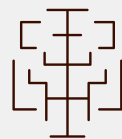


Frequently asked questions about depression

Depression



neurotorium

Frequently asked questions about depression

What is major depressive disorder?

Depression, or **major depressive disorder**, is a serious but treatable mental-health disorder that impacts on a person's mood and can result in a significant decrease in their usual daily functioning, both physical and cognitive. It is categorised by prolonged feelings of unexplained sadness, hopelessness, worthlessness, emptiness, extreme pessimism and extreme fatigue. It is more common in women than men.

What are the causes of depression?

The exact cause of depression is not known. However, there are several factors that can increase the risk of developing the disorder. A combination of genetic factors (for example, a family history of depression), environmental factors (such as abuse, stress or trauma) and psychological factors (such as coping mechanisms and self-esteem) can affect brain chemistry and reduce the ability to maintain mood stability.

How common is depression?

Depression is a common disorder, with around 1 in 30 people affected worldwide at any one time (GBD 2017, The Lancet).

How is depression diagnosed?

Depression is diagnosed by asking questions about your feelings and symptoms. You play an important role in helping your doctor make an accurate diagnosis. Since your depression symptoms are unique to you, it's crucial that you explain any changes in your emotions and the way you think, as well as any physical symptoms that you have been experiencing. It's important that you mention to your doctor if you are having difficulty in thinking or concentrating, or if you experience unexplained aches and pains, so they can make the right diagnosis and choose the best treatment for your symptoms.

Depression is diagnosed if you experience symptoms for most of the day, nearly every day, for at least 2 consecutive weeks. These symptoms must be new or noticeably worse than they were before. The doctor usually looks for at least 5 of the following symptoms, 1 of which must be either depressed mood or loss of interest and enjoyment.

- Depressed mood experienced most of the day, nearly every day.
- Diminished interest or pleasure in all or almost all activities most of the day, nearly every day.
- Change in appetite resulting in weight loss or gain.
- Changes in sleeping patterns.
- Agitation (feeling restless or fidgety) or retardation (feeling slowed down).
- Loss of energy or fatigue.
- Feelings of worthlessness, helplessness or hopelessness.
- Inappropriate guilt.
- Difficulty in thinking or concentrating, or making decisions.
- Recurrent thoughts of death or attempts at suicide.



How is depression treated?

Depression is a highly treatable disorder, even in the most severe cases – 80% to 90% of those with depression are effectively treated and return to the same levels of functioning as before. The most common treatments used are **antidepressants** and **psychotherapy** (also known as “talking therapy”), which can be used alone or in combination. **Electroconvulsive therapy** is a less common treatment method that is often used when other treatment options have failed. Treatment strategies vary depending on the individual as well as the severity and duration of the disorder.

How do antidepressants work?

Antidepressants work by correcting imbalances in the signal-transmitting molecules (**neurotransmitters**) found within the brain, helping to correct changes in mood. Antidepressants work in 60% to 80% of people. There is a range of antidepressants that have different effects on different neurotransmitters. When deciding which antidepressants to prescribe, your doctor will take into consideration your depression symptoms, your overall health and any other medications you might be taking.

Are there any side effects from antidepressants?

All medications can cause side effects. The good news is that the side effects of antidepressants are often mild and temporary, and not everyone will experience them. Most side effects will not be long term and will go away once your body gets used to the medication. Side effects can be effectively managed. It's important that you keep taking your medication even if you experience side effects, as it can take several weeks to feel the benefits from antidepressants.

Different antidepressants have different side effects and the most common side effects of antidepressants are usually mild. Side effects can include:

- Indigestion or constipation
- Dizziness
- Drowsiness
- Headaches
- Sweating
- Feeling nauseous.

Do any antidepressants have drug interactions?

Different antidepressants have different drug interactions. It's important to ask your doctor what specific drug interactions may possibly happen with your particular treatment. You should tell your doctor about any other drugs you are on before taking an antidepressant, including any illegal drugs and anything you have bought over the counter.

What is psychotherapy?

Psychotherapy, also known as “talking therapy”, is conducted by a qualified therapist. Psychotherapy gives you the chance to open up and discuss things that concern you and that may be contributing to your depression symptoms. There is a range of therapies used to help treat the effects of the symptoms of depression, including:

- **Cognitive behavioural therapy**, often referred to by its abbreviation “CBT”
- Counselling
- Behavioural activation
- Interpersonal therapy, also referred to as “IPT”
- Mindfulness-based cognitive therapy, also referred to as “MBCT”.



How long does depression last?

How long depression lasts varies from person to person. Some people have mild depression symptoms that can be successfully treated within several months. Others with more severe symptoms can take longer to respond to treatment and, thus, may take longer to recover. Early treatment gives the best chance of treatment success. If left untreated, the symptoms of depression can get progressively worse and it can last for years.

What is treatment-resistant depression?

Treatment-resistant depression (TRD) describes cases of depression that do not respond to standard treatment (at least 2 consecutive courses of antidepressant treatments). People with TRD find little to no relief of their symptoms with standard treatment.

Can treatment-resistant depression be treated?

There are multiple approaches to the treatment of TRD. If your depression symptoms are not changing, your doctor may ask you to wait a little longer for the effects of your antidepressant medication to start working, as they usually require up to 8 weeks to take effect. Your doctor may increase your dose of antidepressants, or they may change the antidepressant you are taking, in order to find the right antidepressant treatment for you. The addition of another antidepressant that helps target different neurotransmitters in the brain may be another approach used by your doctor or the addition of a medication used to treat another condition, also known as "augmentation". Examples of other medications include **antipsychotics**, mood stabilisers and anti-anxiety medication. If you still experience no symptom relief from these treatment approaches, brain stimulation (some methods of which are still experimental) offers the potential of other treatment strategies for TRD. Brain-stimulation methods include:

- **Electroconvulsive therapy**
- Vagus nerve stimulation (VNS)
- Repetitive transcranial magnetic stimulation (rTMS)
- Magnetic seizure therapy (MST)*
- **Deep brain stimulation (DBS)***.

**Experimental method for TRD.*

Can depression return?

Depending on your treatment plan and the severity of your depression, it may take a few weeks or months to see an improvement in your symptoms. It's important to keep taking any antidepressants for at least 4 months after your symptoms go away to help prevent your depression returning. If you have experienced depression before, you may be asked to continue with your medication for a year or two.

What can I do to help myself get better?

To help yourself get better, it's important to follow your treatment plan and not to skip any medication or therapy session. Getting enough sleep, eating a healthy diet, exercising and avoiding both alcohol and recreational drugs can all help to improve your symptoms. Learning about your symptoms and identifying when your symptoms are getting worse will also help you.

Lexicon

Antidepressant. A type of medication (usually in pill form) for treatment of depression that is thought to balance chemicals within the brain, known as neurotransmitters, which can have an effect on a wide variety of functions, such as heart rate, sleep, mood and emotion. They may be used in combination with other therapies in the treatment of severe depression.

Antipsychotic. A type of medication used to treat the symptoms of psychosis, which include hallucinations and delusions.

Cognitive behavioural therapy (CBT). A type of talking therapy that is most commonly used to treat depression and anxiety. It can help you to change the way you think and behave.

Deep brain stimulation (DBS). A surgical method of treatment that involves implanting electrodes in the brain. It is used to improve the physical symptoms of depression and Parkinson's disease via continuous brain stimulation.

Electroconvulsive therapy (ECT). A treatment that involves sending electrical currents through an individual's brain causing a surge of electrical activity, ultimately altering brain circuits and relieving symptoms of mental-health disorders.

Major depressive disorder (MDD). Also known as depression or clinical depression, this is a common and serious mental-health disorder that affects how you feel, think and do.

Neurotransmitter. A neurotransmitter is a chemical messenger that carries, boosts and balances signals between neurons, or nerve cells, and other cells in the body. These chemical messengers can affect a wide variety of both physical and psychological functions, including heart rate, sleep, appetite, mood and fear.

Psychotherapy. A range of psychological treatments for depression as well as stress and anxiety.

Treatment-resistant depression (TRD). A term used in relation to people with major depressive disorder who do not respond to standard treatments used for depression.