DEPRESSION

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Depression is one of the most common medical conditions, which can interfere with a person's quality of life, relationships and ability to work significantly. Fortunately, there are a number of effective treatments, including psychotherapy and medication.

Keywords: depression, treatment, psychotherapy, psychiatry

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Introduction

Depression affects a good size of the population. Although it is relatively common and the impact of the individual quality of life can be enormous, there is still a stigma attached to it. A common belief is that it is not treatable, which is in the vast majority of cases untrue. Another misconception is that it lowers a person's intelligence or changes one's personality, which is equally untrue. While someone suffers from depression, the ability to focus and concentrate may be reduced, it does not lower a person's cognitive abilities when the person recovers from the depression. However, the most serious misconception must be the one that there are no effective treatments. In truth, there are many effective treatments available, but their effectiveness often depends on matching the correct treatment modality to the right patient.

Psychotherapy

There are many different kinds of psychotherapy, but they all derive from the concept of the 'talking cure' developed by Freud and Breuer. Over time, various brands have been developed, but the interaction between the patient and therapist, insight, reflection and learning are still the basic building blocks of psychotherapy or counselling.[1]

Medication

There is little doubt that medication is effective in depression. Increasingly, we also understand why it works, and how. The challenge can sometimes be to select the right antidepressant for a specific patient, but the miss rate usually declines with experience of the therapist. Generally, the side effects are low or non-existent and over a couple of weeks to a few months there is in about seventy percent of cases a marked improved in mood, motivation, focus and the energy to engage in activities. Sleep, appetite and other parameters can improve as well, depending on the medication selected. If a drug does not show an effect, or only an unsatisfactory one, after some time, it is often a good idea to switch the antidepressant, which frequently works.

[1] Both term, psychotherapy and counselling, are often used interchangeably. In academia and research 'psychotherapy' has been used traditionally more frequently. Many patients, however, find the term 'counselling' less stigmatizing and 'pathological'. I will use the term psychotherapy as a matter of habit and convenience.

Major Depression vs Reactive Depression

A depression, if it is not primarily a reaction to a life event, is called in psychiatry a major depressive disorder (MDD). It is a condition characterized by at least two weeks of low mood that is present across most situations. [1] It is often accompanied by low self-esteem, loss of interest in normally enjoyable activities, low energy, and psychological pain without a clear cause. There may also be false beliefs and – in the more severe cases – acoustic or visual hallucinations. Major depression needs to be differentiated from sadness. Depression often actually means the subjective absence of feelings, such as sadness. Patients often cannot feel themselves anymore as before, which can cause additional anxiety.

Another form is the reactive depression, which occurs as part of several conditions, such as post-traumatic stress disorder (PTSD). These forms of depressions are discussed within the articles on these conditions. The following will focus on the depression which is not primarily a part of these conditions, the major depression.

Some people have periods of depression separated by years in which they feel normal while others nearly always have symptoms present. The first line of treatment is a combination of psychotherapy and medication. Some common antidepressants are mentioned below. This combination has allowed most patients to live normal lives and in the clear majority leads to a significantly higher quality of life.

Depression and Health

Major depression significantly affects a person's family and personal relationships, work or school life, sleeping and eating habits, and general health. Major depressive disorder can negatively affect a person's family, work or school life, sleeping or eating habits, and general health. Between 2-7% of adults with major depression die by suicide [2] and up to 60% of people who die by suicide had depression or another mood disorder [3]. But depression has also been linked with several physical health conditions, such as cardiovascular and autoimmune illnesses. These conditions make up a large share of the costs society incurs when depression remains untreated. Depression causes the second most years lived with disability after low back pain. [4]

Differential Diagnosis

There are many conditions, somatic, psychiatric or iatrogenic, which can induce symptoms similar to that of a depression. A host of other possibilities should thus be considered, and, if appropriate, be actively searched for. In most instances the situation is quite clear, especially in an outpatient setting, but even here it is advisable to explore alternative explanations aside from depression. In some cases, a patient may also suffer separately from a depression and another condition. In other cases, the full

symptoms of depression occur as part of the condition, such as in a schizoaffective disorder, which combines both, the symptoms of a psychosis and a depression.

Medication can also induce depression-like symptoms, even though they do not match those of depression fully, such as the emotional flattening observed sometimes in several antipsychotics [5]

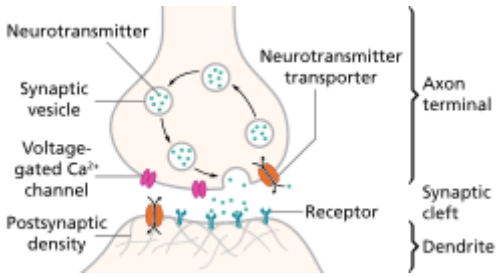
Causes of Depression

Its impact on functioning and well-being has been compared to that of other chronic medical conditions such as diabetes. The biopsychosocial model proposes that biological, psychological, and social factors all play a role in causing depression. The cause is believed to be a combination of genetic, environmental, and psychological factors. [1] Risk factors include a family history of the condition, major life changes, certain medications, chronic health problems, and substance abuse. [1] About 40% of the risk appears to be related to genetic variations.

Lifetime rates are higher in the developed world compared to the developing world. Maybe a heightened stress level in a more complex living and working environment contributes to that, but it may also be a lower rate of diagnosing this condition in the developing world.

The Monoamine Hypothesis

The monoamine hypothesis has been partially questioned, but it is still the leading, and also most coherent, hypothesis there is in providing a biological explanation for depression, as well as some anxiety disorders. Over time, its emphasis on particular neurotransmitters has shifted to a limited extent, while the focus on the neurotransmitter serotonin has endured. The monoamines are serotonin, norepinephrine, and dopamine. The antidepressants act on the neurotransmitter levels or on the receptors.



Serotonin is hypothesized to regulate other neurotransmitter systems; decreased serotonin activity may allow these systems to act differently and become less stable. According to this hypothesis, depression arises when low serotonin levels promote low levels of norepinephrine, another monoamine neurotransmitter. Some antidepressants enhance the levels of norepinephrine directly, whereas others raise the levels of dopamine, a third

monoamine neurotransmitter. These observations gave rise to the monoamine hypothesis of depression.

In its contemporary formulation, the monoamine hypothesis postulates that a deficiency of certain neurotransmitters is responsible for the corresponding features of depression. The main effect is, however, believed to be due to changes in the receptor densities on the cell membrane rather than the changes in the neurotransmitter levels. This also explains why antidepressants can take a few weeks to work. This may be the time needed by the cell to change the receptor density and patterns in the cell membrane through recycling and protein synthesis.

Symptoms

A person having a major depressive episode usually exhibits a very low mood, which pervades all aspects of life, and anhedonia, the inability to experience pleasure in activities that were formerly enjoyed. Depressed people may be preoccupied with, or ruminate over, thoughts and feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-hatred.

Changes in the communication with oneself and others changes when an individual is depressed. This is a consequence of the symptoms of depression but often works also to deepen and prolong the condition. Loss of interest in things that were once enjoyable, seeing less meaning in activities and events and withdrawal from the world, and to an extent from oneself, are often the result and may worsen the depression, while more communication with oneself and others can help to reverse the depression.

In severe cases, depressed people may have symptoms of psychosis. These symptoms include delusions or, less commonly, hallucinations, usually with negative and unpleasant content. A good indication that a psychotic symptom is maintained by a mood disorder is that the value of the content of any delusions or hallucinations is consistently in the direction of the mood disorders, such as negative content in a depression or alternating positive and negative content in bipolar disorder.

Other symptoms of depression, which are commonly observed, include

- poor concentration and memory
- withdrawal from social situations and activities
- reduced sex drive, irritability,
- insomnia
- and thoughts of death or suicide (which requires immediate professional help).

Insomnia is a common symptom. In the typical pattern, a person wakes very early and cannot get back to sleep. Hypersomnia, or oversleeping, can also happen. In an atypical form of depression, it is even possible that a patient experiences primarily insomnia, loss of concentration and poor memory retrieval, without a clear lowering in mood.

Physical Symptoms

A depressed person may report multiple physical symptoms such as

- fatigue
- headaches, or
- digestive problems.

Appetite often decreases, with resulting weight loss, although increased appetite and weight gain occasionally occur. Family and friends may notice that the person's behavior is either agitated or lethargic.

Treatment

The two types of treatment, for which there exists broad empirical and conceptual support, are medication and psychotherapy. Generally, the best approach is to use both together. However, in very severe cases of depression only medication may be feasible, while in cases of mild depression psychotherapy may be sufficient.

Medication

There are various groups of antidepressants, often with regards to their function on neurotransmitters and neuroreceptors. The selective serotonin receptor inhibitors (SSRIs) are the ones most commonly used. They can also help against anxiety and panic attacks, as well as various other symptoms and conditions, such as emotional instability and eating disorder. Examples are escitalopram (Lexapro®) and sertraline (Zoloft®). The serotonin and norepinephrine reuptake inhibitors can also help against anxiety, but may be more activating, which can lead to increased nervousness and anxiety in the beginning. The best way to reduce an increase in anxiety in the first days, which can happen with most antidepressants, is to start the medication at a very low level and increase it in small increments in patients with anxiety, especially if there are also panic attacks.

Psychotherapy

As already mentioned, there are various brands of psychotherapy which are designed to help in the long run. Cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT), as well as Gestalt therapy and others, are also focused at the short-term, while psychodynamic psychotherapy aims at a more permanent resolution of the depression in the long-run. [6]

Communication-focused therapy (CFT), which was developed by the author to more closely work with the mechanism that underlies many forms of psychotherapy, communication. [7]

Psychotherapy should be targeted at the long-run. Short fixes for depression often do not work, and only in the short run. The reason is that a patient's interaction patterns with herself and the environment often need to change, which requires some time. Good communication helps against a depression, but it often requires a change in perspective, as well as awareness and reflection, which ensures an enduring effect but requires time.

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