



Depression

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Minor Depression (Dysthymia): Living Under a Gray Sky

Dysthymia, or mild depression, increases your risk for major depression. Learn how to recognize and treat this insidious condition.

Dysthymia is one of the two main types of depression. Compared to major depression, dysthymia has milder symptoms, but it can last longer. It's sometimes called minor depression or dysthymic disorder. Whatever you call it, it is a serious condition.

Mood can be thought of as a line, with mania at one end, depression at the other end and normal mood in the middle. Dysthymia falls in between normal mood and depression. Depression is sometimes described as like being in a dark room. Dysthymia is more like living under a constant gray sky.

People who have dysthymia may not be disabled by their illness. But they may not feel well or really enjoy their lives. They may drag through their days, feeling tired and irritable. They're also at high risk for major depression. People who have both dysthymia and episodes of major depression are said to have “double depression.”

People with dysthymia often don't realize they have a problem because the symptoms may creep up on them gradually. If you think you have dysthymia, talk to your doctor or see a mental health professional. Treatment could lift your mood and help you avoid a slide into full-blown depression.

Minor Depression (Dysthymia): Living Under a Gray Sky (continued)

What are the symptoms?

Dysthymia is more than just feeling sad or “blue” for a while. It is diagnosed if a person has a depressed mood most of the time for at least two years that occurs with at least two of the following:

- ▶ Lack of appetite or overeating
- ▶ Sleeping too little or too much
- ▶ Low energy or fatigue
- ▶ Low self-esteem
- ▶ Trouble concentrating or making decisions
- ▶ Feeling hopeless

What causes it?

Like major depression, dysthymia runs in families, so it is probably partly the result of inherited genes. It can also be brought on by trauma, stress or isolation.

Dysthymia often starts during childhood or the teen years, but it may start in later life. It’s more common in women than men.

How is it treated?

The same treatments that are used for depression can be used to treat dysthymia. These include:

- ▶ **Antidepressant medication.** Antidepressants called SSRIs (such as Prozac and Paxil) or tricyclics (such as amitriptyline or desipramine) are often prescribed for dysthymia. It may take several weeks to see results. Dysthymia is a chronic condition, so it often requires long-term treatment. If medication is stopped too soon, the depression may return.
- ▶ **Psychotherapy.** Cognitive-behavioral therapy and interpersonal therapy may be used to treat dysthymia. Cognitive-behavioral therapy can help identify and correct negative thought patterns. This can improve your outlook and sense of self-worth. Interpersonal therapy can help you improve relationships and roles that may have added to your depression.

Combining medication with psychotherapy may give the best results.

NOTE: Anyone being treated with antidepressants, particularly people being treated for depression, should be watched closely for worsening depression and for increased suicidal thinking or behavior. Close observation may be especially important early in treatment or when the dose is changed (either increased or decreased). Discuss any concerns with your doctor.

NOTE: SSRI antidepressants, such as sertraline, citalopram and paroxetine, may slightly increase the risk of congenital heart defects if taken during the first trimester of pregnancy. Discuss the benefits and risks of antidepressants with your doctor if you are pregnant or plan to get pregnant. Do not stop taking these medications without first talking to your doctor.

What can I do to feel better?

It may take a while for treatment to help you feel better. But there are steps you can take right away to help push back depression:

- ▶ **Get some physical activity every day.** Exercise can help fight depression, give you more energy and help you sleep better. Always check with your doctor first before you increase your activity level.
- ▶ **Eat a healthy diet** that’s low in fat, salt and sugar.
- ▶ **Limit or avoid alcohol.** It can make depression worse.





Depression Symptoms: More than “Just the Blues”

Are you feeling sad and blue, or are you depressed? There is a difference. Learn how to recognize the signs of depression.

Everyone gets the blues now and then. You expect to feel sad after a beloved pet dies, you break up with your boyfriend or lose your job. Feeling down is a normal response to such a loss. But in time, that mood lifts and you get back your energy and enjoyment of life.

For people who have major depression, the joy doesn't return. They feel flat and exhausted. They may not eat or sleep well. It's as though they're locked in a dark room, alone and hopeless.

About 19 million Americans suffer from major depression each year. Yet about one in three people with depression don't seek treatment, and only about one in ten get the treatment they need.

Depression is not a character flaw or a sign of weakness. It's a medical condition, and it's often a long-term problem. It may start in young adulthood, but it can strike at any age. It's more common in women, but many men also have depression.

Experts believe depression is caused by an imbalance of the brain chemicals that affect mood. You're more likely to have depression if other people in your family have had it. It can also be brought on by a stressful life event, such as getting a divorce or having a serious illness.

How can I know if it's depression?

You may have depression if you have five or more of these symptoms for two weeks or more:

- ▶ Feel sad or empty most of the time.
- ▶ Have lost interest or pleasure in things you used to enjoy.
- ▶ Sleep less or more than normal.
- ▶ Have lost or gained weight without trying.
- ▶ Feel restless.
- ▶ Feel tired or sluggish.
- ▶ Have trouble concentrating or making decisions.
- ▶ Feel worthless or guilty.
- ▶ Have thoughts of death or suicide. **If you are thinking about hurting yourself, call 911 for immediate help.**

If you think you might have depression, talk to a doctor right away. Treatment can help.

Treating Depression

Depression is an illness, and it can be treated successfully. Learn about medications, talk therapy and other treatments that may be used.

A first step in escaping from the fog of depression is recognizing that it is not part of who you are. Depression is an illness like high blood pressure, asthma and other medical problems, and it can be treated successfully. With proper treatment and support, you could feel better in a matter of weeks.

For treatment to work, you need help from an experienced doctor, one who can recommend treatments that are likely to work for your form of depression. A doctor may prescribe medications and/or refer you for psychotherapy or other treatments.

Antidepressant medications

There are many medications that are used to treat depression. Experts think they work by altering the levels of brain chemicals that affect mood.

Antidepressants include:

- ▶ **Selective serotonin reuptake inhibitors (SSRIs).** These are the most commonly prescribed antidepressants. They include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil) and citalopram (Celexa). Common side effects include nausea, insomnia, restlessness, dry mouth and decreased sex drive. SSRI side effects are usually mild, and most of them will go away within a few weeks.
- ▶ **Atypical antidepressants** such as bupropion (Wellbutrin), venlafaxine (Effexor) and duloxetine (Cymbalta). The side effects of these drugs vary. They may include nausea, fatigue, weight gain, nervousness, dry mouth and blurred vision.
- ▶ **Tricyclic antidepressants** such as amitriptyline or desipramine. Tricyclics are an older class of drugs, and they are more likely than SSRIs to cause side effects such as drowsiness, dry mouth and constipation. They may be tried if other antidepressants don't work.

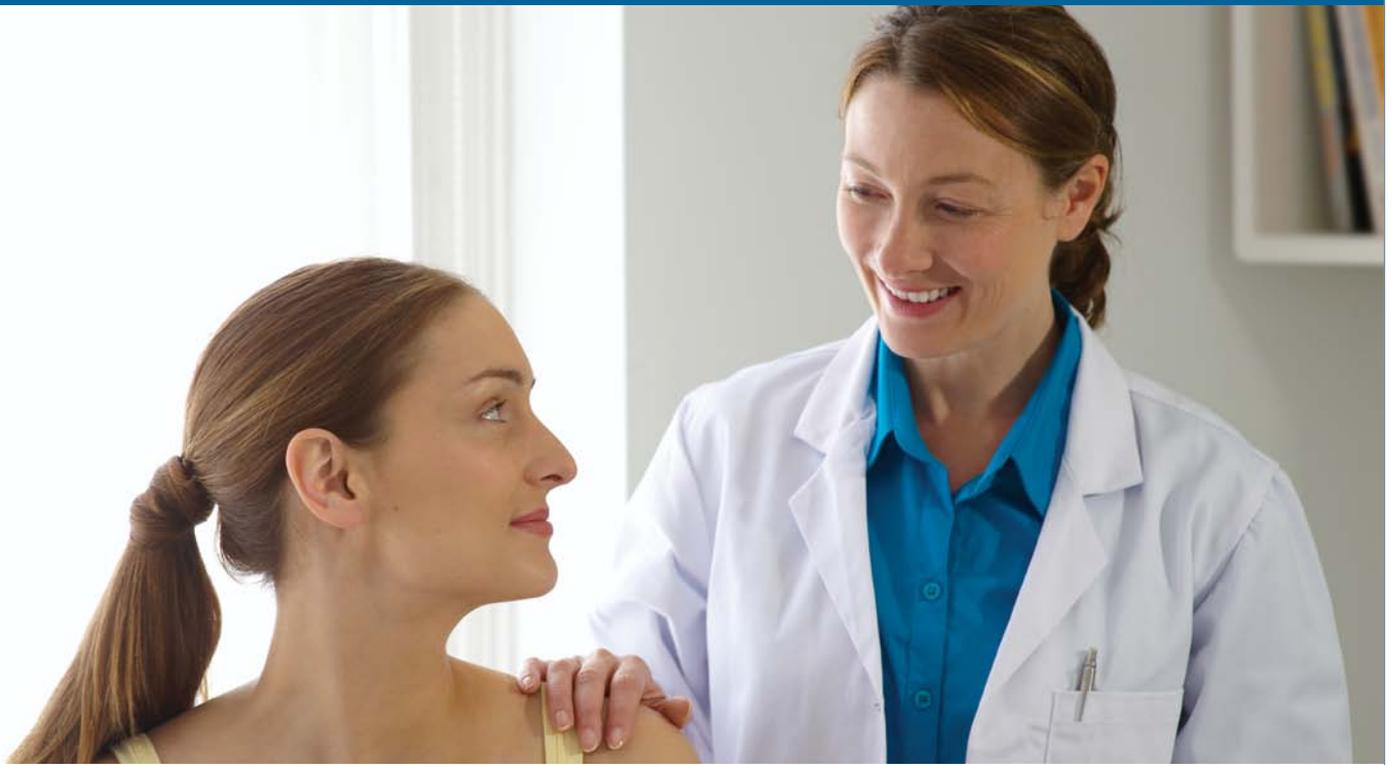


- ▶ **Monoamine oxidase inhibitors (MAOIs).** These older medications are rarely prescribed because of the risk of serious interactions with other drugs and certain foods.

Important things to keep in mind:

- ▶ **Antidepressants need time to work.** It may be as long as 12 weeks after you start taking an antidepressant before you feel better.
- ▶ **People respond differently to antidepressants.** Don't be discouraged if one medication doesn't work for you. Your doctor can change the dose or prescribe a different medication.
- ▶ **Antidepressants often work best when combined with psychotherapy.** Therapy can sometimes get to the root of the problems that contributed to your depression.
- ▶ **Do not suddenly stop taking an antidepressant.** This can cause unpleasant symptoms, including a return of depression. When you are ready to quit, your doctor can work with you to slowly taper the dose.

NOTE: Anyone being treated with antidepressants, especially people being treated for depression, should be watched closely for worsening depression and for suicidal thinking or behavior. Close observation may be especially important early in treatment or when the dose is changed (either increased or decreased). Discuss any concerns with your doctor. Call 911 right away if you or anyone is having thoughts of suicide or death.



Treating Depression (continued)

NOTE: SSRI antidepressants, such as sertraline, citalopram and paroxetine, may slightly raise the risk of congenital heart defects if taken during the first trimester of pregnancy. Discuss the benefits and risks of antidepressants with your doctor if you are pregnant or plan to get pregnant. Do not stop taking these medications without first talking to your doctor.

Psychotherapy

Psychotherapy involves talking with a mental health professional. It could be a psychiatrist, social worker, psychologist or counselor. Therapists can help depressed people gain insights about themselves and make positive changes in their behavior and feelings.

There are many types of psychotherapy to choose from. Two that are commonly used to treat depression are cognitive-behavioral therapy and interpersonal therapy.

- ▶ **Cognitive-behavioral therapy** can help identify and correct negative thought patterns. This can improve a person's outlook and sense of self-worth.
- ▶ **Interpersonal therapy** looks at the relationships that may be at the root of depression.

Psychotherapy can often help relieve symptoms of depression. In general, people with severe depression respond best to a combination of psychotherapy and medication.

Transcranial magnetic stimulation (TMS)

Transcranial magnetic stimulation is a treatment that stimulates the brain by delivering strong, focused magnetic pulses. It was approved in 2008 to treat major depression in adults who have not responded to standard treatments. TMS has fewer side effects than most other treatments for depression. Scalp pain and headache are the most common.

Electroconvulsive therapy (ECT)

During ECT, a mild electric shock is applied to the brain while the person is asleep under anesthesia. ECT is a highly successful treatment for people with severe depression who can't take medications. It may also be life-saving for those at high risk for suicide. Side effects may include short-term memory loss and confusion.

Light therapy

People with severe seasonal affective disorder (SAD) often need bright light treatment (phototherapy). For this treatment, a person sits in front of a special light box each morning for half an hour or longer. The light box emits bright white light that is about 10 times stronger than regular lights. Side effects are uncommon but may include headaches or eyestrain.

Understanding Depression

Depression is a common but often misunderstood illness. Learn more about its causes and symptoms.

Sometimes life can get you down. You expect to feel blue when life deals you a blow such as the death of a loved one or loss of a job. But over time your feelings should start to lift. If your symptoms are severe or you find that you just can't seem to snap out of it, you should suspect depression.

Depression is very common. It affects about one in 10 adults each year. For reasons that aren't understood, it affects women about twice as often as men. It most commonly starts in the late teens or early twenties, but it can strike anyone at any age.

Even though depression is common, many people don't understand it. They don't recognize that it can cause physical symptoms like insomnia. They may be ashamed to admit to their feelings, and may blame themselves for not being stronger, happier and better.

Don't let these false notions stand in the way of getting help. Depression is not your fault. It is an illness, and it can be treated. Treatment can relieve symptoms and help you enjoy life again.

What causes depression?

Depression doesn't have a single cause. Instead, it may be the result of a mix of factors, such as:

- ▶ **Chemical imbalances.** Chemicals called neurotransmitters allow brain cells to communicate with one another. Studies have shown that people who have depression have imbalances of neurotransmitters such as serotonin.
- ▶ **Genetic factors.** Depression is often inherited. You are much more likely to develop depression if other family members have it.
- ▶ **Life stresses.** Events such as loss of a loved one, financial strain, job dissatisfaction or a serious health problem can bring on depression. Childhood exposure to abuse, violence or other stressful situations may trigger depression in later life.

- ▶ **Personality.** People who have poor self-esteem or a negative outlook may be at risk for depression.
- ▶ **Substance abuse.** Many people with drug or alcohol problems also have major depression. They may use drugs and alcohol to try to medicate themselves, but this only adds to their problems.

How can I recognize depression?

Depression is more than just feeling blue. It's a persistent feeling of sadness (or irritability in some people) or lack of pleasure along with symptoms such as:

- ▶ Sleeping less or more than usual
 - ▶ Losing or gaining weight without trying
 - ▶ Feeling restless
 - ▶ Feeling tired or sluggish
 - ▶ Trouble concentrating or making decisions
 - ▶ Feeling worthless or guilty
 - ▶ Thoughts of death or suicide
- (call 911 right away if you are thinking about hurting yourself)**

If you have several of these symptoms, and they last longer than two weeks and make it hard to function, you may need treatment. Talk to your doctor. A doctor can prescribe medication or refer you to a psychiatrist or therapist for further treatment.

