What is depression?

It is very important to distinguish between being “down”, which is really just a normal depressive response to certain life events, and “depression”, which is a real illness that requires special attention and appropriate treatment.

Feeling down is a reaction to social and psychological factors (e.g.: the death of a loved one, separation, divorce, job loss, bankruptcy, etc.) that cause normal feelings of depression. They don’t last for a long time, and the person can usually still react to certain pleasures and other stimuli.

In the case of major depression, there are physiological and genetic factors at work. A true depressive episode usually lasts a long time, up to a year or two if it is not treated properly. In addition, people who suffer from depression do not respond to stimuli, and find little or no pleasure in any activities.

Some facts concerning depression

- 15% of people will suffer from depression at some time in their life;
- Every year, 5% of people suffer from depression;
- Depression is more common in women during the childbearing years, that is, from puberty until menopause;
- Depression is more common among men after the age of 40;
- Many adolescents and elderly people suffer from depression;
- Anyone can suffer from depression, regardless of race or religion;
- The rate of depression is higher among people who have a family history of depression problems and alcoholism, or have lost a parent before the age of 13.

Warning signs

Illustration of the interaction between biological and psychosocial factors in depression

- Social stress
  - Psychological defence (feeling down or physical reaction)
  - Physiological sensitivity (major depression or physical illness)

The environmental, psychological, and physiological factors described below can contribute to the onset of episodes of depression to varying degrees from one person to another.

Environmental factors

Depression can be caused by a variety of environmental factors:

- Lifestyle;
- Drug use;
- Unhealthy work environment;
- Unemployment;
- Single parent family.

Psychological factors

Certain psychological factors are observed during a depressive episode:

- Feelings of rejection and loss in connection with loved ones, even if they are still close by;
- Being very self-critical, subjecting oneself to rigid moral judgments, and wanting to punish oneself for past misdeeds;
- Negative thoughts, believing that one is a bad person, that everything around one is bad, and that everything will always be bad;
- Feeling that life is worthless and hopeless, and that there is no help possible.

Physiological factors

People who suffer from major depression undergo changes in their neurotransmitters:

- Decreased serotonin, which leads to depressive feelings, anxiety, and obsessive thoughts as well as sleep and appetite loss;
- Decreased norepinephrine, which causes a loss of energy and motivation, and negative thoughts;
- And decreased dopamine, which leads to reduced feelings of pleasure and concentration problems.

We also see hormonal changes in people with depression:

- In women, hormonal fluctuations in the fertility cycle, during pregnancy and after childbirth, and in men, a progressive drop in androgens after age 40;
- Thyroid gland dysfunction;
- Increased release of stress-related cortisol;
- Immune function is also weakened.

Symptoms

The diagnosis of major depression is based primarily on the following symptoms:

- A depressed mood most of the day and most days for a period of at least two weeks;
- Sleep problems (insomnia or hypersomnia);
- Appetite problems with weight loss or gain;
- Lack of energy and fatigue;
- Loss of interest and pleasure;
- Psychomotor agitation or slowing;
- Decreased ability to concentrate, think, or make decisions;
- Feelings of guilt;
- Recurring thoughts of death (60% of cases) and recurring suicidal thoughts (15% of cases).

A person must exhibit at least five of these nine symptoms in order to be diagnosed with depression.

Associated symptoms
- Anxiety;
- Social withdrawal.

Treatment

- The goal of psychological, pharmacological, and community-based treatment for depression is to improve the person's general condition in light of the various physiological and psychosocial factors involved.

1. Psychotherapy
   Early in treatment, psychotherapists can help patients by:
   - providing them with support and education;
   - meeting with their families in order to provide information;
   - getting them involved in the process of restoring their physical and mental health.

   During a crisis, someone who is suffering from a major depressive episode can get specific individual help through:
   - cognitive-behavioural therapy;
   - interpersonal therapy.

   Once the crisis has passed, the therapist can begin:
   - more in-depth therapy with the person;
   - therapy involving the family.

   Throughout this process, it can be very helpful to refer people who are suffering from depression and their families to community organizations such as Revivre.

2. Pharmacological treatment
   Depression is treated with medications called antidepressants, while at the same time dealing with the person's psychological and environmental factors.

   This type of medication stabilizes neurotransmitters, and helps to restore the following fairly quickly (usually within a few weeks):
   - Sleep;
   - Appetite;
   - Energy level;
   - Pleasure;
   - Positive thinking;
   - Concentration level;
   - Lower anxiety levels.

   If the first choice of antidepressant doesn't work, the individual's mood can be improved using a combination of antidepressants, or by adding other treatments, including the following:
   - Hormones (estrogen, testosterone, and thyroid gland extracts);
   - Tryptophan;
   - Mood stabilizers (lithium, anticonvulsants);
   - Atypical antipsychotics;
   - Stimulants.

   In order to reduce the risk of relapse, antidepressants should be prescribed for at least six months after symptoms have ceased. However, the treatment might be prolonged if the depression persists. Antidepressants aren't addictive, but they should be stopped gradually at the end of treatment.

   Antidepressants are effective in 75% of people with depression. It is important to note that the goal should be a complete elimination of symptoms.

Where to go for help

If you think that you or someone you love might have depression, you should consult your family doctor. He can either treat the depression himself or refer you to a mental health professional for treatment.

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