



How often have you heard a friend or loved one say, "I feel down in the dumps. I'm depressed!" The term "depression" is used in everyday conversation and all sorts of treatments are frequently advertised in the media. In the first of a two part article, descriptions, symptoms, and causes of depression and effects on overall health are discussed. The second part includes current treatments and their efficacy and ends with ideas to promote mental well-being. Principal sources come from the National Institute on Mental Health (and its subdivisions) and Medline Plus.

According to the National Institute on Mental Health, "Depression is not a normal part of aging. Yet depression is a widely underrecognized and undertreated medical illness." It often co-occurs with other serious illnesses, such as [heart disease](#), [stroke](#), [diabetes](#), [cancer](#), and [Parkinson's disease](#). It's more than just feeling "down in the dumps" or "blue" for a few days. It is feeling "down" and "low" and "hopeless" for weeks at a time. NIMH-sponsored studies estimate that 6 percent of 9- to 17-year-olds in the U.S. and almost 10 percent of American adults, or about 19 million people age 18 and older, experience some form of depression every year. Less than half get the help they need.

What is a depressive disorder? It's a whole-body illness, involving one's body, mood, and thoughts. It affects the way one eats and thinks about things. It is not a passing blue mood (or funk) nor a sign of personal weakness. It is not something that can be wished away or willed away. People with depressive illness cannot merely "pull themselves together and get better; without treatment, symptoms can last for weeks, months, or years, but with appropriate treatment, over 80% of those who suffer from depression can be helped."

Defining a bout of depression: It lasts at least two weeks and includes at least five common symptoms: (1) depressed mood most of the day; (2) sharp drop of interest in pleasurable activities; (3) significant weight loss or gain; (4) sleeplessness, restlessness, agitation, fatigue, feelings of worthlessness; (5) inappropriate guilt, inability to concentrate, recurrent thoughts of death and suicide.

Symptoms of depression: persistent sadness or feelings of emptiness, sense of hopelessness, feelings of guilt, problems sleeping, loss of interest or pleasure in ordinary activities, fatigue or decreased energy, and difficulty concentrating, remembering, and making decisions.

Types of Depression:

- Major depression (clinical) is manifested by a combination of symptoms that interfere with ability to work, sleep, eat, and enjoy pleasurable activities. It can occur once, twice, or several times in a lifetime.
- Dysthymia involves long-term, chronic symptoms that do not disable, but keep a person from functioning at "full stream" or from feeling good. Sometimes people with dysthymia also experience major depressive episodes.
- Bipolar depression (manic-depressive illness) is not as prevalent as other forms of depressive disorders. It involves cycles of depression and elation or mania; sometimes mood switches are dramatic and rapid, but most often they are gradual. In a depressed cycle, a person can have any or all of the symptoms of a depressed disorder; in a manic cycle, any or all of the symptoms of mania may be experienced. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment for the individual and for the family.

Causes of depression: Depression results from abnormal functioning of the brain. An interaction between genetic predisposition and life history appears to determine a person's level of risk. Episodes of

depression may then be triggered by stress, difficult life events, side effects of medications, or other environmental factors. Some types of depression run in families. This seems to be the case with bipolar disorder. In some families, major depression seems to occur generation after generation. It can also occur in people who have no family history of depression. Whether inherited or not, major depressive disorder is often associated with changes in brain structures or brain function. People who have low self-esteem, who consistently view themselves and the world with pessimism or who are readily overwhelmed by stress, are prone to depression. Whether this represents a psychological predisposition or an early form of the illness is not clear.

“In recent years, researchers have shown that physical changes in the body can be accompanied by mental changes as well. Medical illnesses such as stroke, a heart attack, cancer, Parkinson's disease, and hormonal disorders can cause depressive illness, making the sick person apathetic and unwilling to care for his or her physical needs, thus prolonging the recovery period. Also, a serious loss, difficult relationship, financial problem, or any stressful (unwelcome or even desired) change in life patterns can trigger a depressive episode. Very often, a combination of genetic, psychological, and environmental factors is involved in the onset of a depressive disorder. Later episodes of illness typically are precipitated by only mild stresses, or none at all.” “For older adults who experience depression for the first time later in life, other factors may be at play. Depression may be related to changes that occur in the brain and body as a person ages. For example, older adults may suffer from restricted blood flow, a condition called ischemia. Over time, blood vessels may harden and prevent blood from flowing normally to the body's organs, including the brain. If this happens, an older adult with no family history of depression may develop what some doctors call ‘vascular depression.’ Those with vascular depression also may be at risk for other vascular illnesses, such as heart disease, or stroke.”

Some people have the mistaken idea that it is normal for the elderly to feel depressed. On the contrary, most older people feel satisfied with their lives. Sometimes, though, when depression develops, it may be dismissed as a normal part of aging. Depression in the elderly, undiagnosed and untreated, causes needless suffering for the family and for the individual who could otherwise live a fruitful life. The older person is often reluctant to discuss feelings of hopelessness, sadness, loss of interest in normally pleasurable activities, or extremely prolonged grief when seeing the primary care provider. Improved recognition and treatment of depression in later life makes living more enjoyable and fulfilling for the depressed elderly person, the family, and caretakers. Check this site for self quizzes and more detail on depression: NIH Senior Health at NIMH <http://nihseniorhealth.gov/depression/toc.html> Click Medline Plus and you'll obtain further information. NIMH main site: www.nimh.gov