

Mental Health

Fact Sheet

Rimrock
Foundation

Mental Health Services

Depression Affects Everyone

Major depression often begins between ages 15-30, or even earlier.



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What is a depressive disorder?

A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way we eat and sleep, the way we feel about ourselves, and the way we think about things. A depressive disorder is not the same as a passing blue mood. Most definitely, it is not a sign of personal weakness or a condition that can be willed or wished away. People with depressive illnesses cannot merely “pull themselves together” and get better. **Without treatment, symptoms can last for weeks, months, or years.** Appropriate treatment, however, can help most people who suffer from depression.

Types of Depression

Depressive disorders come in different forms, just as is the case with other illnesses such as heart disease. However, within these types there are variations in the number of symptoms, their severity, and persistence. The three most common types of depression are:

Major depression is manifested by a combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur only once but more commonly occurs several times in a lifetime.

Dysthymia is a less severe type of depression, which involves long-term, chronic symptoms that do not disable, but do keep people from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.

Bipolar disorder is another type of depression also called manic-depressive illness. Not nearly as prevalent as other depressive disorders, bipolar disorder is characterized by cycling mood changes: severe highs (mania) and lows (depression).

Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, an individual can have any or all of the symptoms of a depressive disorder.

When in the manic cycle, the individual may be overactive, overtalkative, and exhibiting a great deal of energy. Mania often affects thinking, judgment, and social behavior in ways that often cause serious problems and embarrassment. For example, the individual in a manic phase may feel elated and full of grandiose schemes that might range from unwise business decisions to romantic sprees. Mania, left untreated, may worsen to a psychotic state.



Causes of Depression

Some types of depression run in families, suggesting that this biological vulnerability can be inherited. This seems to be the case with bipolar disorder. Not everybody with the genetic makeup that causes vulnerability to bipolar disorder will have the illness. Apparently additional factors, possibly stresses at home, work, or school, are involved in its onset.

People who have low self-esteem, who consistently view themselves and the world with pessimism, or who are readily overwhelmed by stress, are prone to depression. Whether this represents a psychological predisposition or an early form of the illness is not clear.

In recent years, researchers have shown that physical changes in the body can be accompanied by mental changes as well. Medical illnesses such as stroke, a heart attack, cancer, Parkinson's disease, and hormonal disorders can cause depressive illness, making the sick person apathetic and unwilling to care for his or her physical needs, thus prolonging the recovery period.

Also, a serious loss, difficulties with relationships, financial problems, or any stressful (unwelcome or even desired) changes in life patterns can trigger a depressive episode. Very often, a combination of genetic, psychological, and environmental factors is involved in the onset of a depressive disorder.

Women experience depression about twice as often as men. Many hormonal factors may contribute to the increased rate of depression in women-particularly such factors as menstrual cycle changes, pregnancy, miscarriage, postpartum period, pre-menopause, and menopause. The hormonal and physical changes, as well as the added responsibility of a new life, can be factors that lead

to postpartum depression in some women. Many women also face additional stresses such as responsibilities both at work and home, single parenthood, and caring for children and for aging parents. Treatment by a sympathetic physician and the family's emotional support for the new mother are prime considerations in aiding her to recover her physical and mental well-being and her ability to care for and enjoy the infant.

Men are less likely to admit to depression, and doctors are less likely to suspect it. The rate of suicide in men is four times that of women, though more women attempt it. In fact, after age 70, the rate of men's suicide rises, reaching a peak after age 85. Men's depression can often be masked by alcohol or drugs, or by the socially acceptable habit of working excessively long hours. Depression typically shows up in men who may act irritable, angry, and discouraged; hence, depression may be difficult to recognize as such. Encouragement and support from concerned family members often can make all the difference in helping loved ones understand and accept depression as a real illness that needs treatment.

Children with depression have only been taken seriously in the past decade. The depressed child may pretend to be sick, refuse to go to school, cling to a parent, or worry that the parent may die. Older children may sulk, get into trouble at school, be negative, grouchy, and feel misunderstood. Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child is just going through a temporary "phase" or is suffering from depression.



The first step to getting appropriate treatment for depression is a physical examination by a physician. Certain medications, as well as some medical conditions such as viral infections, can cause the same symptoms as depression, and the physician should rule out these possibilities through examination, interview, and lab tests. If a physical cause for the depression is ruled out, a psychological evaluation should be done by the physician or by referral to a psychiatrist or psychologist.

Treatment choices will depend on the outcome of the evaluation. There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone.

Medications

There are several types of antidepressant medications used to treat these disorders. Sometimes the doctor will try a variety of antidepressants before finding the most effective medication or combination of medications. Sometimes the dosage must be adjusted to be effective. Although improvements may be seen in the first few weeks, antidepressant medications must be taken regularly for 3 to 4 weeks (in some cases, as many as 8 weeks) before the full therapeutic effect occurs.

Patients often are tempted to stop medication too soon. They may feel better and think they no longer need the medication. Or they may think the medication isn't helping at all. It is important that they keep taking medication until it has a chance to work.

Antidepressant drugs are not habit-forming. However, as is the case with any type of medication prescribed for more than a few days, antidepressants have to be carefully monitored to see if the correct dosage is being given. A doctor should check the dosage and its effectiveness regularly. Medications of any kind - prescribed, over-the-counter, or borrowed - should never be mixed without consulting a doctor. Other health professionals who may prescribe drugs, such as a dentist or other medical specialist, should be told of the medications the patient is taking. Some drugs, although safe when taken alone can, if taken with others, cause severe and dangerous side effects. **Some drugs, like alcohol, may reduce the effectiveness of antidepressants and should be avoided.**

Electroconvulsive therapy (ECT) may be useful, particularly for individuals whose depression is severe or life threatening or who cannot take antidepressant medication. ECT often is effective in cases where antidepressant medications do not provide sufficient relief of symptoms. In recent years, ECT therapies have been much improved.

The Path to Healing

Many forms of psychotherapy, including some short-term (10 - 20 week) therapies, can help individuals diagnosed with depression. Talking therapies help patients gain insight into and resolve their problems through verbal exchange with the therapist — these are sometimes combined with homework assignments between sessions. Behavioral therapists help patients learn how to obtain more satisfaction and rewards through their own actions and how to unlearn the behavioral patterns that contribute to or result from their depression.



Two of the short-term psychotherapies that research has shown helpful for some forms of depression are interpersonal and cognitive/behavioral therapies. Interpersonal therapies focus on the patient's disturbed personal relationships that both cause and increase the depression. Cognitive/behavioral therapies help patients change the negative styles of thinking and behaving often associated with depression.

With treatment, up to 80% of those suffering with depression have shown improvement, usually in a matter of weeks. **Treatment of depression can improve a patient's overall quality of life in several ways.** It may enhance the ability to follow the treatment regimen for a co-occurring medical condition, decreasing complications and improving the eventual outcome. As with many illnesses, the earlier treatment begins, the more effective and the greater the likelihood of preventing serious recurrences.

For further information on Rimrock Foundation's treatment of Depression, call Jen Porter, Admissions Supervisor, at 1-800-227-3953 or 1-406-248-3175, visit our website at www.rimrock.org, or contact the Rimrock Foundation Library at the above numbers.