



Depression

ADAA

Anxiety & Depression
Association of America

Triumphing Through Science, Treatment, and Education

www.adaa.org

Depression



Most people feel sad at times. Losing a loved one, getting fired from a job, going through a divorce, and other difficult situations can lead a person to feel sad, lonely, scared, nervous, or anxious.

Depression is more than just sadness. It interferes with daily life and is a common but very serious illness.

The term “depression” often characterizes feelings of being sad, discouraged, hopeless, irritable, unmotivated, as well as a general lack of interest or pleasure in life.

When these feelings persist for more than two weeks or interfere with regular daily activities it’s likely to be a depressive disorder. Medical conditions such as hypothyroidism, can also

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cause depressive symptoms. It’s important to rule out any medical conditions before attributing the symptoms to a psychiatric condition.

Depressive disorders fall under the category of mood disorders and include: **major depressive disorder**, **persistent depressive disorder**, **postpartum depression**, and **depression in bipolar disorder**. Depressive disorders can affect people of any age, including children, teenagers, adults, and older adults.



Types of Depression

Major Depression

Major depression involves at least five of the symptoms listed below for a two-week period or longer. To be considered major depressive disorder, these symptoms must not be caused by a medical condition, by another psychiatric condition, or by a substance use disorder. Depressive episodes may occur once or twice in a lifetime, or they may occur more frequently. They may also take place spontaneously, or after the death of a loved one, a romantic breakup, a medical illness, or other life event. Some people with major depression may feel that life is not worth living and some may attempt to end their lives.

A major depressive episode may include these symptoms:



- Persistent sad mood, most of the day, nearly every day
- Loss of interest or pleasure in hobbies and activities, including sex
- Feelings of guilt, worthlessness, helplessness
- Decreased energy, fatigue, feeling “slowed down”
- Restlessness or irritability
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or excessive sleeping
- Low appetite and weight loss or overeating and weight gain
- Thoughts of death or suicide, suicide attempts

Persistent Depressive Disorder

Persistent depressive disorder, or PDD, is a form of depression that usually **continues for at least two years**. Although it may be less severe than major depression, it runs much longer and mainly involves a sad mood which may be accompanied by low energy, poor appetite or overeating, and insomnia or oversleeping which occurs for many days. It can show up as stress, irritability, or mild anhedonia, which is the inability to derive pleasure from usually pleasurable activities.

Depression Causes

Depression is most likely due to a combination of genetic, biological, environmental, and psychological factors. Brain-imaging technologies,

such as magnetic resonance imaging (MRI), have shown that the parts of the brain involved in mood, thinking, sleep, appetite, and behavior of people who have depression function differently than those of people without it.

Some types of depression tend to run in families. Genetic research indicates that risk for depression results from several genes acting in concert with environmental and other factors.

Trauma, loss of a loved one, a difficult relationship, or any stressful situation may also trigger a depressive episode. Episodes may also occur without an obvious trigger. And depression may occur in people without any family history.

Postpartum Depression

Following childbirth, about 10 to 15 percent of women experience postpartum depression, which is depression associated with the aftermath of pregnancy. About 30 to 70 percent experience symptoms for one year or longer. Most women with postpartum depression are diagnosed with minor depression, but four to five percent meet the criteria for major depression.

Postpartum depression is associated with severe and persistent symptoms that are present most of the day nearly every day for at least two weeks.

It is also associated with reduced mother-infant bonding and increased marital stress and divorce.



Symptoms usually begin within the first four weeks of giving birth, although some women report decreasing mood in the late third trimester of pregnancy.

Postpartum Depression Causes

A rapid decrease in some hormones after delivery may be a risk factor, and others include stressors, previous depressive episodes, depression while pregnant, complications during pregnancy or delivery, and a family history of mood disorders.

Recent studies have shown that among women who are diagnosed, about one-third had depression prior to their pregnancy, one-third have depression that began during pregnancy, and one-third experienced the onset of depression after delivery.

Depression and Anxiety Disorders

Depression and anxiety disorders are not the same, but people with depression often experience nervousness, irritability, and problems sleeping and concentrating, and other symptoms similar to an anxiety disorder.

General Anxiety Disorder (GAD) is the most common co-morbid anxiety disorder diagnosed with depression. It is not uncommon for someone with an anxiety disorder to suffer from depression and vice versa. Nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder.

The term “anxiety disorder” includes:



- Generalized anxiety disorder (GAD)
- Panic disorder and panic attacks
- Agoraphobia
- Social anxiety disorder
- Selective mutism
- Separation anxiety and specific phobias
- Obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD) are closely related to anxiety disorders, which some may experience at the same time as depression.

Each disorder has its own causes and its own emotional and behavioral symptoms. Many people who develop depression have experienced an anxiety disorder earlier in life. **There is no evidence one disorder causes the other, but there is clear evidence that many people suffer from both disorders.** The good news is that these disorders are treatable, separately and together.

Treatments for Depression

Unfortunately, many people with a depressive illness never seek treatment. But most, even those with the most severe depression, can get better with some form of treatment. Treatments commonly shown to be effective include antidepressant medications and forms of psychotherapy, as well as newly developed treatments.



Early diagnosis and timely intervention with appropriate treatment are always critical steps to feeling better, especially for children and teens.

Medications

Selective serotonin reuptake inhibitor (SSRI) medications are generally first line medication treatments, depending on the individual's clinical situation. Individuals suffering from significant co-morbid pain or those who have not responded to an SSRI may respond to **serotonin norepinephrine reuptake inhibitors (SNRI)**. There are also other **antidepressants**, such as bupropion which is considered a norepinephrine and dopamine reuptake inhibitor (NDRI), as well as newer antidepressants.

SSRIs and SNRIs generally have fewer side effects than many of the medications prescribed in the past. These medications must be taken for at least four to six weeks to experience their full effect, and it may take several weeks to adjust the medication to the correct dosage.



Be sure to discuss with your doctor any interactions with other prescriptions, (including but not limited to), birth control and antibiotics.

- **Selective serotonin reuptake inhibitors (SSRIs):** Doctors often start by prescribing an SSRI. SSRIs relieve symptoms by blocking the reabsorption, or reuptake, of serotonin by certain nerve cells in the brain. This leaves more serotonin available, which improves mood. SSRIs (**citalopram**, **escitalopram**, **fluoxetine**, **paroxetine**, and **sertraline**) generally produce fewer side effects when compared with older classes of medications. However, common side effects include insomnia or sleepiness, sexual dysfunction, and weight gain.
- **Serotonin and norepinephrine reuptake inhibitors (SNRIs):** The serotonin-norepinephrine reuptake inhibitor, or SNRI, class (venlafaxine, duloxetine, and levomilnacipran) is notable for a dual mechanism of action: increasing the levels of the neurotransmitters serotonin and norepinephrine by inhibiting their reabsorption into cells in the brain.

As with other medications, side effects may occur, including stomach upset, insomnia, headache, sexual dysfunction, and minor increase in blood pressure. These medications are considered as effective as SSRIs.
- **Norepinephrine and dopamine reuptake inhibitors (NDRIs):** Bupropion is in this category and is one of the few antidepressants not frequently associated with sexual side effects.

- **Atypical antidepressants:** These medications include trazodone and mirtazapine, which are sedating and usually taken in the evening. Other newer drugs include vortioxetine and vilazodone.
- **Other medications:** Other medications may be added to an antidepressant to enhance antidepressant effects. In some situations, your doctor may recommend combining two antidepressant medications, if needed, to treat severe depression.

Discuss your options with your doctor. And stay in touch to report any side effects, which your doctor will carefully monitor. You may need to try a few different combinations, and it may take some time to find the most effective medications for you.

For all medications, contact your doctor if you experience side effects, even if you are not sure a symptom is caused by a medication.

- **Do not stop taking a medication without consulting with the prescribing physician; abrupt stopping may cause other health risks.**

Not taking medications may pose more of a risk than taking them.



Discuss concerns or questions about antidepressants and other medications with your doctor.

Medications work only if they are taken in accordance with the explicit instructions of your doctor; however, they may not resolve all your symptoms.



Detailed information about medications is available at the ADAA website at www.adaa.org.



For information about specific medications approved by the U.S. Food and Drug Administration (FDA), visit www.fda.gov.

Therapy

Psychotherapy

Psychotherapy focuses on taking specific steps to overcome depression. **Cognitive-behavioral therapy (CBT)** is a short-term form of psychotherapy that is very effective.

CBT teaches you to identify and deal directly with the thoughts, feelings, and behaviors that maintain your depression.

It helps you manage your sad mood and re-engage in activities that you lost interest in by helping you challenge and change these thoughts and behaviors and improve your mood.



Interpersonal therapy (IPT), **acceptance and commitment therapy (ACT)**, and **dialectical behavioral therapy (DBT)** are also effective types of psychotherapy. Talk to your therapist about which option might be best for you.

Depending on your needs, your doctor or therapist may also suggest other forms of therapies.

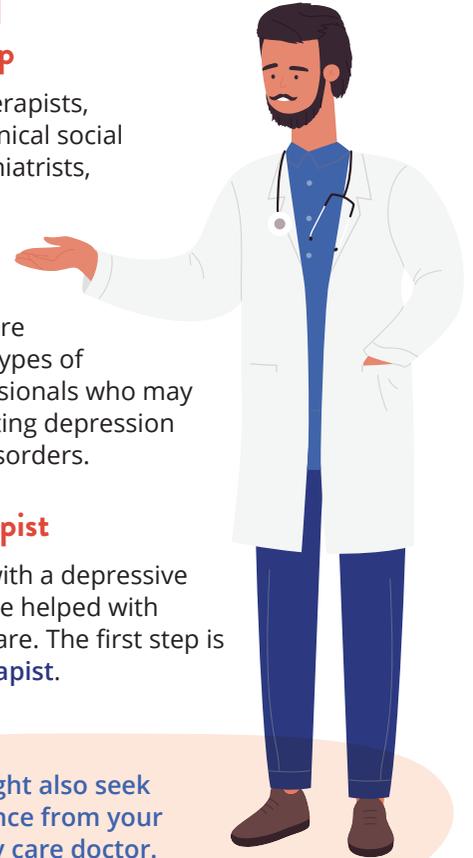
How To Find Therapy Help

Physicians, therapists, counselors, clinical social workers, psychiatrists, psychologists, and psychiatric nurse practitioners are generally the types of trained professionals who may help with treating depression and related disorders.

Find a Therapist

Most people with a depressive disorder can be helped with professional care. The first step is **finding a therapist**.

You might also seek assistance from your primary care doctor.



Here are a few places to start:



- Ask your primary care clinician for a referral.
- Contact your health insurance company for a referral to a specialist.
- Contact a local hospital or university and ask about mental health clinics or staff psychiatrists, psychologists, or social workers.



Visit www.adaa.org to search the Find a Therapist directory.

Ask Questions

It is appropriate and expected to ask questions during a brief telephone, email, or in-person consultation to determine the right treatment provider for you.

Practical Considerations

- Where are you located?
- Do you offer telemedicine/virtual visits?
- What are your hours?
- What are the costs?
- Do you accept my insurance? If not, what arrangements do you have for payment?
- Do you have low-fee or sliding-scale options?
- What times are available for initial and regular appointments?
- If I need medication, can you prescribe or refer me to someone who does?



You may be asked to provide your age, your prior diagnoses, or the problems you are seeking help for, as well as any treatment history.

Experience

- What training and experience do you have in treating depression, anxiety, or both?
- Do you have a license or certification by the state? What type of treatment do you generally provide or specialize in?
- Is the therapist race, ethnic or gender important to you? Do you want someone with the same background as you? Should they speak the same language as you?

Working Together

- Could you describe how you would work with me?
- Do you give outside activities, exercises or reading to do between sessions?

- May I include family members in my treatment?
- How frequently and for how long would you anticipate seeing me?
- How long do you expect it to take before I begin feeling better?
- Will you coordinate my care with other treatment providers, and if so, how?
- How can I be in touch with you between sessions if I have questions?
- Do you recommend any mobile apps to help manage my symptoms?



Think of your first few sessions with a new therapist as a mutual assessment.



- Do you and the therapist agree that they will provide the help you're looking for?
- Do you and the therapist have the same goals?
- Do you agree on the tasks necessary to help you reach your goals?
- Do you feel a connection or bond with your therapist?

Finally, be wary of promises of quick cures, requirements of large commitments of resources up front, and of one-size-fits-all methods. **Keep in mind that treatment takes time and effort.**



Find out more about treatment at www.adaa.org.

More Helpful Steps to Consider



- **Join a support group.**
For help finding a support group, visit: www.adaa.org/finding-help/getting-support
- **Try relaxation techniques, mediation, yoga, and breathing exercises.**
- **Talk with family members, friends or faith based counselors to see how they can be of assistance.**
- **Your therapist may recommend self-help materials.**
- **Regular exercise can help reduce symptoms of depression.**
- **Visit the Depression and Bipolar Support Alliance at www.dbsalliance.org**

Exercise is important in increasing natural endorphins and may be an effective addition to drug therapy, if and when medication is prescribed. In one study, researchers found that almost 30 percent of those who had improved only marginally with a standard antidepressant medication reported that **their depression had lifted after four months of adding exercise.**



Other Treatments

Other forms of treatment, in addition to new medications and therapies, are being developed all the time. **Electroconvulsive Therapy, or ECT**, is a procedure that passes small electric currents through the brain to cause a brief seizure. Done under general anesthesia, ECT often provides rapid and significant improvements in people who have severe symptoms of depression. ECT is considered to be a very effective treatment for depression, including for individuals who have not responded to other antidepressant treatments.

Another procedure, **transcranial magnetic stimulation or TMS**, uses an electromagnetic coil to create a small current in the brain. No seizure is caused and no anesthesia is required. TMS is also an effective antidepressant treatment for patients that have not responded to medications.



Visit www.adaa.org for new treatment updates, and ask your doctor about what's new.

Suicide

Suicide affects all age groups, including children and adolescents. People suffering from depression and anxiety disorders face an increased risk for suicidal thoughts and attempts. **More people die from suicide than from automobile accidents, but most are preventable, according to the American Foundation for Suicide Prevention.**

The Centers for Disease Control and Prevention notes that "Preventing suicide requires strategies at all levels of society. Everyone can help prevent suicide by learning the warning signs, promoting prevention and resilience, and committing to social change."



Effective early diagnosis and treatment are critical steps to improving.

A person's suicide risk is greater if a behavior is new or has increased, especially if it's related to a painful event, loss, or change.

- Increased use of alcohol or drugs
- Looking for a way to kill themselves, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions

Learn the warning signs. People who kill themselves usually exhibit one or more warning signs, either through what they say or do. The more warning signs, the greater the risk.



If a person talks about:

- Killing himself or herself
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Find Help Fast

- In an emergency, call 911
- Call or text 988
- Call your campus suicide or crisis hotline
- Call your doctor or mental health care provider
- Get immediate help, or ask a friend or family member to help you
- Make sure you are not left alone
- If someone else is in crisis, make sure they are not left alone

Where to Go:

- Psychiatric hospital walk-in clinic
- Hospital emergency room
- Urgent care center
- Clinic



Contact the American Foundation for Suicide Prevention for more information at: www.afsp.org.



ADAA Can Help

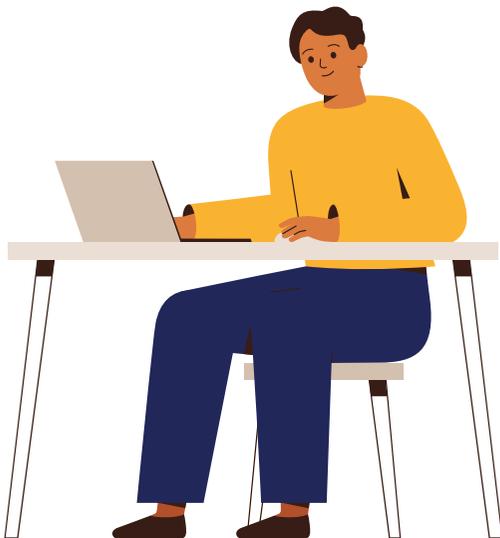
Suffering from an anxiety disorder, depression, or both, can interfere with many aspects of your life. And you may feel alone, embarrassed, or frightened.

ADAA provides the resources to help you and your loved ones better understand your condition, connect you with a community who know what you are experiencing, and assist you in finding mental health professionals who can help.

Learn about the causes, symptoms, and best treatments for all of the disorders, and review questions to ask a therapist.

Visit www.adaa.org to:

- Sign up for **Triumph**, ADAA's free monthly e-newsletter.
- Learn about depression, anxiety, and related illnesses, including treatments.
- Listen to informative free **webinars**, podcasts and videos.
- Find a **therapist, clinical trial**, or local **support group**.
- Join ADAA's free English or Spanish speaking peer to **peer online communities**.
- Read **personal stories** authored by people who have triumphed over depression and anxiety.



"I envision a world where anyone with depression or anxiety can fully recover just as we can fix a broken bone or reverse diabetes. With the right support, we can learn skills and change behavior to feel empowered and to take care of our lives, ready to take on any obstacle that comes our way.

– KRISTIAN RANTA

Personal Story of Triumph

We are here to help you find answers and offer free evidence-based information and resources about mental health care:
www.adaa.org

About ADAA

The Anxiety and Depression Association of America (ADAA) works to prevent, treat, and one day cure anxiety disorders and depression.

ADAA is an international nonprofit organization dedicated to the prevention, treatment, and cure of anxiety, depression, OCD, PTSD, and co-occurring disorders through the alignment of science, treatment, and education.

For information visit
www.adaa.org or contact:

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The logo for the Anxiety & Depression Association of America (ADAA). It features the letters "ADAA" in a bold, white, sans-serif font. The text is set against a dark blue rectangular background that has a slight 3D effect, appearing to be a dark blue block with a green shadow underneath. The letters are slightly offset to the right, creating a sense of depth.

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