

DEPRESSION

Depression affects almost 10% of Canadians. The economic costs of depression are high and the human costs are incalculable. But there is help.



No stigma anymore, but...

At one time, anyone with a depressive illness felt isolated, did not talk about it, and if they did it was in hushed whispers. Not anymore. Depression is so pervasive in our society today that it is discussed openly and treatment options abound. Unfortunately many people suffering from a depressive illness don't seek help right away.

There is an element of denial attached to the problem; a feeling that depression happens to others not to me. "I'll get through this on my own". It shouldn't be this way. Depression can destroy relationships and family life. It can play havoc with performance in the workplace. All this suffering is unnecessary because there are now medications and supportive therapies that can be used to ease the pain of depression and bring a sense of normalcy back to life.

WHAT CAUSES DEPRESSION?

If you break your leg, you can't walk. In this case there has been a physical breakdown that prevents physical activity. Depressed people have a breakdown in the brain where the chemicals that fuel the brain allowing normal everyday activities are out of balance. The important brain chemical, serotonin, has been found to be low in depressed people and because of that deficiency they are unable to deal with the stresses of daily living.

Is depression hereditary? There are some types of depression that seem to run in families indicating there can be a genetic cause to the disease. However it can occur in people with absolutely no history of depression in their family.

There is also a link between depression and other physical changes in our body. Medical illnesses like stroke, heart attack, cancer and Parkinson's disease can be accompanied by symptoms of depression. Also, a severely stressful situation in life, like the loss of a loved one, financial difficulties or a divorce with all its accompanied stress, can also cause depression.

DIAGNOSIS OF DEPRESSION

If you or someone close to you shows some of the signs of depression, the first step is to get a thorough physical examination from your doctor. The doctor can review all the medications currently being taken, do lab tests and check on more physical causes of the problem before submitting the patient to a psychological exam. Referral to a psychiatrist is often done before medication has begun.

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SYMPTOMS OF DEPRESSION

Here are some of the signs and symptoms of depression. Not every depressed person experiences all of these symptoms but can identify with many of them:

- Persistent sad, anxious or “empty” moods.
- Feelings of guilt, worthlessness, helplessness.
- Feelings of hopelessness and pessimism.
- Loss of interest or pleasure in hobbies and activities that were once enjoyed including sex.
- Decreased energy, feelings of fatigue, a sense of “slowing down”.
- Inability to concentrate, remember things or make decisions.
- Insomnia, early-morning awakening or even over-sleeping.
- Loss of appetite and consequent weight-loss (but also overeating and weight-gain can be symptoms of depression).
- Thoughts of death and suicide and even attempts at suicide.
- Restlessness and irritability.
- Persistent physical symptoms that are unresponsive to treatment. Examples include headache, digestive disorders and chronic pain.

If you are experiencing some of these symptoms, see your doctor for an evaluation. Like with a broken leg, there is help and it could change your life.

DEPRESSION IN MEN AND WOMEN

- Women experience depression twice as often as men. This is due to hormonal changes due to menstruation, childbirth and menopause.
- Men, though, are less likely to admit to depression. Men’s depression is often masked by alcohol or drug use or by working long hours at work. Men are also less likely to seek help than women.

TREATMENT OF DEPRESSION

There are two main treatments for depression. One is *psychotherapy*, which involves “talking out” problems helping patients gain insight into their feelings. Behavioural therapy could be started to help the patient break certain life habits that may be contributing to depressed feelings. This is common in cases of mild depression and the doctor may not prescribe any medication.

For moderate to severe depression, medications are usually indicated. There has been good research done on medications for depression since the first popular antidepressant came on the market in 1961. The drug was *amitriptyline (Elavil)*. This drug was one of a class of antidepressants called the *tricyclics*. They were effective but possessed some troublesome side effects like dry mouth, constipation, blurred vision, dizziness, drowsiness and bladder problems.

Newer groups of antidepressants have been discovered over the past twenty years and have essentially replaced the tricyclics. *Prozac* was the first of many new antidepressants that replaced the older drugs as the drug treatment of choice. This new class is called *selective serotonin reuptake inhibitors (SSRIs)* has been well accepted and is generally the first group of drugs chosen when drug treatment is recommended. This new class has a different group of side effects. These include headache, nausea, nervousness, insomnia, agitation or jittery feelings and sometimes sexual performance problems. Because drug side effects vary, if one drug causes a troublesome side effect, the doctor can choose another. Side effects of antidepressants do lessen with time. Your *Medicine Centre* pharmacists generally give three pieces of good advice when starting on any antidepressant:

1. The positive effects may take a few weeks to occur but a side effect may start right way. Persevere.
2. Don’t change the dose or stop taking the medication unless you talk to your doctor.
3. Antidepressants can be very helpful. They can help get your life back to normal. Hang in there!

HERBAL THERAPY FOR DEPRESSION:

St. John’s Wort is generally associated with treating depression. It contains ten different constituents of which hypericin is the most active one. Many studies have confirmed that St. John’s Wort can be useful in mild to moderate depression. *Because of its effect on certain brain chemicals, it should not be taken with prescription antidepressants.* The usual dose of 300mg three times a day of the herb “standardized to 0.3% to 0.5% hypericin per dose”. This herb should not be used during pregnancy. If you are considering taking St. John’s Wort, it is important to tell your doctor and pharmacist.

Summary:

Antidepressant drugs are not habit-forming or addictive. They are a way of restoring balance to your body (brain) and help you to feel better. Check before taking any other medications, even non-prescription types. Drug interactions are real and the wrong mix of drugs can cause problems. Whether the method of treatment is psychotherapy and/or medications, the goal is to get you well. Help is there for the asking and it could save your life.