

Depression

Is depression
**AFFECTING
YOUR HEALTH?**

WARNING SIGNS

of depression in
children and older
adults

POSTPARTUM DEPRESSION:

*the most common
complication of
childbirth*

**New magnetic
treatments
for depression**

Surprising symptoms of
**depression
in men**

INSIGHTS magazine is a publication of Pine Rest Christian Mental Health Services and is reviewed by Pine Rest clinical and medical staff. INSIGHTS is produced by the Pine Rest Marketing and Communications Department.

To learn more about depression and other mental health topics, visit pinerest.org/insights.

Pine Rest Services
Pine Rest provides treatment for depression to people of all ages from young children to older adults and at all levels of need, including counseling, hospital day programs, and inpatient hospitalization.

For more information, visit pinerest.org/depression

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Pine Rest is one of the largest free-standing behavioral health providers in the United States. A nonprofit founded in 1910, it has a comprehensive behavioral health center located in Grand Rapids, Michigan and a network of 18 outpatient offices throughout Michigan and Iowa.

Mailing Address
Pine Rest Christian Mental Health Services
300 68th Street SE
Grand Rapids, MI 49548

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We've all seen the commercials on television; several vignettes showing individuals looking sad, tired, and unresponsive to mates, children or pets with a voiceover asking if you are not yourself or feeling listless and unhappy. "Maybe you are depressed," the ad suggests.

We all feel sad sometimes and even go through periods of grief and have feelings of failure and disappointment. But that is not depression. Depression, even in its mildest form, is more than an occasional period of sadness.

What Is Depression?

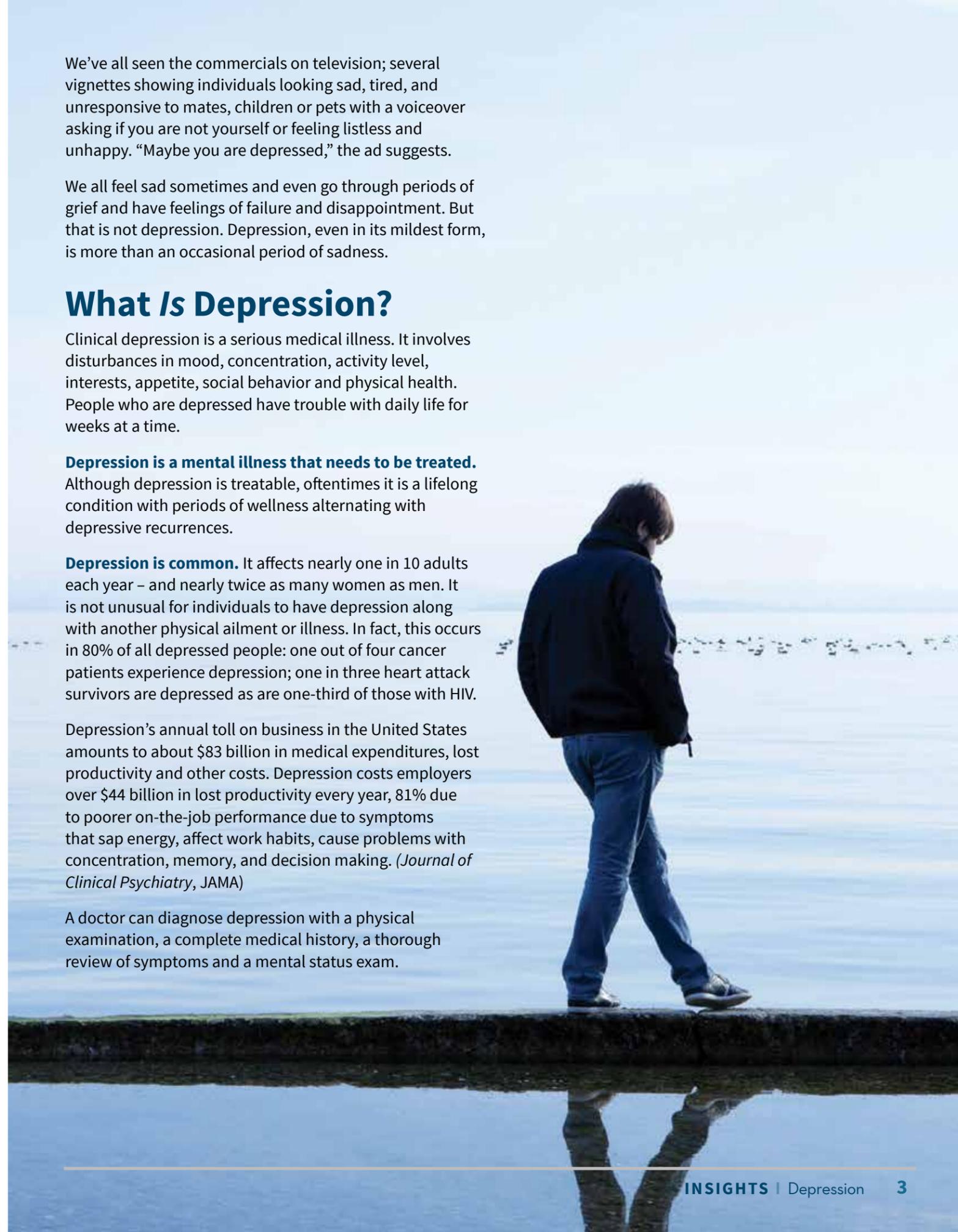
Clinical depression is a serious medical illness. It involves disturbances in mood, concentration, activity level, interests, appetite, social behavior and physical health. People who are depressed have trouble with daily life for weeks at a time.

Depression is a mental illness that needs to be treated. Although depression is treatable, oftentimes it is a lifelong condition with periods of wellness alternating with depressive recurrences.

Depression is common. It affects nearly one in 10 adults each year – and nearly twice as many women as men. It is not unusual for individuals to have depression along with another physical ailment or illness. In fact, this occurs in 80% of all depressed people: one out of four cancer patients experience depression; one in three heart attack survivors are depressed as are one-third of those with HIV.

Depression's annual toll on business in the United States amounts to about \$83 billion in medical expenditures, lost productivity and other costs. Depression costs employers over \$44 billion in lost productivity every year, 81% due to poorer on-the-job performance due to symptoms that sap energy, affect work habits, cause problems with concentration, memory, and decision making. (*Journal of Clinical Psychiatry, JAMA*)

A doctor can diagnose depression with a physical examination, a complete medical history, a thorough review of symptoms and a mental status exam.



Causes of Depression

Depression does not have a single cause. Several factors or a combination of factors may contribute to depression. A person's life experience, genetic inheritance, age, sex, brain chemistry imbalance, hormonal changes, substance abuse and other illnesses all may play significant roles in the development of depression.

Genetics: People with a biological (family) history of depression may be more likely to develop it than those whose families do not.

Brain Chemistry: People with depression are thought to have a different brain chemistry than those without the illness.

Attitude: People with a pessimistic outlook on life and low self-esteem who are easily overwhelmed by stress are more likely to develop depression.

Gender: Women experience depression twice as often as men. While a specific explanation of this is unclear, hormonal changes in women that occur during menstruation, pregnancy, childbirth and menopause are thought to be possibilities.

Life Situations: Difficult life events or traumas such as emotional, physical, sexual or verbal abuse; continuous exposure to violence; financial problems or poverty; inappropriate or unclear expectations; maternal separation; family addiction; death of a loved one; neglect; divorce; illness; or racism may all contribute to depression.

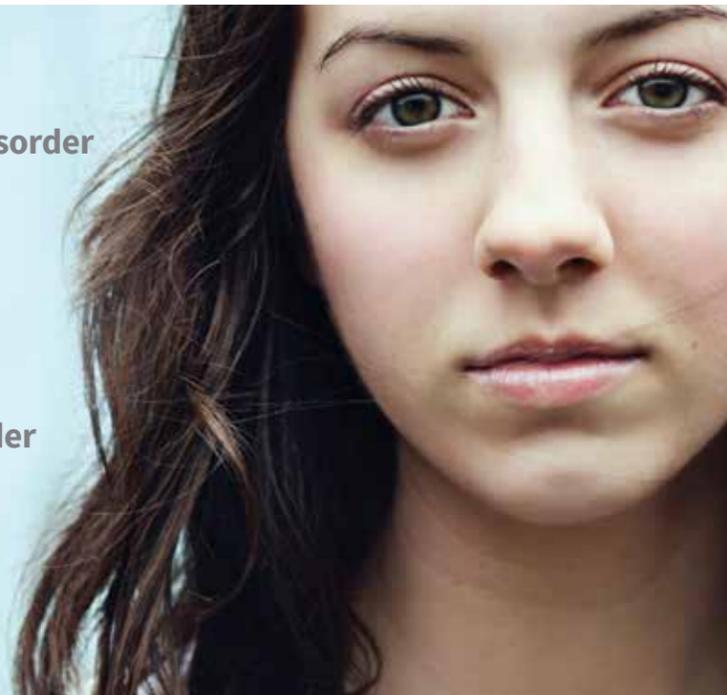
During or After Pregnancy: Depression may be associated with pregnancy or the delivery of a child. Studies show that 15-20% of new mothers and 10% of new fathers experience some form of perinatal mood disorder which occur during pregnancy until up to two years after a baby is born and includes depression, anxiety, psychosis, bipolar disorder, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). Postpartum depression is different from the "baby blues" both by its duration and debilitating effects.

Illnesses: Depression often coexists with other illnesses that precede, follow, cause or are a consequence of the depression. These include mental health conditions, substance use, and serious medical illnesses.

Depression and Illness

- **50-75%** of those who have an eating disorder
- **50%** of those with Parkinson's disease
- **40%** of those with PTSD
- **33%** of those who've had a heart attack
- **27%** of those with a substance use disorder
- **25%** of those who have cancer

Source: NIH



Symptoms of Depression

You may be depressed if you have at least five of these symptoms occurring nearly every day for at least two weeks:

- Feeling sad or empty
- Having little interest or pleasure in doing things
- Experiencing a change in appetite with weight loss or weight gain
- Trouble falling or staying asleep, or sleeping too much
- Being tired, fatigued and having no energy
- Feeling worthless or guilty that you have let yourself or your family down
- Moving slowly or the opposite – being overly fidgety and restless
- Having difficulty thinking or concentrating on things such as reading the newspaper or watching TV
- Letting personal hygiene go – not bathing or not dressing well
- Recurring thoughts that you'd be better off dead or of hurting yourself

Types of Depression

Major Depression: People who have major depression have had at least one major depressive episode (five or more symptoms for at least a two-week period). For some people, this disorder is recurrent, which means they may experience additional episodes. One of these symptoms has to be a depressed mood or loss of interest or pleasure.

Dysthymia: Is a low-level state of depression that lasts a long time. It is not as severe as major depression, but can be just as disabling. Symptoms of dysthymia include many, sometimes all of the symptoms for depression. Fewer symptoms are necessary to make the diagnosis.

With dysthymia, individuals are often able to function better. They might be able to go to work and manage their lives to some degree. They may not even be aware that they have an illness even though they are irritable, stressed or tired most of the time. Many people with dysthymia believe that this is just their personality.

Postpartum Depression: Depression occurring during pregnancy or in new parents up to two years after a baby is born.

Seasonal Depression: A major depression occurring regularly in seasons with little sunlight.

Treatments for Depression

As debilitating as depression can be, it is a highly treatable disease. The vast majority can be effectively treated and return to a normal life, doing all of their regular activities free from the crippling effects of the disease.

There are many ways to treat depression and the type that is chosen depends on the individual, the severity of the depression, and how well a person responds to the treatment. The most well-established ways to treat depression are medications, psychotherapy, electroconvulsive therapy and transcranial magnetic stimulation.

Recognizing depression as soon as it occurs and seeking help from your doctor is important. With prompt treatment, a depressed person can return to a happier life and a healthier outlook on life.

Medication

Antidepressant medication works well for many, however it can take two to four weeks before the medication starts to work and six to 12 weeks before an individual sees the full effect of antidepressants.

Medical research has demonstrated imbalances in neurotransmitters like serotonin, dopamine and norepinephrine that occur in depression. Antidepressants can address these. Some people experience side effects from the medication including headaches, nausea, difficulty sleeping, nervousness, agitation and restlessness, and sexual difficulties.

While most antidepressants are not addictive, you should not stop taking the medication without your doctor's consent. If you do notice unpleasant side effects, share that with your doctor as well. He or she may change the dosage or switch to a different medication. Most antidepressants require that you not drink alcohol or take illicit drugs. Some other prescribed medications and herbal supplements can also react negatively with antidepressants so make sure your doctor is aware of all the medications and herbal preparations you currently take.

Psychotherapy

Psychotherapy – the “talking” therapy – is also an effective tool in treating depression and can include cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). These types of therapy help by teaching a depressed individual different ways of thinking and behaving and changing habits that may contribute to depression.

Specifically, cognitive behavioral therapy helps to change the negative thinking and behavior associated with depression while also teaching people how to unlearn the specific behaviors that contribute to their depression. Oftentimes, changing one's behavior can lead to an improvement in thoughts and mood.

Interpersonal therapy focuses on improving individual relationships that may contribute to a person's depression. In this therapy patients learn to evaluate the way they interact with others – peers and family members – and become more aware of their own isolation and difficulties in getting along with or understanding other people in their lives.

Electroconvulsive Therapy

Electroconvulsive Therapy (ECT) is a long-established, safe and effective treatment for the debilitating symptoms of major depression, bipolar (depression and mania), and schizoaffective disorder among other diagnoses.

Each treatment, the patient is given a short acting anesthetic and a muscle relaxer. Once the patient is asleep, a brief electrical stimulus is used to induce a seizure, typically lasting 30-60 seconds. The seizure activity is very minimal due to the use of the muscle relaxer. It is the seizure activity that causes chemical changes in the brain which helps patients get better.

With ECT, treatments are given three times each week for a total of six to 12 treatments. Improvements typically can be seen after four to six treatments—about one and a half to two weeks—much quicker than with antidepressant medications.

Transcranial Magnetic Stimulation

Transcranial Magnetic Stimulation (TMS) is a newer treatment typically used for patients who have moderate to severe depression but have not obtained relief or have experienced significant side effects with depression medications.

A non-invasive series of treatments, TMS delivers magnetic pulses to a specific area in the brain called the dorsolateral prefrontal cortex, an area involved in depression. The magnetic pulses stimulate nerve cells which can lead to improved depressive symptoms and mood. Individuals are awake throughout treatments, and no anesthesia is used. TMS was cleared by the Food and Drug Administration in 2008 as a treatment for depression.

TMS treatments are given five days per week for four to six weeks. Though ECT is the most effective treatment for major depression, TMS provides an alternative option.

Light Therapy

For those who suffer from seasonal depression, daily exposure to bright light is often effective. Light therapy can be used alone or together with other treatments.



How Depression Varies

Anyone at any age can experience an episode of depression. However, the signs, diagnosis of and chance that treatment will be sought can differ by age, race and gender.

Women and Postpartum Depression

Hormonal fluctuations, physical changes, sleep deprivation and the responsibility of caring for a newborn can be overwhelming. Up to 80 percent of new mothers experience the “baby blues,” an emotional rollercoaster of moodiness, tearfulness, anxiety, inability to concentrate and sadness starting around one week postpartum and lasting about three weeks. While it doesn’t feel good, the baby blues are completely normal and not a disorder.

Postpartum depression and other perinatal mood disorders (PMDs) are the most common complication

of childbirth. If untreated, there can be serious complications for moms, babies and families. Consequences include disruption in mother-baby bonding, interruption in the infant’s development, family and relationship conflicts, and in serious cases can lead to suicide or infanticide.

The highest time of risk for postpartum depression is at six months after delivery, however, onset can occur any time from pregnancy until two years after the baby is born. Symptoms include excessive worry, sadness, guilt, hopelessness, sleep problems, fatigue, loss of interest in normally pleasurable activities, change in appetite, irritability, and difficulty making decisions. In comparison to the baby blues, postpartum depression symptoms continue three weeks or longer.

Postpartum Depression Risk Factors

- Depression or anxiety during pregnancy
- Personal or family history of depression
- Complications with pregnancy, birth or breastfeeding
- Giving birth to multiples
- History of PMS or other significant mood reactions to hormonal changes
- Negative mood changes while taking birth control medication
- Recent loss or move
- Difficulty in asking for support
- Low self-esteem or perfectionism
- Poor social, familial or financial support
- Unresolved miscarriage, abortion, adoption or loss
- Thyroid dysfunction



Men and Depression

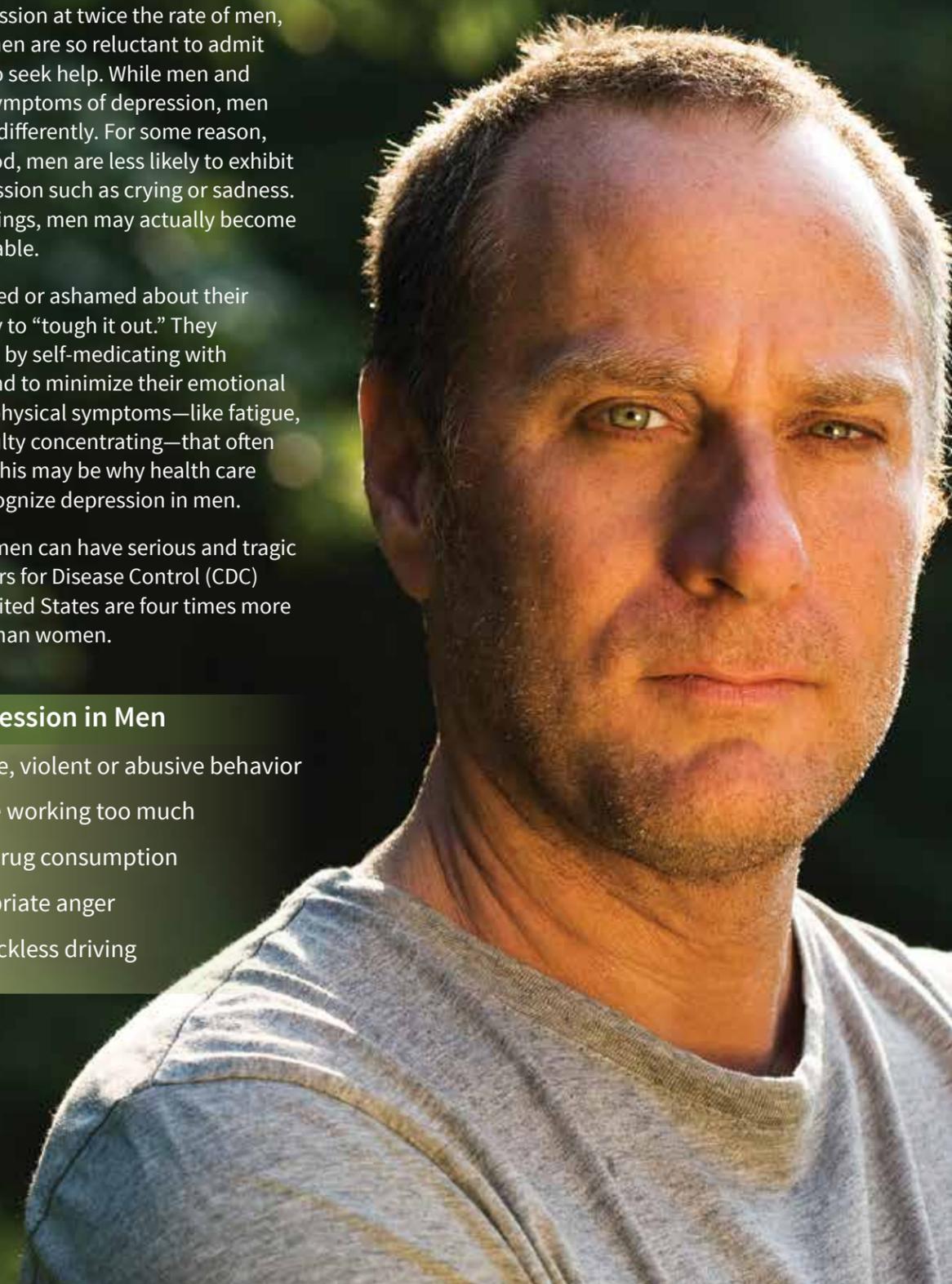
Women experience depression at twice the rate of men, which may explain why men are so reluctant to admit they are depressed and to seek help. While men and women share the same symptoms of depression, men express those symptoms differently. For some reason, not completely understood, men are less likely to exhibit the typical signs of depression such as crying or sadness. By suppressing these feelings, men may actually become more aggressive and irritable.

Men often feel embarrassed or ashamed about their depression and simply try to “tough it out.” They sometimes “take control” by self-medicating with alcohol or drugs. They tend to minimize their emotional symptoms and focus on physical symptoms—like fatigue, pain, headaches or difficulty concentrating—that often accompany depression. This may be why health care providers often fail to recognize depression in men.

Untreated depression in men can have serious and tragic consequences. The Centers for Disease Control (CDC) report that men in the United States are four times more likely to commit suicide than women.

Other Signs of Depression in Men

- Controlling, aggressive, violent or abusive behavior
- Escapist behavior, like working too much
- Increased alcohol or drug consumption
- Irritability or inappropriate anger
- Risky behavior, like reckless driving



Depression in Older Adults

Over 6 million Americans 65 and older are affected by late life depression but only 10% ever receive treatment. Why? Because many people think that depression is a normal part of aging. Due to the many health challenges older adults face, neither they nor their families recognize the symptoms of depression or mistake them as signs of other conditions that plague the elderly: Alzheimer's and other forms of dementia, arthritis, cancer, heart disease, stroke, etc.

If depression goes untreated, older adults face increased risks of additional illnesses and cognitive decline. The elderly are much more likely to seek treatment for other physical ailments than they are for depression and their depression symptoms can be different than for those who are younger.

The best way to determine if someone is depressed is with a physical exam which includes a review of all medications, plus a clinical and psychiatric interview. Blood tests and imaging studies, such as a CT scan, can eliminate other medical conditions that require different treatments.

Fortunately, treating older adults for depression does help. In fact, 80% of those who are clinically depressed can be successfully treated with medication, psychotherapy, electroconvulsive therapy, transcranial magnetic stimulation or a combination.

Signs of Depression in Older Adults

- Memory loss
- Confusion
- Social withdrawal
- Irritability and/or angry outbursts
- Loss of appetite
- Inability to sleep
- Delusions
- Hallucinations
- Unexplained aches and pains



When Children Are Depressed

Although depression can occur in young children, it is much more common in adolescents and, after puberty, occurs much more frequently in girls. For a diagnosis of depression in children, as in adults, at least five symptoms must be present for a period of at least two weeks.

Young people may also engage in high-risk sexual activities and other behaviors including shoplifting, physical fights and abuse of alcohol or drugs.

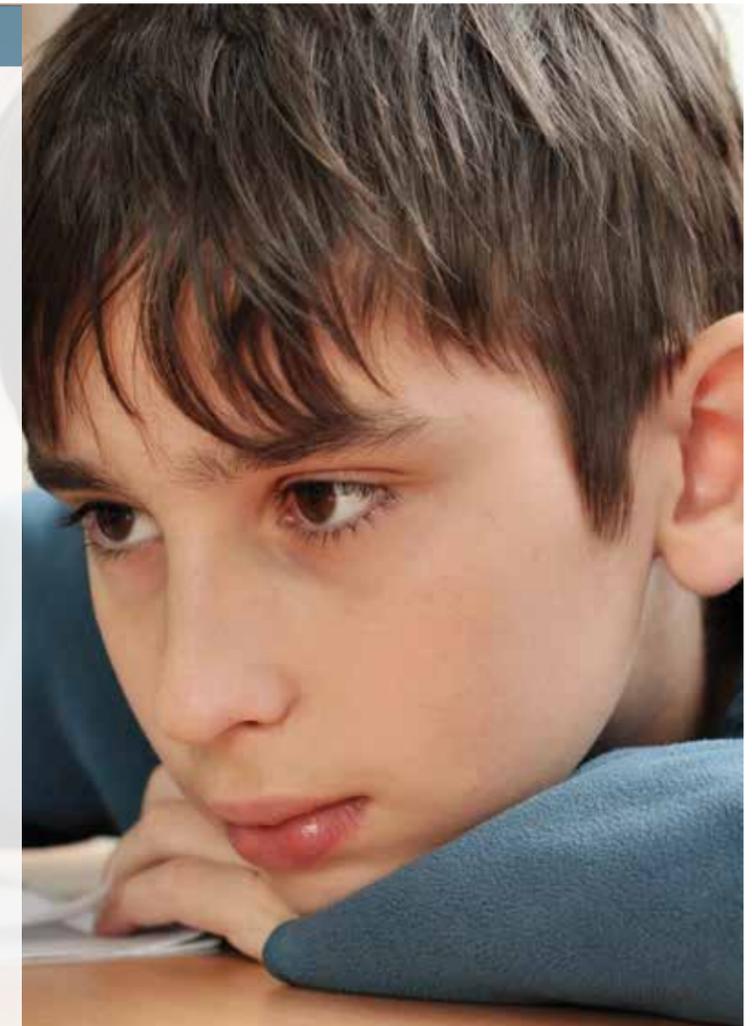
Untreated, depression can lead to devastating consequences in young people, including ongoing problems in school, at home and with friends, losing critical developmental years and increasing the risk for substance use.

If you are concerned your child may be depressed, it is important to talk to him or her about your observations and how he or she is feeling and to listen for key warning signs. You should try to create an open, honest communication where mental health issues, like depression, are treated like any other health risks affecting adolescents.

Psychotherapies, including cognitive behavioral therapy and interpersonal therapy, and medications have been effective in treating depressed children. Together you, your child and your clinician, can choose a treatment that seems best. If at the end of an adequate trial, usually eight to 12 weeks, you have seen no improvement, the treatment should be changed.

Signs of Depression in Children

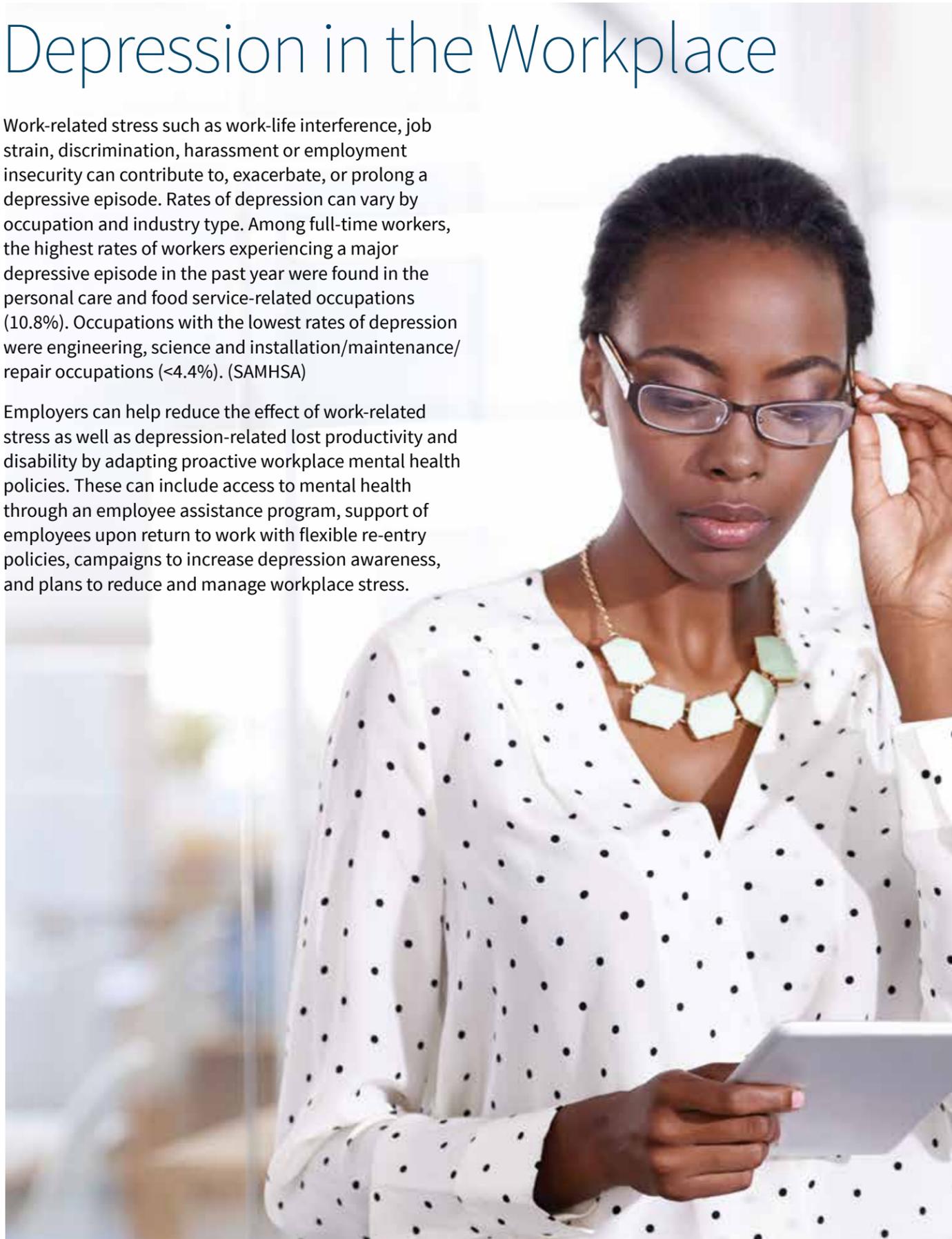
- Irritability or sadness
- Boredom, lack of interest in friends and previously enjoyed activities
- Changes in appetite resulting in failure to gain weight or, especially in teens, weight gain
- Irregular sleep patterns – either having difficulty sleeping or refusing to wake up for school
- Persistent lack of energy or feeling tired
- Self-critical – feeling that “no one likes me”
- Not performing well at school
- Lack of motivation
- Inability to concentrate
- Preoccupation with death, writing or talking about suicide



Depression in the Workplace

Work-related stress such as work-life interference, job strain, discrimination, harassment or employment insecurity can contribute to, exacerbate, or prolong a depressive episode. Rates of depression can vary by occupation and industry type. Among full-time workers, the highest rates of workers experiencing a major depressive episode in the past year were found in the personal care and food service-related occupations (10.8%). Occupations with the lowest rates of depression were engineering, science and installation/maintenance/repair occupations (<4.4%). (SAMHSA)

Employers can help reduce the effect of work-related stress as well as depression-related lost productivity and disability by adapting proactive workplace mental health policies. These can include access to mental health through an employee assistance program, support of employees upon return to work with flexible re-entry policies, campaigns to increase depression awareness, and plans to reduce and manage workplace stress.



Depression with Bipolar Diagnosis

By Michael Fusillo, MD

Depression may be part of a bipolar diagnosis. The symptoms may be the same but the person with a bipolar diagnosis also has at least one episode of manic symptoms. These include:

- An elevated, expansive or irritable mood
- Inflated self-esteem
- Racing thoughts
- Distractibility
- Agitation
- Excessive involvement with pleasurable activities that causes problems for him/her (unrestrained buying sprees, sexual indiscretions and foolish business investments)

This diagnosis requires a different medication treatment, so the distinction between depression and bipolar disorder is an important one. In fact, antidepressants alone usually make bipolar disorder worse.

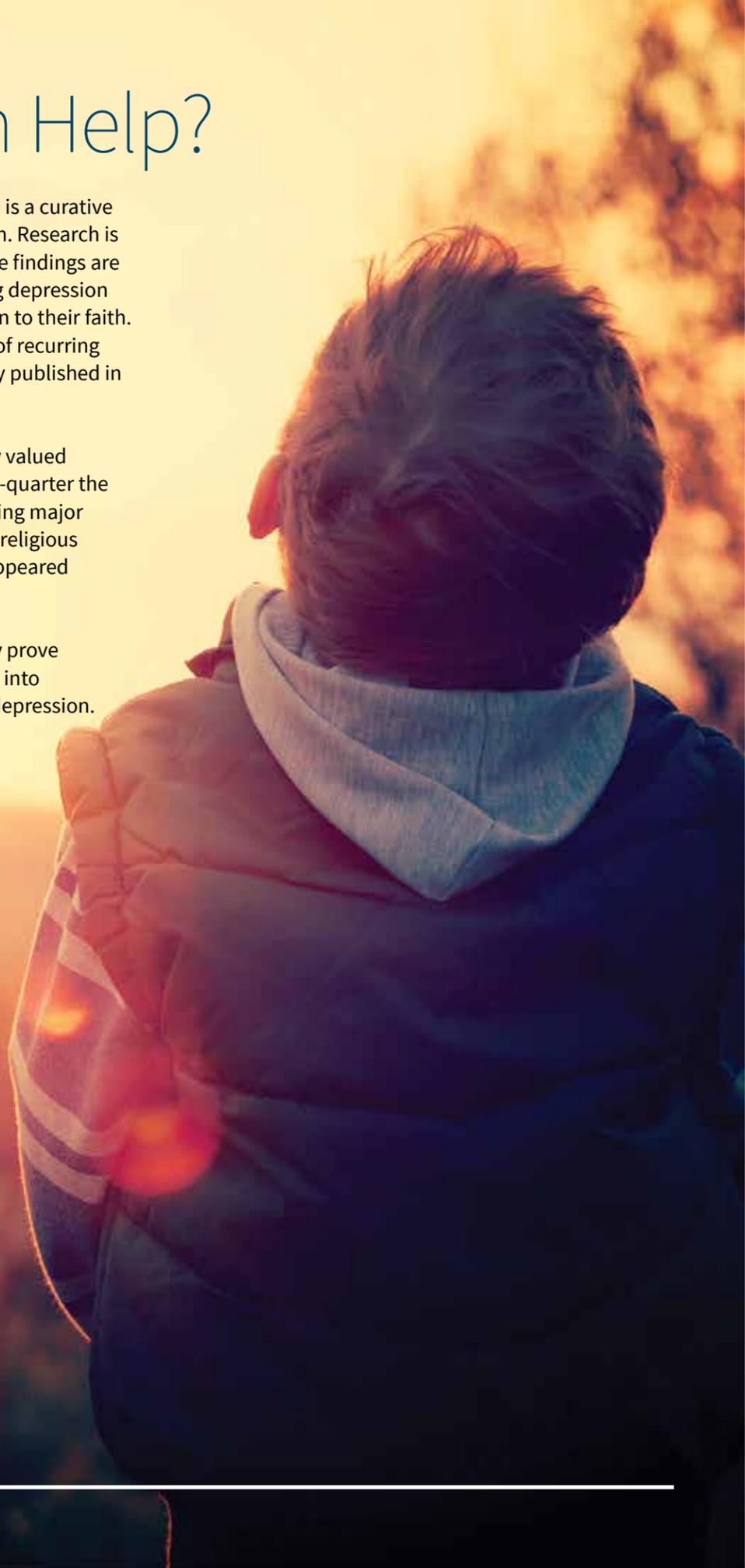


Can Religion Help?

Clinical experts have long wondered if there is a curative connection between religion and depression. Research is finally catching up with the question and the findings are promising. Adults at high risk for developing depression may actually benefit from a deep connection to their faith. This is particularly true in reducing the risk of recurring episodes of depression, according to a study published in August of 2011 in AJP in Advance.

The study found that individuals who highly valued their religion and spirituality had about one-quarter the risk of other study participants in experiencing major depression. Neither frequent attendance at religious services nor any particular denomination appeared to be a factor.

Researchers concluded that spirituality may prove useful for some patients when incorporated into psychotherapeutic approaches to treating depression.



Depression and Suicide

Suicide was the 10th leading cause of death in the United States in 2015, and depression or another diagnosable mental or substance use disorder was estimated to be a factor in 90 percent of these. The rate of suicide is highest in individuals 45 to 64 years old (19.6%) and 85 and older (19.4%). Young people are also at risk, with suicide being the second leading cause of death in individuals 15 to 34 years old.

If you know someone who is considering suicide, show concern and compassion by saying, “Things must really be awful for you to be feeling that way.” Let them know you are there to listen. Encourage them to share what they are feeling. Let them know that people sometimes feel like there is no answer, but that treatment can help them to feel better. Tell them you will support them to find help. Ask if they have a specific suicide plan. If they do, do not leave them alone, and take away any firearms, drugs, or objects they could use to hurt themselves. Take them to a doctor, mental health professional, or hospital emergency room, or call 911 or the National Suicide Prevention Lifeline at 1-800-273-8255 for help.

If you are in crisis, call the toll-free National Suicide Prevention Lifeline at 1-800-273-TALK (8255), available 24 hours a day, 7 days a week.

Suicide is often preventable. Knowing the warnings signs and who is at risk can help reduce the suicide rate.



Suicide Warning Signs

People who kill themselves exhibit one or more warning signs, either through what they say or what they do. The more warning signs, the greater the risk.

- Talks about wanting to die or committing suicide
- Seems preoccupied with death and dying
- Is looking for a way to kill themselves, such as searching online or buying a gun
- Prepares for death by writing a will and making final arrangements
- Talks about feeling hopeless or having no reason to live
- Talks about feeling trapped or in unbearable pain
- Talks about being a burden to others
- Increases use of alcohol or drugs
- Sleeps too little or too much
- Acts recklessly
- Withdraws from activities
- Isolates from friends and family
- Visits or calls people to say goodbye



Recognizing depression as soon as it occurs and seeking help from your doctor is important. With prompt treatment, a person with depression can return to a happier life and a healthier outlook.