THE LAWSON CLINIC
'There is a future'

FACT SHEET - DEPRESSION

Most people will experience episodes of normal depression resulting from common life circumstances such as physical illness, relationship difficulties, the loss of a job, the death of a friend.

However, depression can become an illness if –

- The mood state is severe.
- It lasts for 2 weeks or more.
- It interferes with our ability to function at home or at work.

Signs of a depressed mood include -

- Lowered self-esteem (or self-worth).
- Change in sleep patterns, that is, insomnia or broken sleep.
- Changes in appetite or weight.
- Less ability to control emotions such as pessimism, anger, guilt, irritability and anxiety.
- Varying emotions throughout the day, for example, feeling worse in the morning and better as the day progresses.
- Reduced capacity to experience pleasure: you can't enjoy what's happening now, nor look forward to anything with pleasure. Hobbies and interests drop off.
- Reduced pain tolerance: you are less able to tolerate aches and pains and may have a host of new ailments.
- Changed sex drive: absent or reduced.
- Poor concentration and memory: some people are so impaired that they think that they are going demented.
- Reduced motivation: it doesn't seem worth the effort to do anything, things seem meaningless.
- Lowered energy levels.

There are different types of depression and each expression of the illness responds to different forms of treatment including different classes of medication and psychological interventions.

Non-melancholic depression

Non-melancholic depression literally means that the depression is not primarily biological. Instead, it has to do with psychological causes, and is very often linked to stressful events in a person's life, alone, or in conjunction with the individual's personality style.

Non-melancholic depression is the most common type of depression. It affects one in four women and one in six men in the Western world over their lifetime. Non-melancholic depression responds well to different sorts of treatments (such as psychotherapies, antidepressants and counselling), but the treatment selected should respect the cause (e.g. stress, personality style).

Melancholic depression

Melancholic depression is the classic form of biological depression.

Its defining features are a more severe depression than is the case with non-melancholic depression and cognitive processing difficulties, with slowed thoughts and impaired capacity to work or study and an observable motor disorder (slowing and/or agitation of physical movements).

Melancholic depression is a relatively uncommon type of depression affecting only 1-2 % of Western populations. Melancholic depression has a low spontaneous remission rate. It responds best to physical treatments (for example medications) and only minimally (at best) to non-physical treatments such as counselling or psychotherapy.

Psychotic depression

Psychotic depression is a less common type of depression than either melancholic or non-melancholic depression and has a very low spontaneous remission rate. It responds only to physical treatments (for example medications).

The defining features of psychotic depression are -

- an even more severely depressed mood than is the case with either melancholic or non-melancholic depression.

- more severe psychomotor disturbance than is the case with melancholic depression.

- psychotic symptoms (either delusions or hallucinations, with delusions being more common) and over-valued guilt ruminations.

Professional Help

The decision to seek professional help is not easy. It is difficult to admit that you are not coping with your life. There is trepidation: the fear of being seen as weak, and that you are not capable of managing your own emotions or in control of your mind.

It is also very confronting to have to explain your innermost feelings to a stranger, particularly when you might not know the nature of the problem yourself, and thus lack the words to say it.

Medication

Medication used to treat depression includes antidepressants, mood stabilisers and tranquillisers. There is no general rule applied to any individual about the need to take medication.

Someone who presents with a non-melancholic depression whose depression commenced after a major stressor such as a break up in a relationship or loss of a job, will often do quite well without the need for antidepressant medication. If however the person has melancholic or psychotic depression, it would clearly be better to trial an antidepressant.

There are several separate families of antidepressants and various antidepressant drug classes whose effectiveness differs across the depressive subtypes. Whilst most antidepressants have multiple actions, many work by inhibiting the reuptake or reabsorption of one or more different neurotransmitters (including serotonin, noradrenaline and dopamine) at the nerve synapses thus increasing the concentration of the neurotransmitter.

Research at the Black Dog Institute has established that if medication is likely to be effective, evidence of at least some improvement should appear in the first ten days or so, whether it be an improvement in mood, sleep or other features.

It is important to challenge the myth that antidepressants need to be trialled for many weeks or months so as to ensure that patients are not left on an antidepressant for an extended period with the view that it might start working after two or three months.

Psychological

There are various types of psychological therapies including cognitive behavioural therapy, interpersonal therapy and psychotherapy.

People who develop depression particularly those who develop non-melancholic depression often have an ongoing negative view of themselves, even when they are not depressed. They distort their experiences through a negative filter and develop thinking patterns that are so entrenched they don’t even notice the errors of judgment caused by thinking irrationally.

CBT deals with this by correcting such thinking patterns and extend that thinking into new behavioural patterns.

Interpersonal therapy makes no assumption about the origin of the depression and uses the connection between the onset of depressive symptoms and current interpersonal problems as a treatment focus. The underlying assumption is that depressive symptoms and interpersonal problems are interrelated.

There are various kinds of psychotherapy all with varying emphasis and approaches. By definition, psychotherapy comprises a working relationship between a trained therapist and a patient. Psychotherapy emerged from psychoanalytic techniques that included encouraging patients to 'free associate'. The therapist would then progressively clarify and interpret links between the past and the present.

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