, such as deficiencies of folic acid and vitamin B-12.

Treatments

The most common and effective treatments for depression are antidepressant medications and psychotherapy. Antidepressants correct chemical imbalances, while psychotherapy helps in coping with ongoing problems and specific issues that may contribute to depression. The most frequently used forms of psychotherapy are cognitive behavioral therapy and interpersonal therapy. A combination of medication and psychotherapy is the most effective treatment for severe depression, while medication alone is effective for mild to moderate cases. A variety of alternative methods are now available for patients who fail to respond to the standard treatments.

Antidepressants include the selective serotonin reuptake inhibitors (SSRIs), selective serotonin-norepinephrine reuptake inhibitors (SNRIs), the tricyclics and tetracyclics, stimulants, lithium and other mood stabilizers. Selection is based on the severity of the depression and side effects. SSRIs are typically the first-line treatment because they have fewer serious side effects. SNRIs are newer, and appear promising, with enhanced efficacy and tolerability. Tricyclic antidepressants are often prescribed for moderate to severe depression, while tetracyclics, which have severe side effects, are rarely used unless other options have failed. If someone is severely depressed, stimulants may be prescribed initially since antidepressants are slow to work. Lithium and mood stabilizers are used primarily to treat bipolar disorder.

Electroconvulsive therapy (ECT) is the treatment commonly used for treatment-resistant depression, or when psychosis (hallucinations, delusional thinking) or suicidality is present. ECT is generally safe and highly effective for severe depressive episodes.

Among other alternative treatments that work for some patients with treatment-resistant depression, repetitive transcranial magnetic stimulation (rTMS) is noninvasive, delivering magnetic pulses over the frontal regions of the brain for a few minutes daily over a several-week period. Magnetic seizure therapy (MST) uses high-intensity rTMS to induce focal seizures in specific brain regions to stimulate antidepressant response with minimal side effects. Vagus nerve stimulation (VNS) employs an implanted device that sends electrical pulses to the left vagus nerve in the neck and has had some success. Another new technology, deep brain stimulation (DBS), uses implanted electrodes to stimulate a part of the brain called area 25. In ongoing trials, DBS has provided significant improvement to 60 percent of patients with previously intractable depression.

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