

DEPRESSION

This information sheet is for your information and is not a substitute for medical advice. You should contact your doctor or other healthcare provider with any questions about your health, treatment or care.

What is depression?

You may have a major depressive disorder if you've been experiencing your symptoms almost every day for at least two weeks and they are more intense than the normal fluctuations in mood that all of us experience in our daily lives. We will list the criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) below and then explain each in more detail. It is not enough to experience just one of the symptoms from category A over the two-week period; at least five must be present, one of which has to be either depressed mood or loss of interest or pleasure in activities previously of interest or enjoyed by the patient.

General criteria

- A.** Five of the following symptoms must be present for at least two weeks, including items 1 or 2 below:
 1. depressed mood most of the day, almost every day, indicated by your own subjective report or by the reports of others; this mood might be characterised by sadness, emptiness or hopelessness
 2. markedly diminished interest or pleasure in all or almost all activities most of the day nearly every day
 3. significant weight loss (when not dieting) or weight gain
 4. inability to sleep or oversleeping nearly every day
 5. psychomotor agitation or retardation nearly every day
 6. fatigue or lack of energy nearly every day
 7. feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day
 8. diminished ability to think or concentrate, or indecisiveness, nearly every day
 9. recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan or a suicide attempt or a specific plan for committing suicide.
- B.** Symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.
- C.** The episode is not due to the effects of a substance or to a medical condition.
- D.** The occurrence is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder or other specified and unspecified schizophrenia spectrum and other psychotic disorders.
- E.** There has never been a manic episode or a hypomanic episode.

Types of depression

There are different types of depression:

1. **Major depression**
Major depression is defined as a depressed mood on a daily basis for a minimum duration of two weeks. It is diagnosed by having five or more of the symptoms mentioned below (see 'Symptoms of depression') every day for at least two consecutive weeks.
2. **Bipolar disorder**
This was previously known as 'manic-depressive illness'. This condition involves cycles of depression and elation or mania. Mania often affects judgement, thinking and social behaviour in ways that cause serious problems and embarrassment.
3. **Other forms of depression include:**
 - **Postpartum depression** – new moms may experience the 'baby blues' shortly after childbirth. Symptoms commonly include mood swings and brief crying spells that are generally resolved within a week or two after the birth of the baby. Postpartum depression may appear to be the 'baby blues' at first, but symptoms are more intense and longer-lasting and can occur up to a year after childbirth. Due to the severity of symptoms, they interfere with the mother's ability to care for her baby and to perform daily functions. It is important to note that postpartum depression is not a character flaw but rather a possible complication following childbirth.

- *Premenstrual dysphoric disorder* – symptoms of depression that occur a week before your menstrual cycle and disappear after you menstruate.

Symptoms of depression

- Persistent sad, anxious or 'empty' mood
- Feelings of hopelessness and pessimism
- Feelings of guilt, worthlessness, helplessness and self-reproach
- Loss of interest in hobbies or activities that were once enjoyed, including sex
- Insomnia, early-morning waking or oversleeping
- Weight loss or gain or overeating or loss of appetite
- Decreased energy, fatigue, feeling 'slowed down'
- Increased use of alcohol or drugs or self-medication
- Thoughts of death, suicide or suicide attempts
- Restlessness, irritability and hostility
- Difficulty concentrating, remembering and making decisions
- Persistent physical symptoms, such as headaches, digestive disorders and chronic pain that do not respond to treatment
- Deterioration of social relationships

Causes of depression

For each person, there is a complex, individual pattern of factors that works 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 depression; however, at other times depression may come about for no apparent reason.

Some possible reasons include:

- *stressful life events*, such as loneliness, relationship difficulties, financial worries, legal problems, retirement, empty nest syndrome or other stressors
- *genetics* – researchers now realise that genetic factors are significant; having close relatives who have had depression means that you are more likely to become depressed should the circumstances dictate
- *physiological or 'biochemical' factors* – depression can be caused by an imbalance of brain chemicals called neurotransmitters; e.g. the levels of serotonin, which helps regulate sleep and appetite, mediate moods and inhibit pain, could be too low
- *physical illness*
- *a physical condition*, such as a stroke or a thyroid problem.

Treatment of depression

Antidepressants

Antidepressants need to reach a certain blood level before they become effective. This can take up to six weeks, but for most people a response can be expected within two to three weeks. Always take the medication as prescribed and do not adjust or stop your medication without first consulting your doctor.

Electro-convulsive therapy (ECT)

This treatment is very effective and involves electrical stimulation to the brain while a person is under an anaesthetic. It is usually reserved for people who are severely depressed or who fail to respond to antidepressant medication or psychotherapy.

Psychotherapy

This involves the verbal interaction between a trained professional and a person with emotional or behavioural problems. The therapist applies techniques based on established psychological principles to help the person gain insight into his/her situation and equip him/her with positive coping skills to make the necessary changes.

Support groups

A support group is a very good way to get support and advice from people who know how you feel, as they have also felt the same way themselves. The support group may be run by patients for other patients and this creates a safe place where you can discuss your experiences and obtain help.

What can I do to help myself?

Read literature on depression in order to remove the misconceptions, fear or guilt you may be experiencing. You may consider one or more of the following practical means:

Relaxation

Exercise, listen to audio tapes, do yoga, meditate, use aromatherapy and massage therapy.

Change in lifestyle

Many people who suffer from depression tend to be perfectionists and drive themselves much too hard in the things they do. Our own impossible standards need to be lowered slightly and our 'workload' reduced so that life can be lived at a slower pace.

Diet

It is very important to have a well-balanced diet to prevent you from feeling tired and run down. Regular meals are vital to maintain blood sugar levels, as a low blood sugar level affects mood and energy.

Avoid 'props'

These include vices such as smoking, drugs and alcohol, which can be very damaging. Alcohol, in particular, is a depressant and despite providing a temporary lift it can definitely worsen depression.

Keep occupied

You may read a book, watch a film or pursue a hobby. This will assist with relaxation and act as a diversion. It is important to schedule time in your day for rest and recreation.

Holidays or short breaks

If this is possible, a short break usually brings some relief by interrupting the daily routine.

Monitoring your progress

The following information can be used to monitor your progress and follow-ups. Please ask your doctor for your results for the following tests, where applicable, at the end of your visit:

- Hamilton Rating Scale for Depression (17 parameters)
- Hamilton Rating Scale for Depression (21 parameters)
- Montgomery-Asberg Depression Rating Scale Global
- Zung scale
- Clinical Global Impression Scale
- Assessment Scale
- Beck Depression Inventory

It is important to keep the following information handy when seeing your doctor or when dealing with your medical scheme's chronic disease management programme:

- Any medication you're taking and what dosage
- Any emergency room visits or hospital admissions

References

1. UpToDate®. Website: www.uptodate.com/home/index.html
2. MedLinePlus. The South African Depression and Anxiety Group. Website: www.nlm.nih.gov/medlineplus/index.htm
3. The American College of Obstetricians and Gynaecologists (ACOG). August 2012. *Postpartum Depression*.
4. www.evolutioncounseling.com/major-depressive-disorder-dsm-5-criteria/

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