



# UNDERSTANDING MAJOR DEPRESSION

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WHAT YOU NEED TO KNOW ABOUT  
THIS MEDICAL ILLNESS



**National Alliance for the Mentally Ill**

This brochure was initially made possible  
by an educational grant from  
**Wyeth Ayerst Laboratories.**

NAMI extends a special thank you to the  
**National Institute of Mental Health**  
and to Ellen Frank, Ph.D.,  
**Western Psychiatric Institute and Clinic**  
for consultation.

*In accordance with NAMI policy, acceptance of funds  
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# UNDERSTANDING MAJOR DEPRESSION

## What You Need to Know About This Medical Illness

### Introduction

Like diabetes and heart disease, major depression is a serious medical illness, and it is quite common. Psychological, biological, environmental, and genetic factors contribute to its development.

For many years, people suffering from depression and their families were blamed and stigmatized for their illness, partly because their illness was so poorly understood. During the last decade, however, scientific research has greatly expanded our understanding and firmly established that mental illnesses like major depression are biologically based brain diseases.

Major depression affects about 9.4 million people in the United States alone in any six-month period. One out of every five women and one in 15 men will suffer from major depression in their lifetime. More than half of those who experience a single episode of depression will go on to have episodes that occur as frequently as once or even twice a year. If untreated, they may last quite long—anywhere from six months to over a year. And without treatment, the frequency of illness as well as the severity of symptoms tend to increase over time.

Major depression is also known as *major depressive illness*, *clinical depression*, *major affective disorder*, or *unipolar disorder*. It involves periodic disturbances in mood, concentration, sleep, activity, appetite, and social behavior. Left untreated, it can lead to suicide, and suicide is the eighth leading cause of death in the United States. Devastating as this disease may be, it is treatable. Between 80 percent and 90 percent of those suffering from depression can be effectively treated. The avail-

ability of effective treatments and a better understanding of the biological basis for depression may lessen the stigma that can prevent early detection, accurate diagnosis, and the decision to seek medical treatment.

Unfortunately, many cases of major depression go unrecognized and untreated. This brochure is intended to answer your questions about depression and give you valuable, accurate information about this illness and how it is treated. You may need this information because you suspect you yourself have depression, or you may want to become knowledgeable because a family member or friend has the disorder.

Major depression is only one form of depressive illness. Bipolar disorder—or manic depressive illness—is another form, and it is characterized by symptoms such as mood swings, loss of sleep, extreme “highs,” increased energy and activity, increased risk-taking and poor judgement, feelings of great pleasure or irritability, aggressiveness, and racing, disconnected thoughts as well as “low” periods very similar to those experienced by individuals with depressive illness. A companion to this booklet—*Understanding Manic Depression: What You Need to Know About This Medical Illness*—is available from NAMI. (See inside back cover for address.)

## **What Is Major Depression?**

Major depression is a brain disorder that is much more than temporarily feeling sad or blue. It is a serious medical illness that affects one's thoughts, feelings, behavior, and physical health. It is a biologically based brain disease, not a weakness. Depression can develop in anyone at any age, and individuals manifest symptoms in individual ways.

Some people have one episode of depression in a lifetime, but many have recurrent episodes. Others have ongoing, chronic symptoms.

The outward behavior of the person with depression often remains relatively normal—

people with depression rarely behave in bizarre ways, almost never experience hallucinations, and only rarely experience delusions. Unlike in mania or other extreme conditions, the behavior of the depressed individual—although quite worrisome to family members and friends and even to him- or herself—rarely disrupts the lives of others to the extent some other serious mental illnesses do. Depression may not appear to be a life-threatening illness, yet probably 50 percent of the people who succeed in committing suicide were suffering from depression.

Major depression is an “affective disorder,” which means there are changes in mood. The term *affect* refers to one’s mood or spirits. The normal human emotion we sometimes call “depression” is a common response to a loss, failure, or disappointment. This booklet discusses a serious biological disease known as depression, which—with a correct medical diagnosis—can typically be treated effectively and relatively quickly. But because biological depression is frequently a life-long condition in which periods of wellness alternate with recurrences of illness, it may require long-term treatment to keep it under control just as any other chronic medical illness, such as diabetes, does.

There is a somewhat milder form of affective disorder known as *dysthymia*, which is a chronic and persistent disturbance in mood that lasts for at least two years and is characterized by relatively typical depressive symptoms. Persons with dysthymia are chronically unhappy, and sometimes they develop the more severe major depressive syndrome. When the major depressive episode clears, they return to their chronic state of dysthymia. The coexistence of the milder and more severe forms of depression is referred to as *double depression*.

Use of alcohol—a central nervous system depressant—can be a serious complication for depressed individuals who use it to try to medicate themselves. Alcohol is especially dangerous

for those with high levels of anxiety along with their other depressive symptoms. Too much alcohol—or the use of illicit drugs—can cause or complicate a major depressive episode and lead to multiple psychiatric problems. All alcohol should be avoided during treatment for depression for several reasons. First, after its initial anti-anxiety effect, alcohol will produce increased feelings of depression. Second, in combination with many antidepressants, alcohol can make the drugs' side effects much worse, even dangerous. Third, the fact that alcohol releases inhibitions increases the risk of suicide.

## **What Are the Symptoms?**

The onset of the first episode of major depression may not be obvious if it is brief or mild. Unrecognized or left untreated, however, it may recur with greater seriousness or progress to a syndrome that includes a profoundly sad or irritable mood lasting at least two weeks and accompanied by pronounced changes in sleep, appetite, energy, ability to concentrate and remember, a lack of interest in usual activities, and in a decreased ability to experience pleasure. Frequently, there are feelings of hopelessness, worthlessness, sadness, emptiness, or guilt. Very depressed persons cannot respond to the positive events or things in their lives. A depressive episode may develop gradually or affect a person quite suddenly, and it frequently is unrelated to current environmental factors.

The symptoms of clinical depression characteristically represent a significant change in how a person functioned before the illness. Often when all of these symptoms coexist at a severe level for a long time, individuals become so discouraged and hopeless that death seems preferable to life. These feelings can lead to passive suicidal wishes, suicidal plans, and even attempted and completed suicide.

### *Changes in sleep*

The changes in sleep can go in either direction.

Typically, depressed individuals have difficulty falling asleep, wake throughout the night, and awaken an hour to several hours earlier than desired in the morning. But at least 20 percent of individuals experiencing depression sleep more than the usual amount. In all cases, individuals awaken without feeling rested.

#### *Changes in appetite*

Most patients in a clinical depression experience a decrease in appetite and weight loss that is occasionally considerable; however, a substantial proportion will experience an increased desire to eat and will gain weight. Most of these people will still report that the food they are eating does not actually appeal to them.

#### *Impaired concentration and decision-making*

The inability to concentrate and make decisions experienced by depressed individuals can be the most frightening aspect of the disorder. In the midst of a severe depression, individuals may find that they cannot follow the thread of a simple newspaper article or the story line of a half-hour comedy on television. Major decision-making is impossible. Even minor decisions such as which dress to wear or which brand of toothpaste to buy can seem overwhelming. This often leads depressed individuals to feel as though they are literally losing their minds.

#### *Loss of energy*

Equally distressing to a depressed person is the loss of energy and profound fatigue experienced by both those who sleep more and those who sleep less during their episodes. Mental speed and activity are usually lowered, as is the ability to perform normal daily routines. Ideas are fewer; there is a poverty of thought; and responses to the environment are painfully slowed.

#### *Loss of interest*

Depressed persons feel sad and lose interest in their usual activities. They lose their capacity to experience pleasure. Even eating and sex are no longer enjoyable. Former activities seem

boring or unrewarding, and the ability to feel and offer love may be diminished or lost.

#### *Low self-esteem*

During periods of depression, individuals often dwell on memories of losses or failures, and they feel excessive guilt and helplessness. Negative thoughts such as “I am not worth much” or “The world is a terrible place” may take over.

#### *Feelings of hopelessness*

The symptoms of depression often come together in a strong feeling of hopelessness, a belief that nothing will ever improve. Periods of depression can lead to the wish to die or thoughts of killing oneself.

Depression may be as disabling, in terms of time spent in bed and loss of work productivity, as hypertension and diabetes. It has been calculated that in 1989 the economy lost an estimated \$27 billion—\$17 billion in time lost from work—because of clinical depression. But although people never question the heart patient’s need for special treatment and time to recuperate, they generally assume that the depressed individual should be able to pick himself up by his own bootstraps. In fact, the depressed individual is no more capable of treating his own disorder than is the person with heart disease or diabetes.

When several symptoms of depression occur and last longer than two weeks—or interfere with ordinary functioning—professional treatment is needed.

## **Who Gets Major Depression?**

All age groups and all racial, ethnic, and socioeconomic groups suffer from depression. The most recent epidemiologic data suggest that about one in five to one in seven women will experience a depression sometime during her life. Approximately one in 15 men will experience this disease. An estimated 11.5 million American adults are affected by depression in any given year, but less than a third of all people with the illness ever

seek treatment.

Some symptoms of adolescent depression are similar to those in other age groups, but depressed adolescents may also “act out” by showing anger, becoming aggressive or delinquent, abusing drugs or alcohol, doing poorly in school, or running away. They may feel socially isolated, empty, and hopeless. During the past three decades, suicide among adolescents has increased 300 percent, so severe symptoms or symptoms lasting for weeks should lead to an evaluation by a doctor.

Contrary to popular belief, depression is not an inevitable consequence of growing old. Among people 65 and older, only three out of 100 suffer from clinical depression. Depression can be difficult to recognize in the elderly because problems such as backaches, headaches, joint pain, or stomach problems are frequently the way the elderly experience depressive illness. Families don't recognize these problems as being caused by depression especially when older persons talk about these symptoms instead of feelings of anxiety, sadness, or lack of normal interest in daily activities.

## **What Causes Major Depression?**

Most likely there is not one single cause of major depression. Many depressions occur spontaneously and are not associated with any life crisis, physical illness, or the risks described in this booklet. Others seem connected to various factors described below.

Functional studies of the brain—which are done by brain imaging or brain mapping—indicate a possible chemical dysfunction among depressed patients, and genetics may play a role. Life events—such as the death of a loved one, a major loss or change, or chronic stress—may trigger depression, too. And alcohol or drug abuse, certain medications, and even an individual's general outlook on life may contribute to the development of the disorder. With all the major

advances in scientific knowledge about major depression, there is still no single, definitive answer to the question of cause.

There is a risk for developing depression when there is a family history of the illness, which means there may be a biological vulnerability that is inherited. Not everyone with a genetic vulnerability develops depression, but some people probably have a biological make-up that leaves them particularly vulnerable. Scientists have found that family members who have the illness have genes in a specific chromosomal region that are different from genes of those who do not get depression.

Certain personality traits—such as being overly dependent, a lack of self-esteem, consistent pessimism, or being easily overwhelmed by stress—may make one prone to depression. Social conditioning is a possible influencing factor in some cases of depressive illness. Some illnesses such as hypertension and some medications may also trigger a depressive episode.

Norepinephrine, serotonin, and dopamine are three neurotransmitters (chemical messengers that help transmit electrical signals between brain cells) thought to be involved with major depression. Antidepressant medications may work by changing the level of receptor sensitivity to these neurotransmitters, which must be available between nerve cells to transmit the brain impulses affecting mood and function. Scientists believe that if neurotransmitters are insufficiently available, clinical states of depression are the result.

Scientific knowledge about depression has become astonishingly more sophisticated over the last ten years, and we hope that an exponential increase in our understanding of the causes of the illness over the next decade will lead to more and better treatments.

## **How Is Major Depression Treated?**

Of all the mental disorders, depressive illnesses are among the most responsive to treatment. Many

types of treatments are available, and the type chosen depends on the individual and the severity and patterns of his or her disorder. With available treatment, 80 percent of people with serious depression can improve and return to their normal daily activities and feelings, usually in a matter of weeks. But if an individual's depression tends to recur once treatment is discontinued—a significant number of people have recurrent depression—the illness can be handled with ongoing treatment.

Major depression is a medical illness that produces emotional symptoms, so both medication and psychotherapy may be needed to treat it. The objective of treatment is to lessen the duration and intensity of the episodes of illness and to prevent their recurrence. There are three basic types of treatment for depression: medications, psychotherapy, and electroconvulsive therapy. They may be used singly or in combination.

Although medications and psychological treatments are both used to treat depression, people with severe depression respond more rapidly and consistently to treatment with medication. Those with recurring depression may need to stay on medication to prevent or lessen further episodes. Psychotherapy can alleviate the psychological or interpersonal problems often associated with this illness.

Three groups of drugs are most often prescribed for depression: tricyclic antidepressants; monoamine oxidase inhibitors (MAOIs); and selective serotonin reuptake inhibitors (SSRIs). Electroconvulsive therapy (ECT) may be used if an individual is suicidal or cannot take antidepressant medication. The mood stabilizer, lithium, is sometimes used as a maintenance medication to prevent relapse in patients with a history of recurrent depression and often in patients with manic depressive illness.

Antidepressant medications were first introduced in the 1950s, and they provided clues

about the neurobiological mysteries of depression. Research has shown that imbalances of specific neurotransmitters—especially serotonin, norepinephrine, and dopamine—can be corrected with antidepressants. Although tricyclics elevate mood and activate behavior, it often takes three to four weeks for an individual to react to them. And sometimes a doctor will try a variety of antidepressants and various dosages before finding the one—or combination—that is best for the individual. Antidepressant medications are not habit-forming.

*Tricyclic antidepressants* such as amitriptyline (Elavil, Enovil); amoxapine (Asendin); clomipramine (Anafranil); desipramine (Norpramin); doxepin (Adapin, Sinequan); imipramine (Janimine, Tofranil); maprotiline (Ludiomil); nortriptyline (Aventyl, Pamelor); protriptyline (Vivactil); and trimipramine (Surmontil) are the most widely used medications for serious depression.

*Monoamine oxidase inhibitors* (MAOIs) such as phenelzine (Nardil) and tranylcypromine (Parnate) are often effective in individuals who do not respond to other medications or who have “atypical” depressions with marked anxiety, excessive sleeping, irritability, hypochondria, or phobic characteristics.

*Selective serotonin reuptake inhibitors* (SSRIs) such as citalopram (Celexa); fluoxetine (Prozac); fluvoxamine (Luvox); paroxetine (Paxil); and sertraline (Zoloft) have been available in the U.S. for nearly a decade and have become extremely popular due to their effectiveness in treating depression and their relatively benign side effect and safety profiles.

*Nefazodone* (Serzone) and *trazodone* (Desyrel) belong to a class of drugs believed to work by inhibiting serotonin reuptake and blocking one type of serotonin receptor. Both medications are associated with a low incidence of

sexual side effects.

*Bupropion (Wellbutrin)* acts by blocking the reuptake of both norepinephrine and dopamine. It has been reported to improve SSRI-associated sexual dysfunction.

*Venlafaxine (Effexor)* affects both serotonin and norepinephrine. It may prove useful for those who haven't responded to other antidepressants.

*Mirtazapine (Remeron)* targets specific serotonin receptors. It may be particularly effective in treating those severely depressed and those with prominent symptoms of anxiety. Medications control mental illness, often quite effectively, but individuals must learn to recognize their own patterns of illness and develop ways to cope with them. Taking the medication prescribed by a doctor is one way; supportive counseling is another. Sometimes a combination of both is needed.

There are several forms of psychotherapy that have been shown to be effective for depressed individuals, and some short-term treatments take just 10 to 20 weeks. Two short-term psychotherapies that research has shown helpful for some forms of depression are interpersonal and cognitive/behavioral. Interpersonal therapy focuses on disturbed personal relationships that may worsen the depression, and cognitive/behavioral therapy helps to change the negative thinking and behavior often associated with depression while teaching persons how to unlearn the behavioral patterns that contribute to their illness.

Generally, severe depressive illness—especially when it recurs—requires medication (or ECT under special conditions) along with psychotherapy for the most effective treatment.

## **How Successful Are Treatments for a Person with Major Depression?**

How well treatment works depends on the type

of depression, its severity, how long it has been going on, and how an individual responds to the medical and psychological interventions offered.

The development over the past 20 years of antidepressants and mood-stabilizing drugs has revolutionized the treatment of clinical depression, particularly for those with more serious or recurrent forms of the disorder. Biological treatments are dramatically effective, and between 70 percent and 80 percent of people with biological depression will get significant relief from medication—whether the depression is mild or severe, recent or long-term. Left untreated, however, depression can become more serious or go on indefinitely and become chronic. Treatment is important because it can prevent recurrences of depression. We now think that 80 percent to 90 percent of the people who have one episode of depression will have a second; and, without treatment, after two episodes the chances of having a third episode are even greater. After three episodes, the chances of having a fourth are greater than 90 percent.

More extended treatment is needed when depression recurs often or continues for many weeks. Although most depressed people can be treated successfully as outpatients, severe episodes and episodes accompanied by suicidal thinking may require brief hospitalization for careful evaluation, protection, and initiation of treatment. In combined treatment, medications are used to treat the symptoms of depression while psychotherapy is used to help alleviate the problems depression causes in daily living.

## **What Are the Possible Side Effects of Drugs Used To Treat Major Depression?**

All medicines have side effects, but not all people get them and not all people get the same ones. About 50 percent of people who use antidepressant medications have some side effects during

the first weeks of treatment, but these problems are usually temporary and mild. (For a small number of people, side effects are troublesome enough that they cannot take antidepressants.)

Some common side effects of tricyclic antidepressants include dry mouth, constipation, bladder problems, sexual problems, blurred vision, dizziness (especially when quickly changing position), drowsiness, skin rash, or weight gain or loss. Individuals taking MAOIs cannot eat certain smoked, fermented, or pickled foods, drink certain beverages, or take some medications because they can cause severe high blood pressure in combination with the medication. The SSRIs tend to have fewer and different side effects, such as nausea, nervousness, insomnia, diarrhea, rash, or agitation. MAOIs and SSRIs should not be taken concurrently; combination of the two can be very serious and even fatal.

The other, unclassified medications have side effect profiles similar to SSRIs and should also not be taken with MAOIs. Serzone and Desyrel should not be taken in combination with Prozac and should be administered cautiously to those with known cardiovascular or cerebrovascular disease. Wellbutrin has an increased risk of seizures and should not be used by those with a prior diagnosis of an eating disorder. Effexor should be used with caution in those with high blood pressure or cardiovascular disorders. Remeron is not recommended for the elderly, pregnant women, or for those with hepatic or renal dysfunction, a history of mania, or seizure disorders.

Lithium is non-sedating, and side effects are rare or usually short-lived. It should not be taken during pregnancy, however.

Specific body chemistry, age, the type and amount of medication taken, other medications, and medical conditions all contribute to the side effects each individual may experience. If side effects are a problem, the doctor may reduce the amount of antidepressant taken, change it, or change the

time of day it is taken. Rarely, serious side effects such as fainting, heart problems, or seizures may occur. They are almost always treatable.

Be certain always to discuss side effects of medication with your doctor.

## **What Type of Help Does a Person with Major Depression Need?**

Above all, people with major depression need accurate diagnosis and early treatment. Family, friends, or coworkers should encourage a depressed person to seek expert evaluation. But those who are ill need understanding, compassion, patience, and respect as well. Family, friends, the community, and healthcare professionals are important sources of support.

Family physicians, clinics, and health maintenance organizations (HMOs) all may refer individuals to mental health specialists, who provide therapy for depression. A variety of mental health professionals including psychiatrists, psychologists, psychiatric social workers, and some mental health counselors are trained in the diagnosis of depression. A psychiatrist is a medical doctor who specializes in mental disorders and, as a physician, is the only one of the mental health professionals who can prescribe medication. A clinical psychologist conducts psychotherapy and works with individuals, couples, and families to resolve problems associated with depression. Psychiatric or clinical social workers have advanced degrees in social work and are trained in counseling and psychotherapy. They are also trained in client-centered advocacy including information, referral, and direct intervention with governmental and civic agencies. Mental health counselors provide professional counseling services that involve psychotherapy, human development, learning theory, and group dynamics. Their main goal is the promotion and enhancement of healthy, satisfying lifestyles. These counselors can be found in mental health centers, private practice, or other com-

munity agencies.

Many persons who are depressed or are trying to help a depressed friend or family member start by seeking help from a family doctor. Because the symptoms of depression can be similar to those of other illnesses, a complete physical examination is essential for an accurate diagnosis.

## **How Can Family and Friends Help?**

Talking through feelings may help the depressed person recognize that he or she needs professional help, so friends and family should be willing to listen. They should also be willing to find out more about depression, to learn the symptoms, and to help with treatment.

Depressed persons often must be encouraged to seek help, and—if they are severely depressed—they may even need help finding a doctor or to be taken for diagnosis and treatment. Once treatment has begun, they may need help with medications—assistance with medication schedules and in recognizing and coping with side effects or changes in symptoms. Do not ignore remarks about suicide or death. Report them to the doctor.

Friends and family members who understand depressive illness are in the best position to help the depressed person. They must understand how the illness affects functioning, personality, attitude, and perspective and what to expect during acute stages of depression and over the long term. They must also understand that their lives will be disrupted as well.

Because depression often means a loss of self-esteem or self-confidence, friends and family should try to increase the ill person's feelings of self-worth by maintaining as normal a relationship as possible, talking through unwarranted negative thinking, encouraging efforts to improve, and acknowledging that the person is suffering from an illness. Offering care and respect are important ways to help someone having difficulty at work,

home, or school. Pointing out the effectiveness of treatment may be useful when feelings of hopelessness or unworthiness become intense. In doing all of this, however, it is important to acknowledge that the depressed person's lack of confidence or hopelessness seems reasonable to him or her at the time, but that things will look different when the illness begins to improve.

## **What Is NAMI?**

The National Alliance for the Mentally Ill (NAMI) is the national umbrella organization for more than 1,200 local support and advocacy groups in all 50 states for families and individuals affected by serious mental illness.

A grass-roots, self-help organization, NAMI is dedicated to improving the lives of people with severe, biologically based brain disorders. Our mission is to provide education about severe mental illnesses and to support increased funding for research and quality services. Members of NAMI are families, friends, and people suffering from severe mental disorders such as depressive illness.

## **BOOKS ABOUT MAJOR DEPRESSION**

The following books are a good place to start learning about depression. They can be ordered from your local bookseller. Current books are also reviewed in the *Advocate*, the NAMI newsletter available to NAMI members.

**What To Do When Someone You Love Is Depressed**, 1996, by Mitch Golant, Ph.D., and Susan K. Golant.

**Overcoming Depression**, 1997, by Demetri Papolos, M.D., and Janice Papolos.

**The Depression Sourcebook**, 1997, by Brian P. Quinn, C.S.W., Ph.D.

**I Can See Tomorrow: A Guide for Living with Depression**, 1994, by Patricia L. Owen, Ph.D.

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