

# Depression

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## Content

1. What is depression? What cause it?
2. How does a depressed person look like?
3. When should one seek help?
4. What kinds of treatment are effective?

## Depression Facts

### Depression is common

- Point prevalence : 5-10%
- Lifetime risk : 7–12% for men,  
20–25% for women.

### Depression attacks young people

- The average age of the onset of major depression is between 20 and 40 years.

### Depression kills

- Suicidal rate: 15%
- More medical disorders, and die prematurely (Heart disease or stroke).

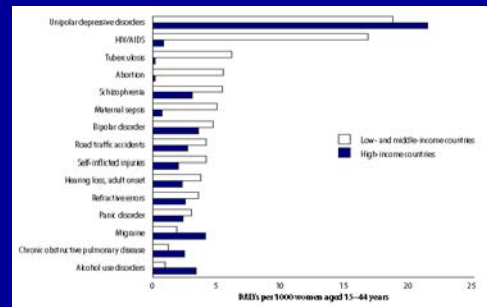
## Depression is a world problem

Cause of disability worldwide

- Ranked 3<sup>rd</sup> worldwide
- Ranked 8<sup>th</sup> among low-income countries
- Leading in middle & high-income countries (2<sup>nd</sup> Ischaemic heart disease; 3<sup>rd</sup> Cerebrovascular disease)

WHO: The global burden of disease: 2004 update

## Depression: leading cause of disease burden among young women worldwide



WHO: The global burden of disease: 2004 update

## Depression is often missed

- Fewer than 25 % receive treatments.

## What is depression?

## Depression :a Well-defined Medical illness

- The symptoms of depression
  - are intense and
  - are prolonged
- Interfere with the person's daily activities.  
"Functional impairment"

WHO Regional Office for South-East Asia 2009 :Conquering Depression

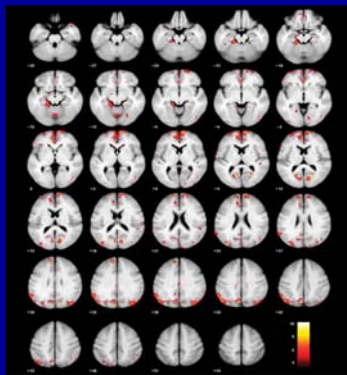
## Depression :a Well-defined Medical illness

Run a natural course

- Untreated episodes generally last 6–24 months, two thirds with spontaneous full recovery.
- Recurrence of 25% in one year, 75% in 10 years.

Neurobiological changes of brain

- Studies showing changes in brain biochemistry, endocrine disturbance, cerebral morphology and physiology in depressed population



Overall brain gray matter density decline during 3 years in patients with major depression. Significant longitudinal gray matter density reductions within the dorsomedial prefrontal cortex, anterior cingulum, hippocampus, dorsolateral prefrontal cortex, and orbitofrontal, temporal, parietal, and occipital cortices are shown for patients with major depression compared with controls.

Depression-related variation in brain morphology over 3 years: effects of stress?  
Frodl TS et al. Archives of General Psychiatry. 2008 Oct.

## What cause it ?

### What causes depression?

- Depression doesn't have only one cause. It appears that interaction among genetic, biochemical, environmental, and psychosocial factors may play a role.

### Risk Factors For Depression

#### Biological

- genes, gender, physical health, drug use

#### Psychological

- Cognitive style, early childhood experience

#### Social-environmental

- Life events, Marital status, lack of social support

### Risk Factors For Depression

#### Genetic

- Compared to the general population, first degree relatives of severely depressed patients have 2–4-fold increased risk of depression.
- If both parents suffer from depression: 50-75% risk for their children.

### Risk Factors For Depression

#### Female Gender

- Women are about twice as likely as men to become depressed.
- Hormonal changes that women go through at different times of their lives may be a factor.
- The social environment of women and a tendency among men not to report depressive symptoms may account for the increased association of women and depression.

## Risk Factors For Depression

### Medical disorder and Medications / Substances

- Having other general health conditions or diseases can increase your risk of depression.
- Many prescription drugs can cause the symptoms of depression.
- Alcohol or substance abuse is common in depressed people.

## Risk factors for depression

### Early childhood experience

- Early parental deprivation
- A deprived and disrupted home environment & Traumatic childhood experiences
- Make the child grow up with inadequate coping skills.
- More difficulties to tolerate adverse feelings, and this impaired adaptation contributes to subsequent development of depression.

## Risk Factors For Depression

### Cognitive Style

- Pessimistic personality
- Cognitive Distortion ( view of self, future, and the world)

## Risk factors for depression

### Life events & chronic stress

- **A life event** - easily identifiable, sudden, overwhelming change in life
- **Chronic stress**- long-term situations

### Social support

- Lack of adequate social support tends to prolong the suffering caused by an episode of depression.

## Risk factors for depression

### Family type

- Joint family system vs nuclear families

### Marital status

- Separated and divorced persons have the highest risk
- Single and married persons carry the lowest risk.
- Recent widowhood is associated with higher rates of depression.

What does depression look like?

### Mood Symptoms

- The primary symptoms of depression are a sad mood and/or loss of interest in life.
- Irritability

### Negative Thoughts

- Sense of inappropriate guilt or worthlessness, and lack of hope
- Loss of confidence/ low self-esteem
- Recurring thoughts of death or suicide

### Appetite Change

- Changes in appetite or weight are another hallmark of depression.
- Some patients develop unusual cravings, while others lose their appetite altogether. Many depressed people experience persistent nausea, diarrhea, or constipation.

### Sleep Disturbance

- Insomnia
- Hypersomnia

### Decreased energy / increase fatigability

- Low energy level.
- Feeling tired readily.

### Poor Concentration

- Depressed people often find it difficult to concentrate and make decisions.
- Absent-mindedness, forgetfulness is not uncommon.

### Loss interest in pleasurable activities

- Activities that were once pleasurable lose their appeal.
- They turn away from previously enjoyable activities, including sex.

### Physical Symptoms

- While depression is known to drag on the emotions, it also takes a toll on the body.
- About 65% of patients report their depression is accompanied by pain.
- This may include headaches, back pain, tender muscles, and sore joints. Fatigue, dizziness and sleeping too much or too little are also common.

### When should one seek help?

### When should a person seek help?

- If symptoms persist for more than two weeks.
- When there is significant impairment of social and occupational functioning.
- If normal stresses of life do not explain the symptoms.
- When rest and relaxation have not helped

### Watch out if

- Thoughts about suicide or dying
- Attempts to commit suicide
- Feeling very agitated or restless , unusually irritable
- Acting on dangerous impulses
- Acting aggressive, being angry or violent

### What kinds of treatment are effective?

- The condition is highly treatable.
- More than 80% of people get better with medication, talk therapy, or a combination of the two.
- Even when these therapies fail to help, there are cutting-edge treatments that pick up the slack.

## Psychotherapy “Talking Therapy”

### Cognitive behavioral therapy (CBT)

- helps to reduce depression symptoms by change negative thoughts and behaviors that contribute to depression.
- Behavioral techniques + Cognitive Restructuring

### Interpersonal therapy (IPT)

- Focus on interpersonal problems
- Helps to facilitate the resolution of role disputes and to overcome problems with social skills

### Problem solving therapy

- helps you find solutions to specific problems that may be bringing you down.

## Drug Therapy

- Chemicals called neurotransmitters help send messages between nerve cells in the brain.
- Certain neurotransmitters regulate mood, e.g. *serotonin* and *norepinephrine*.
- If they become unbalanced, people can become depressed, anxious, and stressed.
- Antidepressants work by affecting the levels of these chemicals — bringing them back into balance.

## Drug Therapy

- It's important to know that it could take as many as 4 to 6 weeks for the full therapeutic effect to occur.
- Side effects tend to be mild, but may include upset stomach, headache, weight gain, insomnia, and sexual problems.
- If the first medication tried doesn't help, there's a good chance one of the others will.

The combination of talk therapy and medication appears particularly effective.

## Other Therapies

- Another option for patients with treatment-resistant or severe melancholic depression is electroconvulsive therapy (ECT)
- This treatment uses electric charges to create a controlled seizure.
- The seizure rapidly changes the chemical balance in the brain.
- ECT helps 80% to 90% of patients who receive it, giving new hope to those who don't improve with medication.

## Healthy lifestyle

- Maintain proper sleep hygiene.
- Eat a well-balanced diet
- Set realistic goals for yourself
- Create small and manageable tasks
- Manage anxiety
- Participate in a structured and supervised exercise program
- Maintain social life and let others you can trust such as family and friends help you
- Stay away from alcohol and drug abuse

## Take Home Message

### Depression

1. Is a common medical disorder,
2. Is not a failure of "will power" or "personal weakness",
3. Is often missed if you do not look for it,
4. Lead to severe impairment if untreated,
5. highly treatable.

~ Thank You ~