

Psychiatry and Depression

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How do I distinguish between depression and normal variations in mood?

Everyone has felt fed up, miserable, or sad at times. These feelings can come and go and don't interfere too much with all of life's activities and responsibilities. There may or may not be a clear reason for the feelings, but regardless, people usually figure out a way to manage them. In depression, however, these feelings don't readily improve. They can last for weeks or months, and start to interfere with daily responsibilities. People with depression can struggle with persistently low mood, low energy, loss of enjoyment in activities, difficulty sleeping and eating, feelings of guilt, poor concentration, irritability, and even thoughts of suicide. Some may experience other symptoms, such as agitation, anxiety, and physical problems like headaches and stomach aches. Children also can have depression, but it tends to be more characterized by irritability and loss of interest in previously enjoyed activities.

What causes depression?

There are several factors that can cause or contribute to depression. Stressful circumstances, physical illness, genetics, prior negative life experiences, and alcohol and drug use can all play a role in causing or perpetuating depression.

What can I do to help myself?

Depending on your individual circumstances, finding someone to talk with about your problems can be helpful. Finding ways to reduce stress, such as by reducing your obligations and responsibilities can also be an option. Other strategies for helping your mood might include exercising regularly, practicing relaxation strategies such as meditation or prayer, eating well, avoiding alcohol and drugs, and getting enough sleep. Other forms of self-help include reading books or leaflets and looking for self-help computer/internet programs.

When should I seek help?

You should consider seeking help if you notice your feelings seem worse than usual or don't seem to be getting any better. Also, you should seek help if your feelings and symptoms interfere with your work, interests, and relationships. Finally, you should seek help if you are struggling with thoughts life isn't worth living or thinking of suicide.

What kind of help is available?

Besides self-help strategies, two forms of professional treatment are therapy and antidepressant medications. There are several empirically-validated forms of therapy for treating depression to include cognitive-behavioral therapy (CBT), problem-solving therapy, and interpersonal psychotherapy. These forms of depression therapy can be provided in different settings such as individual therapy, couple's therapy, family therapy, and group therapy. For mild to moderate depression, any of these therapies are good options. Antidepressant medication can also be a good option, particularly in moderate to severe depression. In these cases, a person may be more able to benefit from therapy when taking medication, as antidepressant medication can lift some of the fog and sadness of depression that can sometimes interfere with successful therapy. Studies have shown in general, people with depression have the best chance of getting better by using a combination of both therapy and medication. Relapse rates have been found to be higher when antidepressant medication is used alone without therapy, likely because in therapy you also learn and improve coping

skills and strategies. Many people choose to take an antidepressant because of ease of use and cost, depending on the medication.

What Can I Expect From an Antidepressant?

Antidepressants work by altering the concentration of brain neurotransmitters in the synapses. Two neurotransmitters in particular, serotonin and norepinephrine, have been associated with mood. Newer antidepressants can be categorized into those medications that primarily affect serotonin (called selective serotonin reuptake inhibitors or SSRIs) such as Prozac, Zoloft, and Celexa, and those medications that affect serotonin and/or other neurotransmitters such as norepinephrine and dopamine (non-SSRIs). These include medications like Effexor, Wellbutrin, Cymbalta, and Remeron.

In addition to depression, antidepressants can be helpful for several other diagnoses, including anxiety disorders, panic attacks, obsessive-compulsive disorder, posttraumatic stress disorder, and eating disorders. In general, SSRIs are usually the first choice for treating depression due to their mild side effects and lower cost. Side effects, such as nausea and anxiety, tend to be mild and wear off after a few days to weeks. SSRIs can have sexual side effects, too. There has also been controversy regarding whether antidepressants worsen suicidal thinking and behavior in children and teens. At this point, the general consensus is for most people, these medications can be safe and helpful when taken as prescribed, but for a small percentage of people, the medication can make things worse. For this reason, children prescribed these medications should be monitored closely, which is a good reason to have a trained child psychiatrist work with your child.

Your psychiatrist might choose one of the non-SSRIs for a variety of reasons, including a person's preference, wanting to avoid certain side effects (for example, Remeron has a side effect of sleepiness and weight gain), having a history of a family member responding well to a certain antidepressant, wanting to target concurrent medical problems (Cymbalta is thought to help treat the pain associated with fibromyalgia, and Wellbutrin is helpful for people wanting to quit smoking, for example), wanting to avoid any drug interactions with other medicines a person is taking, and finally, lack of success with the SSRIs.

Antidepressant medication, like therapy, does not work immediately. In general, it can take four to six weeks of consistent use before a person obtains maximum benefit from the medication. For people with other psychiatric conditions, such as obsessive-compulsive disorder, panic attacks and anxiety, the medication can take up to six to twelve weeks to have full effect. A given antidepressant typically has about a 50-65% chance of being helpful and is dependent on a person taking it as prescribed. Though these medications are not addictive, stopping them abruptly can lead to withdrawal symptoms such as flu like symptoms, vivid dreams, dizziness, stomach upset, anxiety, and a return of the depression. It is therefore recommended you discuss a taper off the medication with your doctor and engage in therapy during that time period. Psychiatrists can work in concert with your therapist to manage your care, so your use of medication and therapy is well-coordinated and most beneficial to you.