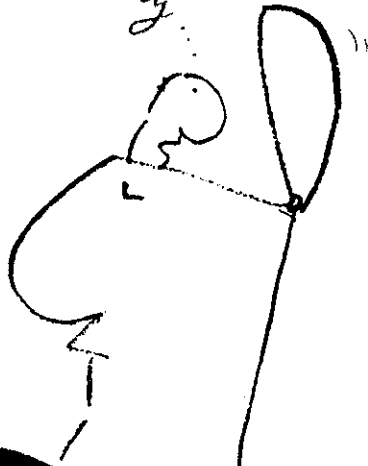


Depression

"I'm too gloomy
to come out
today..."



Lilly

PSYCHIATRY

Improving lives, restoring hope



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Introduction

Depression is a very common experience. Everyone feels fed up, miserable or sad sometimes. Usually, the reason seems obvious - a disappointment, frustration, losing something or someone important - but not always. Sometimes we're just 'in a mood', 'have got the hump', 'feel blue', 'got out of bed the wrong side', and we really don't know why.

Depression can be so severe that life hardly feels worth living and sufferers often find that they just cannot cope with things as they used to. Other people may think they have 'given in', but depression of this degree is an illness and needs treatment. It is not a sign of weakness - even powerful personalities can experience deep depression. Winston Churchill called it his "black dog".

As in the everyday depression that we all experience from time to time, there will sometimes be an obvious reason for becoming depressed, sometimes not. Physical illnesses, bereavement, money and housing worries or relationship problems may all bring about a period of depression. Unlike the short episodes of depression that most of us experience, with **depressive illness** the feeling of depression is much more intense and goes on for much longer - months rather than days or weeks.

*If only my doctor
hadn't told me
Sleeplessness was a
symptom of DEPRESSION -
I'd never have known I had it*



calma

Seeking help

When feelings of depression are worse than usual and don't seem to get any better, we may need to seek help. We may also find that depression affects our work, our interests and our feelings towards family and friends. If we find ourselves feeling that life is not worth living, or that other people would be better off without us, we should seek help without delay. It may be enough to talk things over with a relative or friend, who may be able to help us through a bad patch in our life. If this doesn't seem to help, it will probably be time to visit our family doctor.

We may not realise how depressed we are if the depression has come on slowly, or if we blame ourselves for being lazy or feeble. Other people may have to point this out to us and some of us need persuading that seeking help is not a sign of weakness! We may try to cope with our feelings of depression by being very busy, making ourselves even more stressed and exhausted. Sometimes depression may not show itself as feelings of unhappiness, but may produce bodily pain, headaches or sleeplessness.

Of course, we may not actually realise how depressed we are, because it has come on so gradually, or because we blame ourselves for being lazy or feeble. We are determined to struggle on, and may need to be persuaded by others that it is not a sign of weakness to seek help. Or we may try to make up for or escape from our real feelings by rushing around and being over-active - and then wonder why we feel so stressed and exhausted. Sometimes our disturbed feelings may not show themselves as unhappiness, which we might easily recognise, but in some physical form such as constant headaches, pain of one kind or another, or difficulty in staying asleep.



*Just send in
some one to do
my suffering...*

Symptoms

Certain symptoms can help you, your family or your doctor decide that you are suffering from depression.

- feelings of unhappiness that don't go away
- losing interest in life
- becoming unable to enjoy anything
- finding it hard to make even simple decisions
- feeling utterly tired
- feeling restless and agitated
- losing appetite and weight (some people find they do the reverse and put on weight)
- difficulty in sleeping
- waking up earlier than usual
- going off sex
- losing self-confidence
- feeling useless, inadequate and hopeless
- avoiding other people
- feeling irritable
- feeling worse at a particular time of day, usually mornings
- thinking of suicide - this is very common in depression and is much better talked about than ignored.

CAUSES

Friends and relatives, as well as the depressed person are anxious to know *why* they are feeling depressed. Usually there is more than one reason, and these differ from one person to another.

It is quite normal to feel depressed after a **distressing event**, but normally, after a time, we 'work through' our feelings about what has happened and come to terms with them. But sometimes such events lead to more serious and persistent depression from which we find it harder to emerge.

Circumstances at the time we are stressed play a part. If we are alone, have no friends around, have other worries or are physically run down, then we may become more seriously depressed where in happier times we would cope.

Depression often strikes when we are physically ill. This is true for life-threatening illnesses like cancer and heart disease, but also for illnesses that are long and uncomfortable or painful, like arthritis or bronchitis. Younger people may become depressed after viral infections, like 'flu'.

Personality may also play a part in depression. Although anyone can become depressed under certain circumstances, some of us seem to be more vulnerable than others. This may be because of the particular make-up of our body, because of experiences early in our life, or both.

It seems that **women** get depressed more than men. This is probably because men are less likely to admit their feelings, bottle them up or express them in aggression or through drinking heavily. Women can be under more stress, say from having to work and at the same time look after a child.

About one in ten people who suffer from serious depression will also have periods when they are elated and overactive. This form of depression, known as **manic depression**, affects the same number of men and women and tends to run in families.

Treatment

Most people with depression are treated by their family doctor. Depending on your symptoms, the severity of the depression and the circumstances, the doctor may suggest some form of **talking treatment, antidepressant** tablets, or both.

Talking: simply talking about your feelings may be helpful, however depressed you are. But exploring and confronting the reasons behind your depression takes energy and motivation - this may not be possible if your depression is severe.

If the depression seems connected with a special problem such as your relationship with your partner, then a specialised agency, such as 'Relate' may be most helpful in enabling you to sort out your feelings. If it seems to be about suffering from a disability or caring for a relative, then sharing experiences with others in a self-help group may provide just the support you need.

Sometimes it is hard to express your real feelings even to close friends. Talking things through with a trained counsellor or therapist can bring tremendous relief. Just having another person's undivided attention is likely to make you feel better about yourself.

If your depression is caused by not getting over the death of someone close to you, talking is especially effective.

Antidepressants: If your depression is severe or goes on for a long time, your doctor may suggest that you take a course of antidepressants.

These are **not** tranquillisers, although they may help you to feel less anxious and agitated. They are **not** addictive. However, they do help people with depression to feel and cope better, so that they can start to enjoy life and deal with their problems effectively again.

It is important to remember that, unlike many medicines, you won't feel the effect of antidepressants straight away. People often don't notice any improvement in their mood for 2 or 3 weeks, although some of the other problems may improve more quickly. For instance, people often notice that they are sleeping better and feeling less anxious in the first few days.

Like all medicines, antidepressants do have some side-effects, though these are usually mild and tend to wear off as the treatment goes on. A dry mouth and constipation are quite common: at least they indicate that the tablets are working, and your doctor is likely to tell you to carry on with them. Different antidepressants have different effects. Your doctor can advise you what to expect, and will want to know if you experience anything which worries you. 'Will the tablets make me drowsy?' is an important question. Generally they are taken at night, so any drowsiness can then help you to sleep. However, if you feel sleepy during the day you should not drive or work with machinery till the effect wears off.

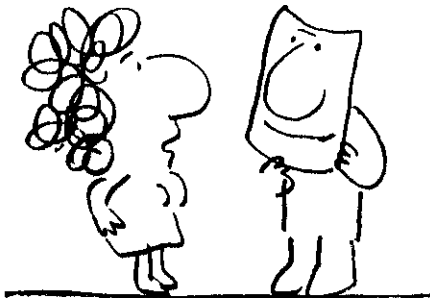
You can eat a normal diet while taking most of these tablets (if not, your doctor will tell you) and they are compatible with pain-killers, antibiotics and the Pill. You should avoid alcohol, though. If taken with the tablets, it can make you very sleepy.



Not getting better

A small number of depressed people do not get better with these treatments. These people are likely to be referred to a psychiatrist for more specialised help. A psychiatrist is a medical doctor who specialises in the treatment of emotional and mental disorders. The first interview with a psychiatrist will probably last about an hour, and you may be invited to bring a relative or friend with you if you wish. There is no need to feel nervous; the sort of questions asked are likely to be practical rather than deeply probing. The psychiatrist will want to find out about your general background and about any serious illnesses or emotional problems you may have had in the past. He or she will ask about what has been happening in your life recently, how the depression has developed and whether you have had any treatment for it already. It can sometimes be difficult to answer all these questions, but they help the doctor to get to know you as a person and decide on what would be the best treatment for you. This might be different tablets or talking treatment, perhaps involving members of your family. If your depression is severe or needs a specialised type of treatment, it might be necessary to come into hospital, although this is only necessary in about 1 in every 100 people with depression.

*Things must
be getting
worse..*



ECT (Electro-convulsive therapy)

Most people don't like the idea of ECT. However, it is a very effective treatment for very severe depression when other treatments haven't helped, and works more quickly than tablets. Most people who suffer from depression never need it.

ECT is usually given in hospital, but can be given to out-patients. Firstly, a light anaesthetic is given. While the person is asleep, a muscle-relaxing drug is given followed by a brief electrical current which passes through the brain for a fraction of a second. It is always given under strict medical supervision. It all takes about 15 minutes and all you will be aware of is having gone to sleep. Afterwards people sometimes have a headache or a short period of feeling muddled, but these usually pass off quickly. There is absolutely no evidence that properly-given ECT harms the brain in any way. It is still the most effective treatment in very severe depression, as many people who have had it will testify.

How to help yourself

Even when a doctor is involved in the treatment of depression, there are things you can do to help yourself:

1. **Don't** bottle things up: if you've recently had some bad news, or a major upset in your life, try to tell people close to you about it and how it feels. It helps to re-live the painful experience several times, to have a good cry, and talk things through. This is part of the mind's natural healing mechanism.

2. **Do** something: get out of doors for some exercise, even if only for a long walk. This will help you to keep physically fit, and you may sleep better. While you may not feel able to work, it is always good to try to keep up some activity - housework, do-it-yourself (even changing a light bulb) or part of your normal routine. This will help take your mind off those painful feelings which only make you more depressed when allowed to sweep over you. You may also feel a little less helpless.
3. **Eat** a good, balanced diet, even though you may not feel like eating. Fresh fruit and vegetables are especially recommended. People with severe depression can lose weight and run low in vitamins, which only makes matters worse.
4. **Resist** the temptation to drown your sorrows. Alcohol actually makes depression worse. It may make you feel better for a few hours, but will then make you feel worse than ever. Too much alcohol stops you from seeking the right help and from solving problems; it is also bad for your bodily health.
5. **Try** not to worry about finding it difficult to sleep. Even if you're not actually asleep, it can still be helpful to listen to the radio or watch TV while you're resting your body. If you can occupy your mind in this way, you may find that you feel less anxious and are able to drop off to sleep.
6. **Remind** yourself that you are suffering from depression - something which many other people have gone through - and that you will eventually come out of it, as they did, even though it does not feel like it at the time. Depression can even be a useful experience, in that some people emerge stronger and better able to cope than before. Situations and relationships may be seen more clearly, and you may now have the strength and wisdom to make important decisions and changes in your life which you were avoiding before.



Relatives and friends

Family and friends often want to know what they can do to help. Being a good listener (and a patient listener if you've heard it all before) is very important.

It is helpful to **spend time** with someone who is depressed. They don't need to be nagged, but they need to be encouraged, perhaps to talk, but also to keep going with some of the things they normally do. Someone who is depressed will find it hard to believe that they can ever get better. **Reassurance** that they will get better can be helpful, but may have to be given over and over again. On a practical level, make sure that they are **eating** enough and help them to stay away from alcohol.

If the depressed person is getting worse and has started to talk of not wanting to live or even hinting at harming themselves, take these statements seriously and insist that their doctor is informed. Try to help the person to accept the treatment, and don't say 'I wouldn't take the tablets if I were you' or 'You don't want to go to a psychiatrist - you're not mad!' If you have doubts about the treatment, discuss them first with the doctor.

*A nice, gloomy
Swedish film will
cheer you up...*



Support Groups and Caring Organisations

Association for Post-Natal Illness

25 Jerdan Place, Fulham, London SW6 1BE.
Tel: 0171-386 0868

A nationwide telephone support scheme for those with post-natal depression.

Depressives Anonymous

36 Chestnut Avenue, Beverley,
East Yorkshire HU17 9QU. Tel: 01482 860619
Organisation run as a source of support for sufferers,
complementary to professional care.

Depression Alliance

PO Box 1022, London SE1 7QB.
Tel: 0171 633 9929

Information, support and understanding for people who suffer with depression and for relatives who want to help.

The Manic Depression Fellowship

8-10 High Street, Kingston upon Thames,
Surrey KT1 1EY Tel: 0181 974 6550

Network of local self-help groups for sufferers and their families.

RELATE

Herbert Gray College, Little Church Street,
Rugby CV21 3AP.
Tel: 01788 573241

Formerly Marriage Guidance Council.

The Samaritans

10 The Grove, Slough SL1 1QP Tel: Admin 01753 532713
National Help Line: 0345 909090

National organisation offering support to those in distress who feel suicidal or despairing and need someone to talk to. The Samaritans have 204 branches around the country open 24 hours a day, every day of the year. The telephone number of your local branch can be found in the telephone directory.

National Association For Premenstrual Syndrome

Information Line: 01732 741709

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This leaflet is one of a series for the general public entitled "Help Is At Hand". The other leaflets are entitled: Alcohol and Depression, Anorexia and Bulimia, Anxiety and Phobias, Bereavement, Sleep Problems, Depression in the Elderly, Depression in the Workplace, Depression in People with Learning Disability, Manic Depression, Memory Disorders, Schizophrenia, Social Phobias, Surviving Adolescence, and Postnatal Depression. Individual copies of these leaflets are available from The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Please send a stamped addressed envelope.

Email address: rcpsych@rcpsych.ac.uk.

Internet Website: <http://www.demon.co.uk/rcpsych>

Further Reading:

Pitt B and Calman M. Down with Gloom!

or How to Defeat Depression (1994)

Graham P & Hughes C. Gaskell £5.00 (incl. p+p)

So Young, So Sad, So Listen (1995) Gaskell £5.00 (incl. p+p)

All available from The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

Living with a Stranger (1997) Stillwell V Gaskell t.b.a.

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My day starts before I'm ready for it...

© Cartoons by the late Mel Calman.

