
WHAT IS DEPRESSION?



Mood Disorders Society of Canada
La Société Pour Les Troubles de L'Humeur du Canada

Table of Contents

What is Depression? 3

**What Are the
Symptoms Like? 4**

**Are There Different
Types of Depression? 6**

What Causes Depression? 8

Experiencing Stigma 9

**Depression in
The Workplace 10**

Recovery 11

**How is
Depression Treated? 13**

Families and Caregivers 18

Leading a Balanced Life 19

**What Does
the Future Hold? 20**

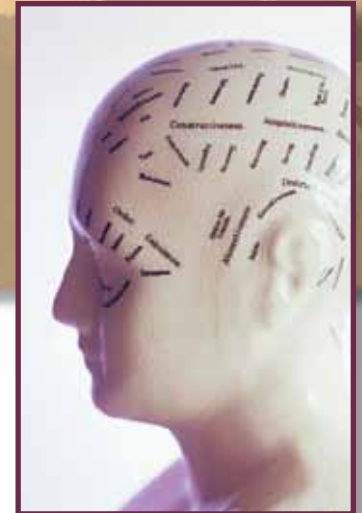
**Where Can I Get
More Information? 21**

What is Depression?

People casually use the phrase, "I'm so depressed!" to say they are feeling down. But a temporary case of the blues - something we all experience - has nothing to do with real depression.

True depression is not the blues, sadness or even grief. It is an overwhelming despair so bleak that people who have experienced it say that it is the worst pain they have ever endured.

Depression is a treatable mental illness. While there have been changes in people's attitudes, the stigma associated with mental illnesses has meant that many people with depression never seek treatment. Yet, those who do have an excellent chance of recovery. Researchers estimate that people who receive treatment for depression respond well.



What are the Symptoms Like?

There is no x-ray or blood test for depression. Instead, you, your family and friends will notice that your mood, functioning, attitude and thoughts have changed. Many of the symptoms of depression are a case of too much – or too little.

For example, you may...

- Be sleeping little or sleeping too much.
 - Have gained or lost weight.
 - Be highly agitated or sluggish and inert.
 - Be extremely sad or very bad tempered - or both.
- You will also feel....
- A loss of interest in the pleasures of life, as well as work, family and friends.
 - Unable to concentrate and make decisions.
 - Negative, anxious, trapped, unable to act.
 - Despairing, guilty and unworthy.
 - Fatigue and an overall loss of energy.
 - Suicidal – expressing thoughts and sometimes, making plans.
 - Numb – an awful feeling of emptiness.
 - Unexplained aches and pains.



A diagnosis of depression is arrived at when a person has been experiencing at least five of these symptoms for a period of two weeks or more.

A SPECIAL WORD ABOUT THE ASSOCIATION BETWEEN DEPRESSION AND PHYSICAL PAIN

Researchers believe that there is a shared neural pathway for pain and depression with serotonin and norepinephrine involved in both mood and pain. People who are actually depressed may often talk to their physicians only about their physical pain.

Research has shown that the higher the number of unexplained physical symptoms a person is experiencing, the more likely that they are suffering from depression. Depression is strongly suspected when physicians cannot find a physical source for the pain patients say they are experiencing.

It is thought that depression may increase a person's sensitivity to pain or may increase the suffering associated with pain.

Studies have also shown that, of those reporting nine or more physical pain symptoms, 60% had a mood disorder. When only one physical symptom was reported, only 2% were found to have mood disorder.

A high number of physical pain symptoms are also predictive of a relapse even after mood has lifted. Further, people who experience chronic pain as part of their depression are more likely to also have suicidal thoughts.



A range of physical symptoms associated with depression are:

- Headaches
- Back pain
- Muscle and joint pain
- Chest pain
- Digestive problems and pain
- Exhaustion and fatigue
- Sleeping problems
- Change in appetite or weight
- Dizziness or lightheadedness

In addition, people with diagnosed physical illnesses such as stroke, diabetes, heart disease, or cancer (to name only a few) suffer depression in disproportionately higher numbers than the general population.

Are There Different Types of Depression?

Any type of depression must be taken seriously, but people can experience it differently.

MAJOR DEPRESSIVE EPISODE

This diagnosis is applied when you have experienced five or more of the above symptoms for two weeks or longer. Your symptoms have also resulted in significant changes in your ability to function at work or school, and socially.

Some people with major depression can experience psychosis where their thinking is out of touch with reality. Their thoughts are most likely to be ones that are devaluing (I'm worth nothing. The world would be a better place without me).



A major depressive disorder can occur once in a lifetime, never to return - or episodes can be recurrent.

DYSTHYMIC DISORDER

This is a form of depression where people experience low moods for a long time. They may still function but struggle with lack of interest, poor appetite, insomnia, low self esteem, limited concentration and feelings of hopelessness. The symptoms may go on for years, leaving people thinking that this is "just the way I am." People with a dysthymic disorder may or may not have bouts of major depression.

POSTPARTUM DEPRESSION

This refers to an episode of major depression just after having a baby (the formal criteria specifies within four months of giving birth).

SEASONAL AFFECTIVE DISORDER (SAD)

SAD is triggered by the low light of winter. Treatment for mild versions can be as simple as getting outdoors more often or, for those who can afford it, taking a vacation to the sun. For severe SAD, people are prescribed antidepressants and undergo "light therapy" which means daily exposure to light boxes that emit full spectrum light – just like sunlight.



What Causes Depression?

The causes of depression raise the old nature – nurture debate. Is it a result of family history (genes) or difficult life experiences? The experts say that we must consider nature and nurture:



FAMILY HISTORY – If close family members have experienced depression, you may have an inherited tendency yourself. Your inherited physiology is also involved in life changes such as the birth of a baby or menopause – both instances are associated with a greater risk of depression.

RECENT EVENTS – a divorce, the death of a loved one, job loss, chronic illness, retirement, or attending a new school.

PAST HISTORY – experiences of childhood sexual, physical or emotional trauma, extreme neglect or abandonment. Also experiences of trauma in adulthood such as domestic abuse, living with drug or alcohol abuse, rape, robbery, war, kidnapping, or witnessing violence – to name only a few of the traumatic events that people can be exposed to.

THOUGHTS AND BEHAVIOURS – You may have evolved a negative world view such as thinking bad things always happen to me, I am a bad person, and the world is a bad place. Thoughts influence mood – and vice versa.

These factors can result in reactive behaviours such as social withdrawal and, in some cases, self-medication with drugs or alcohol as you try to manage your

symptoms on your own. As many as 40% of people with depression struggle with the over-use of alcohol. In extreme situations, people completely neglect their self-care (they don't eat properly, don't shower, and don't take care of their living space).

A SPECIAL NOTE ABOUT DEPRESSION AND PHYSICAL ILLNESS

Depression is both an outcome and a predictor of physical illness. For example, people with depression are 2.6 times more likely to have a stroke and 1.35 to 1.88 times more likely to develop cancer. Conversely, 17 – 27% of people with heart disease and 22 – 29% of people with cancer develop depression.



Experiencing Stigma

People with depression identify stigma as their number one concern. They may experience rejection from family and friends and are fearful about what their employer would do if they found out about their illness. They also report that they experience blaming attitudes from health and mental health professionals.

Stigma is not only hurtful, it is dangerous. Fear of cruel judgments can prevent people from getting help in the first place or interfere with their treatment and recovery when they do enter treatment. In the larger social context, stigma means that governments invest less in services, treatments and research for mental illness.

SELF STIGMA

People with depression live in the same cultural context as those who stigmatize their suffering. As a result, they can hold exactly the same devaluing attitudes and blame themselves for their illness. Self-stigma is particularly insidious as it robs people of hope. They begin to feel that they deserve the rejection and poor treatment they receive.



Depression in The Workplace

The symptoms of depression lead directly to consequences at work - reduced concentration, an inability to make decisions, increased number of sick days, coming in late or leaving early, irritability with co-workers or customers, accidents, and "presenteeism" (showing up consistently but not being productive).

Co-workers can be unsympathetic as they blame the person with depression for leaving them with extra work. Employers may discipline or fire people experiencing depression because they

are seen as poor performers instead of employees struggling with an illness.

The Canadian disability insurance industry have published figures that show that 75% of short term disability claims and 79% of long term disability claims are for mental illness, primarily depression. In fact, the fastest growing category of disability costs for Canadian employers is for depression.

Many employers now offer Employee Assistance Programs (EAPs) where confidential counselors are available to assist people with interpersonal problems

– and with depression. If you are experiencing depression, a call to your EAP provider may be the first step towards your recovery.

Recovery

People can and do recover from depression. Recovery means living a meaningful and healthy life – despite the challenges of a mental illness. Depression is, in fact, one of the most treatable mental illnesses.

However, for the newly diagnosed, this positive prospect may seem out of reach. The stigma associated with mental illness can mean that people suffer in silence and don't seek the help they need. As a result, they cannot start their journey towards recovery. Others may feel that asking for help shows a weakness of character and that they should follow the advice they too often get: "Just snap out of it."

In a recent Ontario study, it was found that:

- Less than half of women and men with probable depression had a physician visit for that condition.
- Only one in three men and women who were hospitalized for depression had a follow-up visit with a physician within 30 days after discharge but one in five visited an emergency room in the same time frame.
- Sixty percent of Ontarians with probable depression did not visit a physician for help within a year after being interviewed for the study.



It is now much more widely accepted that people can and do recover. In a recent survey of 1587 Canadians, it was found that 72% saw depression as a serious but treatable illness.

Recovery from depression has the same steps that recovery from other illnesses have. Go for help, get a diagnosis (this IS depression) and develop a plan of treatment that is tailored to your needs.



As one of the primary symptoms of depression is hopelessness, it will at first seem impossible to find hope. At the beginning of treatment, it can be helpful to talk with someone who's "been there." Someone who has struggled with their own depression knows about the steps to recovery, the possible set backs you may encounter and what it is like to believe that the darkness will never lift – until, one day, it does. They can tell you, from experience, that things will get better. As you engage with your treatment team, you will gradually become more and more active in decision-making about what is and is not working for you. This feedback

is essential for your treatment professionals. Knowing what medication suits you, seeking therapy, educating yourself about your illness, and, if it is for you, participating in a self-help group are all ingredients in recovery – as are other choices that may be particular to your individual needs and circumstances.

The following sections of this brochure set out a treatment program that has been shown to work for most people.

How is Depression Treated?

Most people, once they acknowledge that they need help, turn to their family physician. The family physician relies on your description of your emotional and behavioural symptoms in order to make a diagnosis.

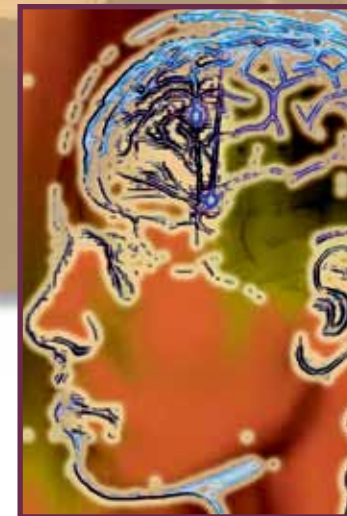
Depression is often described as a "chemical imbalance" in the brain. What this means is that certain neurotransmitters (your brain chemicals) are not at the levels they should be to maintain a positive mood. The neurotransmitters that affect mood are serotonin, norepinephrine and dopamine.

MEDICATION

The most common treatment for depression involves medication designed to increase the levels of these neurotransmitters and thus, improve your mood.

There is evidence that people with mild depression should try other interventions first, such as psychotherapy and lifestyle changes. However, severe depression requires medication (in combination with other treatments) to achieve recovery.

Medication for depression is a complex topic. There are many brands with different chemical formulas, each designed to act somewhat differently in the brain. There are also side effects to consider. And these medications do not act immediately to lift mood. They can take from two to eight weeks to begin to work – a frustrating experience if you don't get the right medication on the first try and must now turn to



something else. Stick with it – you will find the right medication for you.

The following is a brief tour of the most commonly prescribed antidepressant medications. They are grouped into categories based on their chemical make-up and which neurotransmitters they are designed to affect.

OLDER ANTIDEPRESSANTS

Tricyclic antidepressants (TCAs) increase levels of serotonin and norepinephrine. Examples are nortriptyline (Pamelor or Aventyl - also called Norventyl), desipramine (Norpramin), amitriptyline (Elavil) and imipramine (Tofranil).

Monoamine Oxidase Inhibitors (MAOIs) interfere with the breakdown of the neurotransmitters associated with depression and keep them at the levels that improve mood. Examples are peneizine (Nardil) and isocarboxazid (Marplan).

These older classes of antidepressants are still prescribed for some people as they work for them. They do, however, have numerous side effects including

drowsiness, dry mouth, weight gain, constipation, blurred vision and sexual dysfunction.

NEWER ANTIDEPRESSANTS

These antidepressants work somewhat differently, but their main advantage is reduced side effects.

Selective Serotonin Reuptake Inhibitors (SSRIs) increase the levels of serotonin in the brain. Side effects include nausea, increased appetite and sexual dysfunction. Examples are fluoxetine (brand name Prozac), paroxetine (brand name Paxil),

sertraline (brand name Zoloft), citalopram (brand name Celexa), and Cipralex (escitalopram).

Serotonin Norepinephrine Reuptake Inhibitor (SNRIs). This group of medications are thought to work by affecting both serotonin and norepinephrine in the brain. Examples of these antidepressants are venlafaxine XR (Effexor XR), duloxetine (Cymbalta), and desvenlafaxine succinate (Pristiq).

Norepinephrine Dopamine Reuptake Inhibitors (NDRIs). An example of a NDRI is bupropion (Wellbutrin). They result in fewer side effects related to sexual dysfunction.

Antipsychotic medications for depression. For some people, antipsychotic medication may be used in addition to antidepressants. Examples of such medication approved for this use are quetiapine fumarate (Seroquel, original formula and Seroquel XR, extended release). These medications are approved for use in both the manic and the depressive phases of bipolar disorder.

Finding the right medication requires ongoing consultation with your physician and pharmacist who, with the support of family and friends, can help you in your search.

Special Note: Some antidepressants are not recommended for the depressive phase of bipolar disorder because they can trigger a manic episode. Please see our brochure, *What is Bipolar Disorder?* available at www.mooddisorderscanada.ca for more information.



ELECTROCONVULSIVE THERAPY (ECT)

ECT involves passing a brief electric current through the brain. It is administered under anesthetic. ECT is used particularly for people who are not responding well to antidepressant medication or who are at high risk of suicide. While research shows ECT to be effective, it remains controversial particularly in relation to reported side effects. It is important that you (or your support people – if you are not capable) investigate ECT completely before choosing this treatment for yourself.



PSYCHOTHERAPY

Research has shown that medication in combination with therapy is the most effective way of treating depression. There are different forms of therapy. **Interpersonal** - where you and your therapist explore your past hurts, present relationships and future goals, looking at ways you can develop a more healthful life. **Marital or family therapy**, by definition, involves you and those close to you in joint sessions where you

examine how you can relate to one another better. **Group therapy** brings people together who share a particular problem so they can examine some of the ways they have acted – or choices that they have made – that have led to difficulties in their lives. Group members also share tips and coping strategies for more healthy living.

Cognitive behavioural therapy (CBT) is the model of therapy that is most associated with the treatment for depression and/or anxiety. CBT has been extensively researched and has shown positive results. The basic idea of CBT is that your thoughts (cognitions) affect how you feel (mood) and lead to your actions (behaviours). After

a while, it is hard to determine which came first: negative thoughts and moods leading to unhealthy behaviours – or unhealthy behaviours leading to negative moods and thoughts.

PSYCHOEDUCATION AND SELF-MANAGEMENT

Psychoeducation is the name for formal education groups – run by mental health professionals – that help you understand the dynamics of depression, treatment options and the resources available to help. Self-management is central to empowerment and recovery. It means that you begin to take personal responsibility for learning about your illness and actively try coping mechanisms that improve your self-management skills.

PEER SUPPORT AND SELF-HELP

Many people find that there is no substitute for being among others who have “been there.” Peers are not professional caregivers but fellow travelers who have suffered depression and struggled with recovery – just like you. In rare instances, peers can be paid by mental health organizations to visit clients and provide support or run peer programs. Most often, they are unpaid volunteers wanting to prevent others from experiencing some of the suffering they have gone through. Self-help or mutual aid is another form of peer support where peers get together in groups. The hallmark of self-help is safety – you are among people who understand so you can speak your mind without fear of judgment. Everyone has something to give and all members participate in both giving and receiving support.



Family and Caregivers

Families have developed ideas about what does and does not work. Here are some suggestions:



EDUCATE YOURSELF – Families and friends need to know all about depression, its symptoms and treatments.

THIS IS AN ILLNESS – People with depression can't "pull themselves up by their boot straps."

DEAL WITH PRACTICAL ISSUES – People with depression are not capable (at the time) of dealing with complicated plans or long conversations.

AVOID TRYING TO REASON PEOPLE OUT OF THEIR NEGATIVE FEELINGS AND BELIEFS - People in the depths of depression do not respond to reason. However, if the person is expressing ideas about harming themselves, they

must know that family or friends will intervene by taking them to a physician or the emergency department.

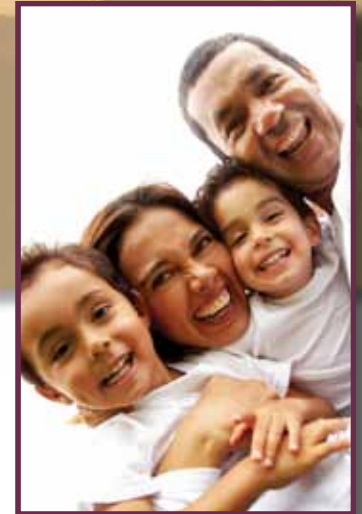
TAKE CARE OF YOURSELF – Families and friends need their own support and, possibly, treatment for their mental health. There are self-help groups especially for families where they can get advice, receive support and exchange coping mechanisms.

By law, mental health professionals may not share information about a client's treatment (outside the treatment team) without written permission from the client.

If families wish to know the details of their adult loved one's treatment, they must obtain signed permission from their loved one under the mental health act. These acts can vary from province to province, so check the provisions of yours.

Leading a Balanced Life

Just like those who've had physical illnesses, people who've experienced depression need to examine their lifestyle. Nutrition, exercise, sleeping properly, reconnecting with friends and developing healthful skills to cope with stress are important to your recovery. In fact, exercise (even a little) has been shown to relieve the symptoms of depression. Taking a long hard look at your lifestyle and making adjustments leads to an improved sense of self esteem and a more balanced life.



What Does the Future Hold?

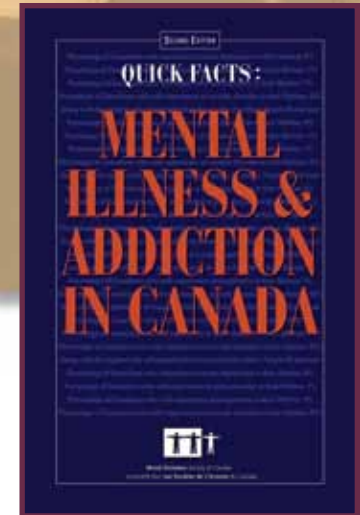
Research into the causes and treatments for depression continues to evolve. For example, pharmaceutical research focuses on new drugs that have fewer side effects or those with new chemical formulas. There is also promising research on the genetic components of depression and more effective ways of diagnosing depression.

There have been advances in the self-management of depression. Numerous guides focus on what you can do to manage your own symptoms and prevent relapse. A search of the web under "self-management of depression" will offer you many choices in free, highly practical downloadable tools.



Where Can I Get More Information?

THE MOOD DISORDERS SOCIETY OF CANADA (MDSC) is a national, not-for-profit, registered charity that is volunteer-driven and committed to improving the quality of life for Canadians living with mood disorders and their families. The website, www.mooddisorderscanada.ca, contains more information on depression, bipolar disorder, other mood disorders, contact information for finding mental health services and links to provincial Mood Disorders Associations. Note the popular MDSC publication called Quick Facts, also available on the website, which offers hundreds of facts about mental health and mental illness in an easy-to-find format. If you need further assistance contact us directly.



TEL: 1 519 824-5565
FAX: 1 519 824-9569
EMAIL: [INFO@MOODDISORDERSCANADA.CA](mailto:info@mooddisorderscanada.ca)
WEBSITE: [WWW.MOODDISORDERSCANADA.CA](http://www.mooddisorderscanada.ca)

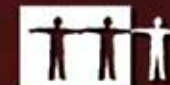
Notes:

Aventyl® is a trademark of Pharmascience Inc.
Celexa® is a trademark of Lundbeck Canada Inc.
Ciprallex® is a trademark of Lundbeck Canada Inc.
Cymbalta® is a trademark of Eli Lilly Canada Inc.
Effexor® XR is a trademark of Wyeth Canada
Elavil® is a trademark of Apotex Canada
Marplan® is a trademark of Roche Canada
Nardil® is a trademark of Pfizer Canada
Norpramin® is a trademark of Sanofi Aventis Canada Inc.
Pamelor® is a trademark of Ranbaxy Pharmaceuticals Canada
Paxil® is a trademark of GlaxoSmithKline Inc.
Pristiq® is a trademark of Wyeth Canada
Prozac® is a trademark of Eli Lilly Canada Inc.
Seroquel® is a trademark of AstraZeneca Canada Inc.
Tofranil® is a trademark of Novartis Canada
Wellbutrin® is a trademark of GlaxoSmithKline Inc.
Zoloft™ is a trademark of Pfizer Canada Inc.



For an extended version,
fully referenced, please visit
www.moorderscanada.ca

© Copyright 2011
Mood Disorders Society of Canada
First Edition Publication June 2009





Mood Disorders Society of Canada
La Société Pour Les Troubles de L'Humeur du Canada

