

WHAT IS DEPRESSION OR DEPRESSIVE ILLNESS?

We use the term “depression” in normal conversation to describe distress or unhappiness following an unpleasant event that has happened to us. This depression is a perfectly normal response of course, is usually short-lived, and usually resolves rapidly, without the need for any specific treatment.

In contrast, depressive illness, is a much more severe and prolonged condition, with persistent apathy, negativity and difficulty coping, which will affect about 20% of people at some stage in their lives. Those who have not suffered depressive illness can understand more clearly the suffering involved by recalling the most distressed state they have experienced in their own lives (**such as a grief reaction**), and imagine that feeling continuing for months, for no obvious reason. Depressive illness is the emotional equivalent of a broken leg. The condition is painful and disabling, but with a very high cure rate. Indeed, many people state they would far prefer to have a broken leg or some other obvious physical problem, which would allow them and the people around them to understand why they are so suddenly disabled.

Depressive illness is **similar to cancer** in many ways. No-one is immune from either, regardless of age, sex, intelligence, social status, etc. In severe cases, the condition is life-threatening. Early, intensive and occasionally prolonged treatment gives the best chance of totally eradicating the illness, and reducing the risk of relapse. **A combination of your own efforts, (such as using CBT or other techniques taught to you by psychologists)** and appropriate medication as needed, produces much better results than medication on its own.

WHO GETS DEPRESSIVE ILLNESS?

In the vast majority of people, depressive illness results from a build-up of stress, which may eventually cause a breakdown in the body’s chemistry. Factors which increase the risk of developing depressive illness when faced with stress include:

1. **Not communicating frequently with a partner or friends**, usually about the normal things of life, and occasionally about more serious matters as they arise.
2. **Multiple demands on your time**, leaving too little time to relax.
3. Certain personality characteristics such as being anxious or **worrying easily**, lack of self confidence, difficulty in being confident, or **excessive perfectionism**.
4. Having fragile biochemistry, either due to genetic factors, or as a result of **viral infections**, medical illness or **recent childbirth**.
5. Drinking **excessive alcohol** or smoking **excessive marijuana**.

DIAGNOSING DEPRESSIVE ILLNESS

This illness is diagnosed if you have **a few of the following** standard complaints in depressive illness. These include :

1. lowered mood - feeling sad or unhappy most of the day, and nearly every day.
2. generalised negativity and pessimism, so that everything seems black or pointless.
3. loss of interest or pleasure in your normal activities, or being unable to enjoy things as before
4. tiredness, chronic fatigue (often not relieved by sleep).
5. loss of interest in social contact, such as avoiding friends and phone calls.
6. being less talkative than usual.
7. reduced concentration, memory or ability to think clearly.
8. reduced productivity or ability to cope.
9. tearfulness or crying.

10. impaired sleep, appetite or sex drive.
11. reduced self confidence, feelings of worthlessness.
12. anxiety and irritability.
13. thoughts of life being pointless, especially when losing hope of recovering.

TREATMENT

The best treatment for you depends on the severity of the illness, and on the predisposing factors. **Mild illnesses** may respond to discussing the stresses, and finding better ways to deal with them (**Problem Solving Therapy**). Encouragement to think and act positively (**Cognitive Therapy**) may be helpful. Discussing relationship difficulties has also been shown by research to be effective (**Interpersonal Therapy**).

For more disabling or **severe depressive illnesses**, medication is usually necessary to repair the damaged chemistry, **as well as** dealing with the stresses and predisposing factors. There is also recent research indicating the importance of eradicating depressive illness as soon as possible, to lessen the risks of developing resistant or relapsing depressive illness. It is therefore important to take adequately strong doses of antidepressants, and to remain on the medication for some months after recovery. **Antidepressants are not addictive (unlike tranquillisers in some cases), and can only bring an individual's mood back to a normal level (they are not "uppers")**.

NOTE : It is important to avoid **alcohol and marijuana when significantly depressed**, and certainly to avoid alcohol in anything other than very small amounts; this reduces the risk that you will become more distressed as the alcohol suppresses the normal aspects of your emotions, running the risk of the distressed part of you becoming more prominent and disabling. Also, it is important **not to make any significant decisions while depressed**, as depressive illness causes you to see only the negative side of situations (**making mountains out of molehills**), without being able to properly appreciate the positives that also exist.

WHAT CAN OTHERS DO TO HELP?

The most important role is to understand the illness and indeed the suffering that goes on under the seemingly healthy surface in patients with depressive illness, sometimes described as the "walking wounded". You cannot give answers to the illness, but a vital aid to recovery is to express understanding and sympathy, while reminding the depressed person that they will recover, despite their own pessimism and fears. "**Unconditional frequent contact**" is invaluable. Some people need help with practical issues; others mainly need the reassurance of regular contact and reassurance. And just letting the depressed person spend time with you, without pressure to talk or do anything, is very helpful.

FEAR OF THE UNKNOWN ?

The idea that you or someone close to you has an illness which is not visible, and does not respond to simply being logical, can be very frustrating and perhaps frightening. Human beings have always been afraid of unknown illnesses, until medical science solved the problem including epilepsy and TB. In time, depressive illness will also lose its stigma, but meanwhile, fantastic rumours and fears will continue about the illness and its treatment.

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