

Depression awareness

This factsheet is intended for healthcare professionals and has been produced to support the depression awareness training for general practice. It is designed to provide concise information on depressive illness and related issues.

What is depression?

Depression is an overwhelming feeling that dulls thinking, mood and concentration. It saps energy, disrupts sleep and drains interest in everyday activities.

It is not unusual to experience episodes of unhappiness from time to time – this becomes a diagnosable illness when these feelings of depression are persistent and severe enough to disrupt everyday life.

Depression is common

- It is estimated that around 7.5% of the population suffer from depression at any one time – this equates to around 100,000 people in Northern Ireland.¹
- In Northern Ireland, mental health problems are 25% more common than in England.²
- The World Health Organization (WHO) predicts that in the next decade, depression will be the second leading cause of disability worldwide.
- Women are twice as likely as men to be diagnosed with depression.
- Depression is most common in adolescence and again in later life.

Depression is devastating

Depression is one of the leading causes of disability and, according to the Clinical Standards Advisory Group (CSAG),

those with persistent depression suffer more impairment of their quality of life than, for example, people with arthritis, diabetes or back pain.³

Depression affects the mind, mood, body and behaviour. The effects on the mind include:

- self-criticism;
- a belief that others see you in a negative light;
- thoughts of death and suicide;
- confusion;
- indecisiveness;
- blaming oneself;
- poor memory and concentration.

Mood swings brought on by depression can cause feelings of:

- sadness;
- guilt;
- anger;
- numbness;
- helplessness;
- hopelessness;
- anxiety.



Depression can also have serious physical implications, which may include:

- extreme tiredness/fatigue;
- sleeping problems – oversleeping, insomnia, disturbed sleep, early morning waking;
- loss of appetite or overeating;
- unexplained aches and pains;
- constipation;
- loss of libido;
- an irregular menstrual cycle;
- weight loss or gain.

Changes in behaviour brought on by depression may include:

- social withdrawal;
- crying;
- neglect of personal appearance and hygiene;
- neglect of work/home responsibilities;
- risk taking;
- misuse of alcohol and/or drugs.

It is important to understand the self-sustaining nature of depression. The symptoms erode key areas of people's lives, causing additional damage and distress. Most of us deal with challenges and difficulties by talking to family or friends, but when someone becomes depressed, symptoms such as withdrawal, irritability and lack of social interest can start to damage key relationships – vital support networks are lost when they are most needed.

As depression worsens, pastimes such as sport and art are abandoned because of fatigue and loss of motivation. Energy levels drop further, anxiety rises, and more and more time is spent alone with negative thoughts. Work becomes increasingly difficult because of poor concentration, irritability and feelings of helplessness. In time, sense of purpose and self-worth are lost and financial problems are common.

When viewed in this context, it is easier to understand the devastating impact of depression on a person and every aspect of their life.

What causes depression?

There are many reasons why a person may develop depression. The various risk factors can be grouped into four categories, as outlined below.

Heredity

- A person is at greater risk of developing depression if a parent or close relative has a history of the illness.
- The risk also increases if a parent has alcohol problems or suffers from anxiety.
- Depressive illness is not inherited directly, but it is thought there is a genetic predisposition to its development under certain circumstances.

Environment

Ongoing environmental factors often contribute to the development of depression. These may include a stressful job, financial difficulties, relationship problems, or a lack of supportive family or friends.



Life events and experiences

- Those who experience abuse, neglect or bullying, especially during childhood, are at greater risk of developing depression.
- Life events associated with a sense of loss also increase the risk. Such events include the death of someone close, the loss of a job, a relationship break-up, an illness or a disability.

Personality

- People with certain personality traits are at greater risk of depression – perfectionists, those who like to be in control all the time or those with a tendency to blame themselves.
- These traits can make it more difficult to deal with life's problems and cope with change.

Most people with depression fall into two or more of these categories. The more risk factors that apply to a person, the greater their vulnerability to depression.

It is important to remember that sometimes, depression just happens. In 50% of patients, there is no obvious reason for their depression.

Symptoms of depression

There are 130 cases of depression per 1,000 of the population and only 80 of these will consult their GP. Of the 80 who do consult their GP, 49 are not diagnosed with depression.⁴ There are a number of reasons for this:

- Symptoms of depression often go unrecognised, particularly if the illness develops gradually.
- Some symptoms of depression are considered 'normal' in young people

or the elderly, ie erratic behaviour or mood swings.

- Research indicates that many doctors find it difficult to diagnose depression, particularly if the symptoms are not accurately described by the patient.⁴

Although there are several different types of depression, there are a number of common symptoms, the number and severity of which will vary from patient to patient.

A patient with depression will normally display at least one of these symptoms, most days, most of the time for two weeks:

- An unusually sad mood or anxious state that does not go away (this may be worse in the morning).
- A loss of enjoyment and interest in activities that used to bring pleasure.
- A lack of energy despite regular rest.

Some of the following symptoms will also be present:

- slower thinking and body movements;
- a loss of appetite or eating too much;
- difficulty concentrating or making decisions;
- sleep problems, including difficulty getting to sleep, waking early or oversleeping;
- feelings of hopelessness or worthlessness,
- excessive or inappropriate guilt;
- aches or pains without a physical cause;
- recurring thoughts of death or suicide;
- feeling anxious, tense or irritable;

- negative thoughts about self, others and the world;
- feeling unable to cope with everyday things;
- loss of interest in sex;
- social withdrawal;
- delusions and/or hallucinations (in severe cases).

Depression is classified as mild, moderate or severe, depending on the number and severity of the above symptoms. The following is a guide:

- **Mild depression** – four of the symptoms for at least two weeks.
- **Moderate depression** – five or six of the symptoms for at least two weeks.
- **Severe depression** – seven or more of the symptoms for at least two weeks.

Types of depression

Depression may be categorised, depending on the pattern of occurrence, severity of symptoms and apparent cause. The term 'clinical depression' simply means that it is severe enough to require medical help. The following are the main types of depression:

Unipolar depression

This is the more common form of the illness, the symptoms of which have already been outlined. It is usually referred to as 'depression', 'depressive illness' or 'major depression'. The following terms are sometimes used to describe different forms of unipolar depression:

- **Recurrent depression** is where a patient experiences more than one episode of depression. Recurrent

depression is quite common and the episodes can vary in severity from patient to patient. Patients may also feel well between these recurring episodes.

- **Dysthymia** is an ongoing mild depression, which lasts for at least two years.
- **Postnatal depression** is more severe and long lasting than the normal 'baby blues', which affect most women in the days after childbirth. It is estimated that this illness affects at least 10% to 15% of women in the first year after childbirth, and for approximately 30% of these, the depression will have begun during the pregnancy. Many cases of the illness are not diagnosed.
- **Seasonal affective disorder (SAD)** is a form of the illness that seems to be brought on by lack of sunlight, particularly during the winter months.
- **Secondary depression** refers to depressive episodes that occur either in response to other mental illnesses such as schizophrenia, as a result of alcohol/drug abuse, or as a consequence of physical illness, eg viral infection or Parkinson's disease.
- **Psychotic depression** is a severe form of the illness where, in addition to the other symptoms, a person has periods where they lose contact with reality and experience hallucinations or delusions. Many people with psychotic depression require hospital treatment.
- **Reactive and endogenous depression** These terms, which are based on the supposed causes of the illness, are now rarely used. Reactive or exogenous (caused by external factors) depression was seen as a condition that occurred as a result of life events or circumstances, while endogenous (from within) or biological depression arose from a disturbance



in the brain's biochemistry. Nowadays, the severity of the depression is seen as more important than its cause, so as previously stated, it is generally classified as mild, moderate or severe and treated accordingly.

Bipolar affective disorder (manic depression)

Approximately 10% of patients who experience severe depression also have periods when they feel 'high' or elated. This condition, which affects as many men as women, used to be known as manic depression but is now usually called bipolar disorder. There is often a family history of the condition, which usually develops between the early teens and 40s, but can affect people of all ages. Some evidence suggests that periods of elation are more common in spring and periods of depression are more common in winter.⁵

As with unipolar depression, stress can trigger the illness in vulnerable people. It is important to note that between periods of depression or elation, the patient's mood may be normal for months or even years. Many of those affected only seek help when feeling depressed and fail to report their feelings of elation. This can lead to misdiagnosis and inappropriate treatment. Furthermore, some of those affected may experience only periods of elation.

Symptoms of bipolar affective disorder

The symptoms of bipolar disorder are the same as those for unipolar depression (see 'Symptoms of depression' on page 3). During the 'highs' or periods of elation, however, the patient may:

- feel excited or over-enthusiastic;
- feel unusually angry or irritable;
- have great energy – be over-talkative, hyperactive or restless;
- have racing thoughts and feelings of pressure in the head;

- jump from one topic to another, with poor concentration;
- need very little sleep and have difficulty getting to sleep;
- make big plans and think they can do anything;
- show poor judgment;
- have an increased interest in pleasurable activities such as sex, alcohol, drugs, religion, music or art;
- be very pushy and domineering, refusing to recognise that there is something wrong;
- have delusions and/or hallucinations.

These symptoms may vary from patient to patient. However, anyone experiencing five or more symptoms for more than two weeks should consult their doctor.

Depression and anxiety

Anxiety disorders can be experienced by patients who are not depressed, but anxiety is also a common symptom of depression. It is important to note that a high level of anxiety experienced over a long period of time will often lead to depression.

Many patients have mixed anxiety and depression, the main symptom of which is overwhelming concern and worry about things that may go wrong, or one's ability to cope with everyday things such as money, family, health or work, even when there are no signs of problems. Sometimes patients cannot identify a reason for their anxiety.

Both physical and emotional symptoms are experienced with anxiety:

Physical

- fast or pounding heart

- headaches
- stomach pains
- tremor
- muscle tension
- inability to relax
- dizziness
- sweating
- dry mouth

Emotional

- excessive worry
- irritability
- restlessness
- feeling on edge
- difficulty concentrating
- mind going blank
- sleep disturbances

Depression and self-harm

Self-harm is deliberate injury to one's own body and is usually a means of relieving unbearable emotional pain. It is not an attempted suicide, although people who self-harm have a statistically greater risk of becoming suicidal.

- The average annual number of hospital admissions in Northern Ireland as a result of self-harm is 421 per 100,000 people. The actual number of self-harm incidents is likely to be higher as many do not seek help and of those that do, many do not require admission.⁶

- Between 2000/01 and 2004/05, the number of hospital admissions rose by 9.1% to 7,357.⁶
- Of those admitted to hospital, 24% were aged 25–34 and 28% were aged 35–55.⁶

Depression and suicide

Mental illness is the most important factor in increasing a person's risk of suicide. Feelings of hopelessness and helplessness are common with depression and these can lead to thoughts of suicide.

- On average, approximately 150 people take their own lives in Northern Ireland every year, with over 200 suicides recorded in 2005.^{7,8}
- People with severe depression have a 6% lifetime risk of taking their own lives compared to 1.3% for those without the condition.⁶

The effects of drugs and alcohol on depression

Drugs and/or alcohol are used by some patients as a form of 'self-medication', to temporarily relieve the symptoms of depression. Drugs and alcohol can:

- cause depression or make existing depression worse, creating a vicious cycle as the depressant effects of the alcohol lower the mood further;
- contribute to depression by disrupting sleep patterns, and impacting on finances, relationships and health;
- lower inhibitions and, tragically, can also drive someone with suicidal thoughts to act on them.



Depression is treatable

Depression is a very treatable illness and the vast majority of those affected can be treated in primary care with medication and/or talking therapies. A relatively small number of those affected may need to be referred to the local community mental health services, while a few of those with severe depression may require hospital treatment at some stage.

Talking therapies (psychological therapies)

Cognitive behavioural therapy (CBT)

CBT is a commonly used talking therapy and an effective treatment for depression. The patient and the therapist explore how negative patterns of thinking and behaviour may be contributing to feelings of depression and anxiety. This process helps the patient to challenge dysfunctional thinking and look at situations in a more realistic way.

- Therapy sessions last approximately one hour and typically take place once a week.
- The number of sessions varies from patient to patient, depending on the nature and severity of the illness.
- It may be used in conjunction with medication.
- It is particularly effective at preventing relapse.

Interpersonal therapy

This helps patients to resolve issues involving other people that are causing or contributing to their condition, such as disputes, isolation or grief.

Solution-focused therapy

This short-term therapy tries to build solutions to issues by using the patient's own strengths and resources.

Counselling

Counselling can be effective when there appears to be some underlying reasons or circumstances that have contributed to the illness. It allows patients to talk about their feelings and discuss their concerns and worries in a confidential setting.

Medication

Antidepressant medications

Many patients are understandably concerned about taking antidepressants. Common concerns are that they may have side-effects or may be addictive. Some believe these medications create an unnatural 'happy' state of mind similar to illicit drugs rather than help them to be their 'usual selves' by correcting a chemical imbalance. Time spent discussing these issues may improve patients' compliance.

- Antidepressants are the most effective treatment for moderate and severe forms of depression.
- They usually take between two and six weeks to work and should be taken for at least six months after the depression has lifted to reduce the risk of relapse.
- Side effects can be common but are usually tolerable and tend to wear off as the treatment goes on.
- The older tricyclic antidepressants, which were introduced in the 1950s and 1960s, can cause symptoms such as dry mouth and constipation.
- The newer selective serotonin reuptake inhibitors (SSRIs) and selective noradrenaline reuptake inhibitors (SNRIs) have relatively few side-effects. However, they can cause nausea at first and increase feelings of anxiety for a short while.
- Antidepressants are not addictive although there can be withdrawal symptoms if they are stopped too quickly.

FACT SHEET



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'Keeping Hope Alive'

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Mood stabilisers

These are normally used as a preventative long-term treatment for severe recurring depression or bipolar disorder. They keep the patient's mood within a normal range and minimise the effects of the illness.

- Lithium is the most common mood stabiliser and is effective in approximately 70% of cases where it is given alone or in combination with other drugs.
- Carbamazepine or depakote may be used where mood swings occur very frequently, eg rapid cycling mood disorder.

Tranquillisers or sedatives

Tranquillisers are used to help someone get over a short-term crisis and help them relax or sleep better.

- They are addictive and their use needs to be closely monitored.
- They should not be used over a long period of time.

Other treatments**Electro-convulsive therapy (ECT)**

ECT can be effective in treating severe depression when antidepressants have failed. The procedure involves administering a brief electrical impulse to the skin of the skull, which induces a seizure similar to that experienced with epilepsy.

- Patients often have an understandable resistance to this form of treatment – reported side-effects include memory loss and seizures.
- There is considerable evidence that it is an effective and life-saving procedure when appropriately used.⁹
- Transcranial magnetic stimulation is currently being developed as a less invasive alternative. The process involves delivering a rapidly changing

magnetic field to the left side of the head in the frontal area. This induces a low level electrical current and appears to work by increasing blood flow to the frontal lobes of the brain

Light therapy

Light therapy is becoming more commonly used in the treatment of seasonal affective disorder. The patient sits in front of a special lamp for 30–60 minutes each day, preferably in the morning, and the lamp mimics daylight by emitting 2,500 to 10,000 lux. This process stimulates the brain by adjusting the activity of the sleep-wake cycle.

St John's Wort

The National Institute for Health and Clinical Excellence (NICE) states that healthcare professionals should not prescribe or advise the use of St John's Wort.

- It can reduce the effectiveness of the oral contraceptive pill and increase the chances of side-effects if taken with SSRI antidepressants or anti-migraine drugs.
- There are a wide range of other drug interactions.

Self-help

Self-help is vital to the recovery process. Unfortunately, most depressed people lack energy and motivation and stop doing many of the things they used to enjoy. They are understandably reluctant to try new things and may avoid family and friends, or social situations, where they feel uncomfortable. This behaviour can lead to feelings of isolation, loneliness and hopelessness, which can prolong and intensify the symptoms of the illness.

Although it is appropriate for someone with acute depression to rest and recuperate from the most severe effects of the illness, there is considerable evidence that a gradual increase in



activity at the right time can have a positive effect, greatly speeding up the recovery process and helping to prevent relapse.¹⁰

Encourage patients to try some of the ideas in the appendix but advise against taking on too much at once. (The appendix may be printed out separately to give to patients.)

How to help patients get the most from their appointment

- A patient may present with a physical health problem and mention their low mood as an aside. Remember that what was presented as an afterthought may be their main concern.
- You may be the first and/or only person they tell about their feelings and your reaction is very important. Give the patient your full attention and use appropriate eye contact and body language.
- Depression can cause memory and concentration problems. Encourage patients to make notes of the things they need to tell or ask you.
- Offer to write down important instructions or information, which the patient can refer back to later.
- Suggest that patients ask a family member or friend to accompany them to any future appointments, particularly if they find it stressful or difficult to understand or remember instructions.
- Let patients know if it is possible to make a double appointment to see you.
- Your time with a patient will always be very limited – consider sign-posting the patient to other appropriate sources of support and information, such as Aware Defeat Depression.

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Appendix

Depression – help and advice for patients

Learn all about the illness. This will help you understand and come to terms with your own illness. It may also help you get maximum benefit from treatment. You can do this in a number of ways, eg visiting appropriate sites on the internet, reading books, attending public talks.

Talk about your illness to people who understand, such as family and friends. Organisations like Aware Defeat Depression run self-help support groups that provide the opportunity to meet other people who have personal experience of the illness.

Re-examine your lifestyle and try to achieve a good balance between your work, school or college, activities, and personal time for relaxation and rest.

Keep as active as possible. Recent research has indicated the huge benefits of physical activity for those people with mild to moderate depression. You don't have to be an athlete – a brisk 30 minute walk in the fresh air three or four times a week is enough. Alternatively, you can simply build physical activity into your everyday life, eg taking the stairs instead of the lift, gardening, washing the car.

Tackle the cause of your illness if you think you know what has brought it on. It can help to write down the problem and think of things you can do to bring about an improvement. Don't be afraid to seek help and don't be discouraged if you have setbacks.

Avoid alcohol and non-prescribed drugs. Although they may alleviate some of the symptoms in the short term, in the longer term these substances may make your depression much worse.

Avoid excess caffeine. Too much tea, coffee or other caffeine rich drinks can increase anxiety symptoms or boost your energy for a short while, after which you may feel more depressed.

Try to keep to a regular routine by going to bed at approximately the same time each evening and rising at the same time each morning. Plan a few activities each day and try to avoid napping, as this will only exacerbate sleep problems.

Eat a well balanced diet, which is important for your physical and mental wellbeing. Try to avoid sugary foods, which give an instant energy boost but may make you feel worse as their effect wears off.

Give yourself a treat. A holiday, a trip to the beach or even a visit to the local cinema with a friend can give you something to focus on and make you feel better.

Take up a new hobby or start attending a night class. Again, this can give you something to focus on and exercise your brain without being under any pressure.

Try massage, yoga or other complementary therapies. These can help you relax and reduce stress.





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