

## Depression, Causes and Treatment

George king

Department of Biomedical Science, Teesside University, Middlesbrough, England, United Kingdom.

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### ABSTRACT

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. It has equally been identified as a silent disease that affects all individual irrespective of his or her physical and biological health. Depression has become a worrying trend that does not only affect the psychological wellbeing of an individual but also the physical wellbeing of a person. It affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and sometimes you may feel as if life isn't worth living. Some issues like Abuse, Conflict, Death or a Loss, Substance Abuse etc can lead to depression. However, even the most severe depression is treatable.

Keywords: Depression, causes, treatment

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### INTRODUCTION

Depression is a common illness worldwide. It is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life [1]. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Feeling down from time to time is a normal part of life, but when emotions such as hopelessness and despair take hold and just won't go away, you may have depression. More than just sadness in response to life's struggles and setbacks, depression changes how you think, feel, and function in daily activities. It can interfere with your ability to work, study, eat, sleep, and enjoy life. Just trying to get through the day can be overwhelming. When you're depressed, it can feel like you'll never get out from under a dark shadow. However, even the most severe depression is treatable. So, if your depression is keeping you from living the life you want to, don't hesitate to seek help. From therapy to medication

to healthy lifestyle changes, there are many different treatment options available. Of course, just as no two people are affected by depression in exactly the same way, neither is there a "one size fits all" treatment to cure depression. What works for one person might not work for another [2].

#### **Types of Depression and Symptoms**

##### **1. Major Depressive Disorder (MDD)**

When people use the term clinical depression, they are generally referring to major depressive disorder (MDD). Major depressive disorder is a mood disorder characterized by a number of key features:

Depressed mood

Lack of interest in activities normally enjoyed

Changes in weight

Changes in sleep

Fatigue

Feelings of worthlessness and guilt

Difficulty concentrating

Thoughts of death and suicide

If a person experiences the majority of these symptoms for longer than a two-week period, they will often be diagnosed with MDD.

## 2. Persistent Depressive Disorder (PDD)

Dysthymia, now known as persistent depressive disorder, refers to a type of chronic depression present for more days than not for at least two years. It can be mild, moderate, or severe.<sup>1</sup>

People might experience brief periods of not feeling depressed, but this relief of symptoms lasts for two months or less [3]. While the symptoms are not as severe as major depressive disorder, they are pervasive and long-lasting.

PDD symptoms include:

Feelings of sadness  
Loss of interest and pleasure  
Anger and irritability  
Feelings of guilt  
Low self-esteem  
Difficulty falling or staying asleep  
Sleeping too much  
Feelings of hopelessness  
Fatigue and lack of energy  
Changes in appetite  
Trouble concentrating

Treatment for persistent depressive disorder often involves the use of medications and psychotherapy.

## 3. Bipolar Disorder

Bipolar disorder is a mood disorder characterized by periods of abnormally elevated mood known as mania [4]. These periods can be mild (hypomania) or they can be so extreme as to cause marked impairment with a person's life, require hospitalization, or affect a person's sense of reality. The vast majority of those with bipolar disorder also have episodes of major depression.<sup>2</sup>

In addition to depressed mood and markedly diminished interest in activities, people with depression often have a range of physical and emotional symptoms which may include:<sup>1</sup>

- Fatigue, insomnia, and lethargy
- Unexplained aches, pains, and psychomotor agitation
- Hopelessness and loss of self-esteem
- Irritability and anxiety
- Indecision and disorganization

The risk of suicide in bipolar illness is about 15 times greater than in the general

population. Psychosis (including hallucinations and delusions) can also occur in more extreme cases.

## 4. Postpartum Depression (PPD)

Pregnancy can bring about significant hormonal shifts that can often affect a woman's moods. Depression can have its onset during pregnancy or following the birth of a child.

Currently classified as depression with peripartum onset, postpartum depression (PPD) is more than that just the "baby blues."<sup>1</sup>

Mood changes, anxiety, irritability, and other symptoms are not uncommon after giving birth and often last up to two weeks [5]. PPD symptoms are more severe and longer-lasting.

Such symptoms can include:

- Low mood, feelings of sadness
- Severe mood swings
- Social withdrawal
- Trouble bonding with your baby
- Appetite changes
- Feeling helpless and hopeless
- Loss of interest in things you used to enjoy
- Feeling inadequate or worthless
- Anxiety and panic attacks
- Thoughts of hurting yourself or your baby
- Thoughts of suicide

PPD can range from a persistent lethargy and sadness that requires medical treatment all the way up to postpartum psychosis, a condition in which the mood episode is accompanied by confusion, hallucinations, or delusions [6].

If left untreated, the condition can last up to a year. Fortunately, research has found that treatments such as antidepressants, counseling, and hormone therapy can be effective.

## 5. Premenstrual Dysphoric Disorder (PMDD)

Among the most common symptoms of premenstrual syndrome (PMS) are irritability, fatigue, anxiety, moodiness, bloating, increased appetite, food cravings, aches, and breast tenderness.<sup>1</sup>

Premenstrual dysphoric disorder (PMDD) produces similar symptoms, but those related to mood are more pronounced.

PMDD symptoms may include:

- Extreme fatigue
- Feeling sad, hopeless, or self-critical
- Severe feelings of stress or anxiety
- Mood swings, often with bouts of crying
- Irritability
- Inability to concentrate
- Food cravings or binging

#### 6. Seasonal Affective Disorder (SAD)

If you experience depression, sleepiness, and weight gain during the winter months but feel perfectly fine in spring, you may have a condition known as seasonal affective disorder (SAD), currently called major depressive disorder with seasonal pattern.

SAD is believed to be triggered by a disturbance in the normal circadian rhythm of the body [7]. Light entering through the eyes influences this rhythm, and any seasonal variation in night/day pattern can cause a disruption leading to depression.

Prevalence rates for SAD can be difficult to pinpoint because the condition often goes undiagnosed and unreported. It is more common in areas further from the equator.

#### 7. Atypical Depression

Do you experience signs of depression (such as overeating, sleeping too much, or extreme sensitivity to rejection) but find yourself suddenly perking up in face of a positive event?

Based on these symptoms, you may be diagnosed with atypical depression (current terminology refers to this as depressive disorder with atypical features) a type of depression that doesn't follow what was thought to be the "typical" presentation of the disorder. Atypical depression is characterized by a specific set of symptoms related to:

- Excessive eating or weight gain
- Excessive sleep
- Fatigue, weakness, and feeling "weighed down"
- Intense sensitivity to rejection
- Strongly reactive moods

Atypical depression is actually more common than the name might imply [8]. Unlike other forms of depression, people

with atypical depression may respond better to a type of antidepressant known as a monoamine oxidase inhibitor (MAOI).

#### Causes of Depression

There are a number of factors that may increase the chance of depression, including the following:

- **Abuse.** Past physical, sexual, or emotional abuse can increase the vulnerability to clinical depression later in life.
- **Certain medications.** Some drugs, such as isotretinoin (used to treat acne), the antiviral drug interferon-alpha, and corticosteroids, can increase your risk of depression.
- **Conflict.** Depression in someone who has the biological vulnerability to develop depression may result from personal conflicts or disputes with family members or friends.
- **Death or a loss.** Sadness or grief from the death or loss of a loved one, though natural, may increase the risk of depression.
- **Genetics.** A family history of depression may increase the risk. It's thought that depression is a complex trait, meaning that there are probably many different genes that each exert small effects, rather than a single gene that contributes to disease risk [9]. The genetics of depression, like most psychiatric disorders, are not as simple or straightforward as in *purely* genetic diseases such as Huntington's chorea or cystic fibrosis.
- **Major events.** Even good events such as starting a new job, graduating, or getting married can lead to depression [10]. So can moving, losing a job or income, getting divorced, or retiring. However, the syndrome of clinical depression is never just a "normal" response to stressful life events.
- **Other personal problems.** Problems such as social isolation due to other mental illnesses or being cast out of a

family or social group can contribute to the risk of developing clinical depression.

- **Serious illnesses.** Sometimes depression co-exists with a major illness or may be triggered by another medical condition.
- **Substance abuse.** Nearly 30% of people with substance abuse problems also have major or clinical depression [11]. Even if drugs or alcohol temporarily make you feel better, they ultimately will aggravate depression.

#### **Treatment of Depression**

When you're depressed, it can feel like you'll never get out from under a dark shadow. However, even the most severe depression is treatable. So, if your depression is keeping you from living the life you want to, don't hesitate to seek help [12] [13]. From therapy to medication to healthy lifestyle changes, there are many different treatment options available. Of course, just as no two people are affected by depression in exactly the same way, neither is there a "one size fits all" treatment to cure depression. What works for one person might not work for another. By becoming as informed as possible, though, you can find the treatments that can help you overcome depression, feel happy and hopeful again, and reclaim your life.

Depression treatment tips;

**Learn as much as you can about your depression.** It's important to determine whether your depression symptoms are due to an underlying medical condition [14]. If so, that condition will need to be treated first. The severity of your depression is also a factor. The more severe the depression, the more intensive the treatment you're likely to need.

**It takes time to find the right treatment.** It might take some trial and error to find the treatment and support that works best for you. For example, if you decide to pursue therapy it may take a few attempts to find a therapist that you really click with. Or you may try an antidepressant, only to find that you don't need it if you take a daily half hour

walk. Be open to change and a little experimentation [15].

**Don't rely on medications alone.** Although medication can relieve the symptoms of depression, it is not usually suitable for long-term use [16]. Other treatments, including exercise and therapy, can be just as effective as medication, often even more so, but don't come with unwanted side effects. If you do decide to try medication, remember that medication works best when you make healthy lifestyle changes as well.

**Get social support.** The more you cultivate your social connections, the more protected you are from depression [17]. If you are feeling stuck, don't hesitate to talk to trusted family members or friends, or seek out new connections at a depression support group, for example. Asking for help is not a sign of weakness and it won't mean you're a burden to others. Often, the simple act of talking to someone face-to-face can be an enormous help.

**Treatment takes time and commitment.** All of these depression treatments take time, and sometimes it might feel overwhelming or frustratingly slow. That is normal. Recovery usually has its ups and downs.

Lifestyle changes: An essential part of depression treatment:

Lifestyle changes are simple but powerful tools in the treatment of depression. Sometimes they might be all you need. Even if you need other treatment as well, making the right lifestyle changes can help lift depression faster—and prevent it from coming back.

Lifestyle changes to treat depression

**Exercise.** Regular exercise can be as effective at treating depression as medication. Not only does exercise boost serotonin, endorphins, and other feel-good brain chemicals, it triggers the growth of new brain cells and connections, just like antidepressants do. Best of all, you don't have to train for a marathon in order to reap the benefits. Even a half-hour daily walk can make a big difference [18]. For maximum results, aim for 30 to 60 minutes of aerobic activity on most days.

**Social support.** Strong social networks reduce isolation, a key risk factor for depression. Keep in regular contact with friends and family, or consider joining a class or group. Volunteering is a wonderful way to get social support and help others while also helping yourself.

**Nutrition.** Eating well is important for both your physical and mental health. Eating small, well-balanced meals throughout the day will help you keep your energy up and minimize mood swings [19]. While you may be drawn to sugary foods for the quick boost they provide, complex carbohydrates are a better choice. They'll get you going without the all-too-soon sugar crash.

**Sleep.** Sleep has a strong effect on mood. When you don't get enough sleep, your depression symptoms will be worse. Sleep deprivation exacerbates irritability, moodiness, sadness, and fatigue. Make sure you're getting enough sleep each night. Very few people do well on less than seven hours a night. Aim for somewhere between seven to nine hours each night.

**Stress reduction.** Make changes in your life to help manage and reduce stress. Too much stress exacerbates depression and puts you at risk for future depression. Take the aspects of your life that stress you out, such as work overload or unsupportive relationships, and find ways to minimize their impact [20].

#### CONCLUSION

Depression is one of the most common conditions in primary care, but is often unrecognized, undiagnosed, and untreated. Depression has a high rate of morbidity and mortality when left untreated. Most patients suffering from depression do not complain of feeling depressed, but rather anhedonia or vague unexplained symptoms [21] [22]. All physicians should remain alert to effectively screen for depression in their patients. There are several screening tools for depression that are effective and feasible in primary care settings [23]. An appropriate history, physical, initial basic lab evaluation, and mental status

examination can assist the physician in diagnosing the patient with the correct depressive spectrum disorder (including bipolar disorder). Primary care physicians should carefully assess depressed patients for suicide. Most primary care physician can successfully treat uncomplicated mild or moderate forms of major depression in their settings with careful psychiatric management (e.g., close monitoring of symptoms, side effects, etc.); maintaining a therapeutic alliance with their patient; pharmacotherapy (acute, continuation, and maintenance phases); and / or referral for psychotherapy [24].

#### REFERENCES

1. Pignone M, Gaynes B, Rushton J, et al. Screening for depression: A systematic review. Agency for Healthcare Research and Quality. 2002
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Fourth ed. Washington, DC: American Psychiatric Association; 1994.
3. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62:617-627. [PMC free article] [PubMed]
4. Hasin D, Goodwin RD, Stinson F, Grant B. Epidemiology of Major Depressive Disorder: Results From the National Epidemiologic Survey on Alcoholism and Related Conditions. Arch Gen Psychiatry. 2005;62:1097-1106. [PubMed]
5. Narrow WE, Rae DS, Robins LN, Regier DA. Revised prevalence estimates of mental disorders in the United States: using a clinical significance criterion to reconcile 2 surveys' estimates. Arch Gen Psychiatry. 2002;59:115-123. [PubMed]
6. Horwath E, Cohen R, Weissman MM. Epidemiology of Depressive and Anxiety Disorders. In: Tsuang

- M, Tohen M, editors. Textbook in Psychiatric epidemiology. 2nd ed. Hoboken, NJ: John Wiley & Sons, Inc; 2002. pp. 389-426.
7. Beekman AT, Copeland JR, Prince MJ. Review of community prevalence of depression in later life. *Br J Psychiatry*. 1999;174:307-311. [PubMed]
  8. Norton MC, Skoog I, Toone L, et al. Three-year incidence of first-onset depressive syndrome in a population sample of older adults: the Cache County study. *Am J Geriatr Psychiatry*. 2006;14:237-245. [PubMed]
  9. Simon GE, VonKorff M. Recognition, management, and outcomes of depression in primary care. *Arch Fam Med*. 1995;4:99-105. [PubMed]
  10. Williams J, Mulrow CD, Kroenke K. Case-finding for depression in primary care: a randomized trial. *The American journal of medicine*. 1999;106:36-43. [PubMed]
  11. Coyne JC, Fechner-Bates S, Schwenk TL. Prevalence, nature, and comorbidity of depressive disorders in primary care. *Gen Hosp Psychiatry*. 1994;16:267-276. [PubMed]
  12. Spitzer RL, Williams JB, Kroenke K, et al. Utility of a new procedure for diagnosing mental disorders in primary care. The PRIME-MD 1000 study. *JAMA*. 1994;272:1749-1756. [PubMed]
  13. Lyness JM, Caine ED, King DA, Cox C, Yoediono Z. Psychiatric disorders in older primary care patients. *J Gen Intern Med*. 1999;14:249-254. [PMC free article] [PubMed]
  14. Schulberg HC, Mulsant B, Schulz R, Rollman BL, Houck PR, Reynolds CF III. Characteristics and course of major depression in older primary care patients. *Int J Psychiatry Med*. 1998;28:421-436. [PubMed]
  15. Gaynes BN, Rush AJ, Trivedi MH, et al. Major depression symptoms in primary care and psychiatric care settings: a cross-sectional analysis. *Ann Fam Med*. 2007;5:126-134. [PMC free article] [PubMed]
  16. Gaynes BN, Rush AJ, Trivedi M, et al. A direct comparison of presenting characteristics of depressed outpatients from primary vs. specialty care settings: preliminary findings from the STAR\*D clinical trial. *General Hospital Psychiatry*. 2005 Apr. 27;(2):87-96. [PubMed]
  17. Depression Guideline Panel. Depression in primary care: Detection and Diagnosis Clinical Practice Guideline: Number 5 AHCPR Publication No 93-0550. United States Department of Health and Human Services, Public Health Service; Agency for Health Care Policy and Research; 1993.
  18. Olfson M, Broadhead WE, Weissman MM, et al. Subthreshold psychiatric symptoms in a primary care group practice. *Arch Gen Psychiatry*. 1996;53:880-886. [PubMed]
  19. World Health Organization (WHO). Global Programme on Evidence for Health Policy Discussion Paper 54. World Health Organization (WHO); 2007. Global Burden of Disease in 2002: data sources, methods and results.
  20. Unutzer J, Patrick DL, Diehr P, Simon G, Grembowski D, Katon W. Quality adjusted life years in older adults with depressive symptoms and chronic medical disorders. *Int Psychogeriatr*. 2000;12:15-33. [PubMed]
  21. Kessler RC, Berglund P, Demler O, et al. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). *JAMA*. 2003;289:3095-3105. [PubMed]
  22. Simon GE. Social and economic burden of mood disorders. *Biol Psychiatry*. 2003;54:208-215. [PubMed]
  23. Beck CT. Maternal depression and child behaviour problems: a meta-analysis. *J Adv Nurs*. 1999;29:623-629. [PubMed]

24. Downey G, Coyne JC. Children of depressed parents: an integrative review. *Psychol Bull.* 1990;108:50-76. [PubMed]
25. Kane P, Garber J. The relations among depression in fathers,

children's psychopathology, and father-child conflict: a meta-analysis. *Clin Psychol Rev.* 2004;24:339-360. [PubMed]