What is depression?

More than just feelings of unhappiness, clinical or major depression is a mood disorder—a medical illness that involves both the body and mind.\(^1\,^2\)

The difference between clinical depression and feeling unhappy or blue is an inability to shake this feeling of sadness, which will last more than two weeks at least. Also, the sad or despairing mood will affect your ability to work or go to school, as well as negatively impact your social relationships. Your day-to-day activities will be harder to perform, and in severe cases, you may feel like life is hardly even worth living.\(^1\,^2\)

The symptoms can be confusing because they are not just limited to your mind and mood, but may also become physical. Fortunately, for this chronic and very real medical condition, there are many different and often effective treatments available.\(^1\,^2\)

How common is depression?

Depression is a very common disorder, affecting between 10% to 25% of women, and about 10% to 15% of men.\(^1\) An estimated 1 in 20 Canadians, or about 1.5 million people, report some form of depression or anxiety disorder every year, which makes it Canada’s fastest-rising diagnosis.\(^3\) In fact, about 1 in 10 women will experience postpartum depression in the months following childbirth.\(^3\)

Who gets depression?\(^3\)

Though depression affects people of all ages, about twice as many women as men are diagnosed with clinical depression. The age group with the highest rates of depression are those under 20 years old, with adolescence being the usual age of onset for depression.

Depression is also an issue for seniors, with those living in long-term care facilities experiencing depression at a rate of up to 9 in 10.\(^3\)

Other risk factors for developing depression include:\(^4\)

- Having relatives with depression
- Having a traumatic experience as a child
- Having personality traits such as low self-esteem, worrying, being overly dependent on others, perfectionism and hiding your feelings
- Experiencing stressful life events, such as the death of a loved one, divorce, the loss of a job, retirement, serious financial problems, and family conflict\(^3\)
- Experiencing unusual physiological changes, such as childbirth, and viral or other infections

How to prevent depression\(^5\)

There appears to be no definite way to prevent clinical depression. However, the following list offers ways to help elevate your mood, and to stay on top of what may be developing into a clinical episode of depression:

- Take steps to identify and manage stress
- Find strategies that help you increase your resilience
- Work on ways to boost your self-esteem and confidence
• Develop and nurture friendships and social support networks
• Be aware of the difference between feeling low or sad and entering a clinical depression, and take appropriate steps if you cannot overcome your low mood (see What is depression?)
• Stick with your treatment plan if you are being treated for depression

What are the signs and symptoms?

The signs and symptoms of depression may be different from one person to the next, especially depending on which type of depression you are experiencing. General symptoms may include one or more of the following:

• Feelings of sadness, anxiety or emptiness that won’t go away
• Feeling hopeless and/or pessimistic
• Feeling guilty, worthless and/or helpless
• Feeling irritable or frustrated, even over minor issues
• Loss of interest in activities or hobbies you once enjoyed, including sex
• Feeling tired or low on energy
• Difficulty concentrating, remembering details, or making decisions
• Difficulty falling asleep, early-morning wakefulness, or oversleeping
• Overeating or loss of appetite
• Slowed thinking, speaking or body movements
• Thoughts of suicide, or even attempting suicide
• Crying spells, for no apparent reason
• Aches and pains, headaches, cramps or digestive problems that don’t go away, even with treatment

The different types of depression also have different symptoms, including:

• **Major or Clinical Depressive Disorder.** Along with dysthymic disorder (see below), this is the most common form of depression. Symptoms tend to reduce your ability to perform everyday activities, such as working, sleeping, studying, eating, and most anything that once gave you pleasure. This disabling condition may occur only once in your life, but more often recurs over your lifetime.

• **Dysthymic disorder.** This condition, also referred to as dysthymia, tends to be less severe than clinical depression, and may not interfere with your everyday life. It usually lasts for two years or longer, and may lead to clinical depression.

• **Postpartum depression.** This form of depression is diagnosed in new mothers who develop a major depressive episode within one month of delivering their baby.

• **Psychotic depression.** This is the diagnosis when severe clinical depression is accompanied by a break with reality, hallucinations, delusions, or some other form of psychosis.

• **Seasonal affective disorder (SAD).** A form of depression that usually eases during spring and summer months, SAD is associated with the lower levels of natural sunlight that Canadians get during the winter months.
How is depression diagnosed?

Of all Canadians who develop depression, only about 1 in 10 will seek out treatment. This points to the fact that this condition is greatly under-diagnosed. As a result, your healthcare providers may ask you questions about your mood and thoughts during your routine check-ups, in an effort to catch depression when it might otherwise go undetected.

When depression is suspected, doctors will usually ask a series of questions and even order medical and psychological tests. The idea is to rule out any other causes of your symptoms, and also to make a more accurate diagnosis and uncover any related illnesses. These tests may include:

- **A physical exam**, including regular check-up measurements of height, weight, blood pressure, temperature, heart rate, as well as listening to your heart and lungs.

- **Laboratory tests**, which may include a complete blood count (CBC) or a test to make sure your thyroid is working properly.

- **A psychological evaluation**, to check for signs of depression. Usually involves talking about your thoughts, feelings, and behaviour patterns, as well as any symptoms you may be having now, and similar episodes you may have had in the past.

An actual diagnosis of clinical depression is only made if you meet the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM), a manual used to diagnose many different types of mental conditions. You must have 5 or more of the following symptoms, including at least one of the first two, for almost every day over a period of at least two weeks, to qualify for a diagnosis of depression:

- A depressed mood for most of the day, which may include feeling sad, empty or tearful. This may appear as constant irritability in children and adolescents

- Reduced interest or taking no pleasure in all or almost all activities most of the day

- Significant appetite change (increase or decrease) or weight change (increase, or decrease without dieting). Failure to gain weight as expected can be a sign of depression in children

- Insomnia or increased desire to sleep

- Fatigue or lack of energy

- Feeling worthless, or excessively or inappropriately guilty

- Difficulty making decisions, thinking or concentrating

- Restlessness or slowed behaviour noticeable to others (not necessarily every day)

- Recurrent thoughts of death or suicide (not necessarily every day), or a suicide attempt

In addition, there are a few other things to consider before a diagnosis of depression is made:

- Your symptoms cannot be due to a mixed episode, which is simultaneous mania and depression that can happen in bipolar disorder

- The symptoms you experience must be severe enough that they create noticeable problems in your daily activities, such as work, school, social activities or your relationships with others

- Your symptoms cannot be due to some other cause, such as drug abuse, medication side effects or another medical condition such as hyperthyroidism

- Your symptoms are not caused by grief, such as the temporary sadness of losing a loved one
**How is depression treated?**

According to the Canadian Mental Health Association, depression is the most treatable of mental illnesses.\(^9\) Treatments generally depend on the type and severity of depression you have. Most milder cases will be managed by a family physician, who can treat you with medication, counselling, or a mix of both. Your doctor will also be able to refer you to other community resources. More severe cases can lead to a referral to a psychiatrist, who can then treat you as an outpatient, or may even admit you to a hospital if necessary.\(^1\)

The treatments most commonly used for clinical depression include medications, psychoeducation, psychotherapy, and sometimes electroconvulsive therapy is recommended. These treatments can be used alone or in combination. Often, it is helpful for a person’s loved ones to learn about depression, which can be done through reading, speaking with a mental health professional, or attending family and caregiver support and education groups.\(^1\)

**Medications**
Medications are used quite successfully to treat depression, often with psychotherapy. Early intervention with medications can help prevent a severe depression, and allow people to use talk therapy more efficiently. For severe depressions, medications may help people get back to regular routines and activities by restoring their moods to more normal levels.\(^1\)

The different types of antidepressants are generally categorized by which natural chemicals they affect in your brain to help change your mood.\(^10\) They can also be broken down into categories of older and newer drugs.\(^1\) The following chart provides a very brief overview of several types of antidepressants currently available in Canada:\(^1,10\)

<table>
<thead>
<tr>
<th>Drug class</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Older drugs</td>
<td>• Monoamine oxidase inhibitor (MOAIs) – the first antidepressants</td>
</tr>
<tr>
<td></td>
<td>• Cyclics (or tricyclic antidepressants)</td>
</tr>
<tr>
<td>Newer drugs</td>
<td>• Selective Serotonin Reuptake Inhibitors (SSRIs)</td>
</tr>
<tr>
<td></td>
<td>• Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)</td>
</tr>
<tr>
<td></td>
<td>• Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)</td>
</tr>
</tbody>
</table>

Medications are often increased gradually to optimize their effects. The first weeks may be more about managing any side effects rather than real symptom relief, which can take a while to begin for some.\(^1\) But don’t be discouraged, the side effects can be managed, on the way to realizing your symptom relief.\(^1\)

**Psychoeducation**
This part of therapy focuses on helping patients and their family members and partners learn about depression and its treatment, and even how to deal with any concerns about the stigma of mental illness. For the patient, this process can provide an opportunity to talk about feelings related to living and learning to cope with depression. It can take place in groups or in one-on-one counselling with a healthcare professional.\(^1\)

For family or partners, psychoeducation is meant to shed some light on what the affected person is going through. Ways to help the patient are discussed, as well as the limitations to any help that can be offered by loved ones. Family and friends can meet directly with the healthcare providers of their loved one, or go to family support and education groups.\(^1\)
Psychotherapy
Psychotherapy is a term used to describe treatment that involves talking through issues with a psychotherapist. This form of therapy is meant to relieve distress by allowing patients to talk about and express feelings, by helping to change attitudes, behaviour and habits that may be contributing to depression, and by exploring more helpful or adaptive ways of coping. It is often used along with medication in the treatment of depression.¹

Many different healthcare professionals are trained in the various models of psychotherapy, including doctors, social workers, psychologists and other mental health professionals. Whether administered in a hospital, clinic, or private practice, psychotherapy is built upon a trusting, supportive and comfortable relationship between patient and therapist.¹

Common types of psychotherapy include:

- **Short-term therapy**, which usually lasts up to 16 weeks, and focuses on current events, not past ones. May involve interpersonal therapy to examine the role of relationships to the disorder, or cognitive behavioural therapy (CBT) to explore how negative thoughts and interpretations of events may be contributing to depression¹
- **Long-term therapy**, which may last a year or more, and is more broad in focus. Often explores relationship of childhood events and current triggers to depression¹
- **Group therapy**, which usually involves 8 to 12 patients led by one or two mental health professionals who guide the process and provide structure and direction when needed¹

**Electroconvulsive therapy (ECT)**
Also known as shock therapy, electroconvulsive therapy has been around for years, and misunderstood for almost all that time. This is due in part to the rather crude procedure practiced in its early years, which led to short- and long-term memory loss. Fortunately, most patients recovered from these effects after about six months.¹

Interestingly, ECT remains the most effective treatment for clinical depression. It is often used as a last resort, however, as it still arouses fear in people, and remains shrouded in misconceptions. Less intrusive therapies, such as medication, are usually tried first before turning to ECT.¹

**Other therapies**

- **Light therapy**. For people with SAD, spending 30 minutes daily under specially designed light boxes can provide relief for 2 in 3 patients¹
- **Herbal remedies**. Limited research has been done in this field, though people still turn to formulations of herbs like St. John’s Wort for relief of mild depression. The very real concerns for patients wanting to use these types of alternative therapies is the inconsistency of their manufacturing, and the possibility that they may interact with their other medications¹
- **Relaxation and stress management techniques** may be of some benefit to patients¹
- **Massage and acupuncture** are also helpful to some in dealing with certain symptoms of depression¹

**Living with depression**

Never forget that you are recovering from a serious illness, and that it is fine to lower your expectations. It is generally recommended that you take a gradual approach to resuming activities, so that you can avoid feeling overwhelmed or becoming exhausted. Recovery is a process in mental illness, not a moment in time.¹
The following are some tips to help aid in recovery from depression, and to reduce your chances of a relapse:

- Learn about the illness and its treatment.
- Monitor changes in your mood, either with a journal or list of warning signs, and make note of activities that positively impact your outlook.
- Follow your treatment plan carefully, including taking any and all medications as prescribed.
- Develop a healthy lifestyle, including proper nutrition, exercise and good sleep habits.
- Adopt new strategies to cope with stress.
- Nurture meaningful relationships and social support.
- Strike a balance between work, family, friends and leisure.
- Avoid alcohol and illegal drugs.

Remember that learning as much as possible about your disease—and actively working with your health care professionals—are effective ways to regain control over your life. There is a great deal of information out there that can help. Check out some of the websites listed below to get started.

**Empowering both the patient and the caregiver**

Patients as well as their caregivers can access the following sites to find out more information about the major forms of depression, their symptoms, treatment options as well as recent related scientific discoveries.

**Resources**