

SOURCE LINES

THE LOWDOWN ON DEPRESSION

Nearly all of us have said “I’m depressed” at some time in our life but “depression” is a word that is used loosely and it can mean different things to different people.

We all experience sadness which can be brief or prolonged, perhaps following bereavement, perhaps when our children grow up and leave home, perhaps when a relationship sours or ends, or when we lose a treasured possession. Sometimes, however, this sadness doesn’t go away and it grows deeper and more overwhelming, gnawing away at all aspects of our lives. This is when it becomes the illness of depression, sometimes called “clinical depression”.

The good news is that depression is treatable.

DEPRESSION: COMMON & MISUNDERSTOOD

Depression is a common illness which is often misunderstood. It shows itself as sadness but also as self-blaming, guilt, poor concentration, sleep disturbance, poor memory, inability to enjoy things, hopelessness, low energy, irritability, appetite changes, increased alcohol or drug use, self-isolation and often suicidal thoughts or plans. None of these symptoms is enough on its own to make a diagnosis of depression but the more that are present, the likelier it is that depression is the problem.

People seem to inherit a tendency to become depressed, either because there is a genetic component and/or because they have grown up with someone who is depressed. If we look at depression as a “learned” behaviour, we can be optimistic

that it can be “unlearned” (see the comments on psychotherapy below). Actual episodes of depression seem to be triggered by life events such as those mentioned above. People with depression have a problem “bouncing back”.

It is important to stress what depression is not. It is not some kind of moral “weakness”. It is not something a person can “just snap out of”.

What do we know about how depression affects the brain? We have known for some time that there are some changes in the chemistry of the brain in depression. The levels of certain brain chemicals called “neurotransmitters” are reduced and since these are used to pass messages from one brain cell to another, this helps explain why we seem to slow down in many ways when we are depressed. More recent research using a form of brain scan called “functional magnetic resonance imaging” (“functional MRI”) shows us what parts of the brain are more or less active than normal. These scans show that parts of the brain that are involved in the control of moods are less active in depression and also that these areas return to normal with successful treatment.

DEPRESSION IS “SNEAKY”

Depression is a “sneaky” illness in that it tends to feed on itself. It makes us much more self critical and self blaming and this increases the sense of inadequacy and hopelessness and can feed into the suicidal thoughts. It is also a life threatening illness because of the suicidal risk.

Untreated, an episode of depression lasts from about nine to eighteen months and then in most

cases it goes away. In a small number of people it can take on a chronic form.

DEPRESSION IS TREATABLE

The good news is that depression is treatable. There are two main ways to treat depression. One is with psychotherapy (counselling) and two particular forms of psychotherapy, “cognitive behavioural therapy” (CBT) and “interpersonal therapy” (IPT) have been shown to be as effective as medications, though they take longer to work. CBT helps change the way we understand and interpret events, relationships and thoughts; IPT works mainly on relationships. There is also evidence that regular aerobic exercise can lift the mood of people with depression and this is at least a useful addition to any other form of treatment.

Antidepressant medications have received some bad press over recent years but when they are used appropriately they are very effective in treating depression and although they take a few weeks to work, they generally act faster than psychotherapy.

Interestingly, both CBT/IPT and antidepressant medications normalize the changes that show up in the functional MRIs of depressed people but CBT/IPT affects one area of the brain and medications affect another. This seems a good argument for combining both treatments.

You may also have heard of St. John’s Wort, which has been shown to have some antidepressant effect. However, good clinical trials have shown that it is only effective in mild to moderate depression and it takes longer to work than the antide-

pressant medications. It should not be combined with the antidepressant medications.

There are drugs which can worsen depression. Some of these are prescribed medications and the doctor prescribing them should be able to tell you whether this is a risk with any particular drug. Other drugs which can worsen depression are many of the “street drugs” and also alcohol. If you are depressed, it is a good idea to severely limit your alcohol consumption or stop drinking altogether as one drink can have a depressant effect for several days.

In summary, depression is a “real” illness that is common, disabling and potentially fatal. It is very treatable and the ideal is to use medication to control the symptoms and then add CBT or IPT to help change the thinking that feeds into depression. Adding an exercise programme also helps. There is good evidence that prompt treatment of depression reduces the likelihood and frequency of the illness returning.

BROKEN LEGS DON’T FIX THEMSELVES

Finally, try to think of depression in the same way you would think of any other illness, like a broken leg or pneumonia. Most of us wouldn’t try to wait out those illnesses or to fix them on our own. If you feel you have several symptoms of depression, seek help from your SOURCE LINE counsellor or your doctor: the sooner you do, the sooner you can feel better.

SOURCE LINE, INC.
94 CUMBERLAND STREET, SUITE 604, TORONTO, ONTARIO, M5R 1A3
416-923-0868 / 1-800-394-8015
Email: reachus@sourceline.net Web Site: www.sourceline.net
Offices in Toronto, Mississauga, Woodbridge and Newmarket
With EAP Associates Across Canada