

## What Is Depression?

Depression is a serious medical illness that negatively affects how you feel, the way you think and how you act.

Depression has a variety of symptoms, but the most common are a deep feeling of sadness or a marked loss of interest or pleasure in activities. Other symptoms include:

- **Changes in appetite that result in weight losses or gains unrelated to dieting**
- **Insomnia or oversleeping**
- **Loss of energy or increased fatigue**
- **Restlessness or irritability**
- **Feelings of worthlessness or inappropriate guilt**
- **Difficulty thinking, concentrating, or making decisions**
- **Thoughts of death or suicide or attempts at suicide.**

Depression is common. It affects nearly one in 10 adults each year—nearly twice as many women as men. It's also important to note that depression can strike at any time, but on average, first appears during the late teens to mid-20s. Depression is also common in older adults. Fortunately, depression is very treatable.

## How Depression and Sadness Are Different

The death of a loved one, loss of a job, or the ending of a relationship are difficult experiences for a person to endure. It is normal for feelings of sadness or grief to develop in response to such stressful situations. Those experiencing trying times often might describe themselves as being “depressed.”

But sadness and depression are not the same. While feelings of sadness will lessen with time, the disorder of depression can continue for months, even years. Patients who have experienced depression note marked differences between normal sadness and the disabling weight of clinical depression.

## Postpartum Depression

Postpartum depression—an illness associated with the delivery of a child—is caused by changes in hormones and can run in families. It is distinguished from “baby blues”—an extremely common reaction following delivery—both by its duration and the debilitating effects of indifference the mother has about herself and her children. About one in 10 new mothers experience some degree of postpartum depression; women with severe premenstrual syndrome are more likely to suffer from it.

Women with postpartum depression love their children but may be convinced that they are not able to be good mothers.

## What Causes Depression?

Depression can affect anyone—even a person who appears to live in relatively ideal circumstances.

But several factors can play a role in the onset of depression:

**Biochemistry.** Abnormalities in two chemicals in the brain, serotonin and norepinephrine, might contribute to symptoms of depression, including anxiety, irritability and fatigue. Other brain networks undoubtedly are involved as well; scientists are actively seeking new knowledge in this area.

**Genetics.** Depression can run in families. For example, if one identical twin has depression, the other has a 70% chance of having the illness sometime in life.

**Personality.** People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be vulnerable to depression.

**Environmental factors.** Continuous exposure to violence, neglect, abuse or poverty may make people who are already susceptible to depression all the more vulnerable to the illness.

Also, a medical condition (e.g., a brain tumor or vitamin deficiency) can cause depression, so it is important to be evaluated by a psychiatrist or other physician to rule out general medical causes.

## How Is Depression Treated?

For many people, depression cannot always be controlled for any length of time simply by exercise, changing diet, or taking a vacation. It is, however, among the most treatable of mental disorders: between 80% and 90% of people with depression eventually respond well to treatment, and almost all patients gain some relief from their symptoms.

Before a specific treatment is recommended, a psychiatrist should conduct a thorough diagnostic evaluation, consisting of an interview and possibly a physical examination. The purpose of the evaluation is to reveal specific symptoms, medical and family history, cultural settings and environmental factors to arrive at a proper diagnosis and to determine the best treatment.

**Medication:** Antidepressants may be prescribed to correct imbalances in the levels of chemicals in the brain. These medications are not sedatives, “uppers” or tranquilizers. Neither are they habit-forming. Generally antidepressant medications have no stimulating effect on those not experiencing depression.

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Antidepressants may produce some improvement within the first week or two of treatment. Full benefits may not be realized for two to three months. If a patient feels little or no improvement after several weeks, his or her psychiatrist will alter the dose of the medication or will add or substitute another antidepressant.

Psychiatrists usually recommend that patients continue to take medication for six or more months after symptoms have improved. After two or three episodes of major depression, long-term maintenance treatment may be suggested to decrease the risk of future episodes.

**Psychotherapy:** Psychotherapy, or “talk therapy,” is sometimes used alone for treatment of mild depression; for moderate to severe depression, it is often used in combination with antidepressant medications. Psychotherapy may involve only the individual patient, but it can include others. For example, family or couples therapy can help address specific issues arising within these close relationships. Group therapy involves people with similar illnesses.

Depending on the severity of the depression, treatment can take a few weeks or substantially longer. However, in many cases, significant improvement can be made in 10 to 15 sessions.

## Conclusion

Depression is never normal and always produces needless suffering. With proper diagnosis and treatment, the vast majority of people with depression will overcome it. If you are experiencing symptoms of depression, see your family physician or psychiatrist, describe your concerns and request a thorough evaluation. You will feel better.

## Resources

For more information, please contact:

### **American Psychiatric Association (APA)**

1000 Wilson Blvd., Suite 1825

Arlington, VA 22209

703-907-7300

[www.HealthyMinds.org](http://www.HealthyMinds.org)

### **Depression and Bipolar Support Alliance (DBSA)**

730 N. Franklin Street, Suite 501

Chicago, IL 60610-7224

800-826-3632

[www.dbsalliance.org](http://www.dbsalliance.org)

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## National Alliance on Mental Illness (NAMI)

Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3042  
Information Helpline:  
800-950-NAMI (6264)  
[www.nami.org](http://www.nami.org)

## Mental Health America (MHA)

2000 N. Beauregard Street, 6th Floor  
Alexandria, VA 22311  
800-969-MHA (6642)  
[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)



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APA physician members receive a 10% discount.

One in a series of brochures designed to reduce stigma associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit [www.HealthyMinds.org](http://www.HealthyMinds.org).

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