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2514 Stenson Dr | Cedar Park TX 78613 | 512-336-1005 | Fax 512-336-1008 | missy@CHAseminars.com

Resident Characteristics & Assessments
Depression

Types of Depression

Depression affects 14.8 million Americans annually, but not all cases are similar. Depression is always a debilitating mental illness, but it manifests in many different ways. The two most common forms of the condition are major depressive disorder, also called major depression and clinical depression, and dysthymia, more commonly known as chronic depression. Major depression is characterized by a loss of enjoyment in people, places, and activities, as well as by pervasive feelings of hopelessness, sadness, and pessimism. Physical symptoms, like lethargy, sleep and appetite changes, and aches and pains, are also common. An episode of major depression may occur just once in a person's life, but more often, the condition comes and goes. Dysthymia, meanwhile, produces milder symptoms of depression, which continue for two years or more. Dysthymia does not usually affect an individual's ability to function; however, many people with this condition eventually experience at least one episode of major depression. Psychotic depression is another, less common, form of this mental illness. As its name suggests, psychotic depression combines a major depressive illness with some form of psychosis, like: hallucinations, which involve seeing things that aren't there, or delusions, which are beliefs that aren't based in reality. As many as 15 percent of people suffering from major depression will show signs of psychotic variety. Meanwhile, a form of depression known as seasonal affective disorder, or SAD, appears to be directly related to seasonal changes. People with SAD experience depression symptoms during the winter months, when there's less sunlight. Still, other depression variants are unique to women. These include postpartum depression, which describes a major depressive episode following the birth of a baby, and a very severe form of premenstrual syndrome called premenstrual dysphoric disorder, or PMDD. Some 10- to 15-percent of new moms get postpartum depression, while three- to five-percent of all women have PMDD. Another form of depression, atypical depression, is also more common in females, although it is not unique to them. People with atypical depression experience specific symptoms, like overeating, oversleeping, and extreme sensitivity to rejection. What separates atypical depression from other types is that people with atypical depression see their mood improve in direct response to positive life events. Interestingly this is not the case with any other form of depression. Finally, some people with depression experience the condition as part of another mental illness called bipolar disorder. People with bipolar disorder alternate between periods of clinical depression, and periods of extreme elation, called mania. Whatever the type of depression, the condition will affect more people than any other health problem within the next 20 years, according to the world health organization. While this information is disheartening, it is the organization's hope that knowing how common depression really is will encourage more people to seek treatment for the condition.

Depression in the Elderly

For as many as one in five Americans over age 65, clinical depression is a daily struggle. Some people mistakenly believe that being depressed, lonely or sad are ‘normal’ parts of getting older. And while it is true that the loss of a loved one, health problems, and life changes often do lead to feelings of sadness, recurrent, debilitating blue moods are not normal or healthy in the elderly. In seeking to understand the high rates of depression among older adults’ doctors find that imbalances in neurotransmitters, our cells' communication system, may be to blame. The elderly are also more likely to experience the loss of a spouse, close friends, and other members of their support system. And they may deal with retirement and other stressful life changes as well as chronic health issues, like arthritis, Alzheimer's disease, and Parkinson's disease. Whatever the reason for the condition, older people tend to display symptoms of depression differently. Often, they complain more about the physical effects of the condition, like aches and pains, rather than the emotional ones or they may complain of problems with memory or concentration. And depression tends to last longer in older adults than in young people. Because it can be so hard to separate depression from other conditions

in older individuals and because of the stigma attached to mental illness among this demographic only 10 percent of older people with depression receive treatment. This is disheartening because the elderly, particularly men, are much more likely to commit suicide. In fact, people 65 and older account for fully 16 percent of suicide deaths, despite the fact that they make up just 12 percent of the U.S. population. On a positive note, treatment for elderly people with clinical depression is very effective. In fact, with combined treatment of psychotherapy and antidepressant medication the National Institute of Mental Health attests that 80 percent of elderly people with depression recover. Knowing this, it's vital to seek help if you or an elderly loved one is experiencing symptoms of clinical depression.

Diagnosing Depression

Depression is highly treatable but it can't be attended to if it isn't diagnosed. Without exception, everyone feels sad, lonely, and upset from time to time. But clinical, or major, depression is a mental illness marked by persistent, debilitating feelings of sadness. In fact, for U.S. citizens ages 15 to 44, major depression is the leading cause of mental disability. Because of this, doctors have developed specific, effective methods testing for and diagnosing depression. Doing so starts with a physical examination. A physician may also order laboratory tests of blood and urine during this exam. Although there is no specific 'test' for depression, urine and blood work will allow the doctor to identify any major health concerns that may contribute to signs of the illness. For example, he'll look for conditions like hypothyroidism, which is caused by an under active thyroid gland. The physician will also want to ensure that symptoms aren't due to side effects from any medications or illegal drugs. After ruling out physical health problems, a doctor will complete a diagnostic evaluation. During this conversation, he'll ask inquire about a family history of depression and other mental illnesses. The physician will then ask whether the patient experiences persistent sad, anxious, or empty moods. He'll also want to know if the patient has lost pleasure in previously enjoyable activities and people. An affirmative answer to either of these questions is required for a diagnosis of depression to be made. Additionally, the patient must have at least five more depressive symptoms, as dictated by the American Psychiatric Association. These symptoms include physical changes, like fatigue and decreased energy, sleep disturbances, changes in appetite and/or weight and recurrent bodily complaints, like aches and pains or digestive upset. The symptoms also include decreased memory and concentration, poor self-image or self-esteem, feelings of hopelessness and pessimism, and feelings of guilt. If a patient experiences some or all of these over a period of at least two weeks, a doctor will likely make a diagnosis of depression. Being diagnosed with a mental illness can be disheartening and frightening, but with treatment, depression is a highly treatable condition. For this reason, it's vital to see a medical professional if you're experiencing signs of clinical depression.

Acknowledgements

Nina Moadel, MD
Practicing psychiatrist
Dr. Moadel graduated from the Albert Einstein College of Medicine at Yeshiva University in 2002. She works in Rockville Centre, NY and specializes in Psychiatry.