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There Is Hope for Depression

Depression is NOT: a weakness, a personality flaw, an inadequacy of soul, an individual shortcoming, a failure to “get over it”, a choice.

Depression IS: a biochemical imbalance, a genuine illness, an often-genetic condition, a potentially life-threatening disorder, a treatable diagnosis.

Depression SUCKS, it HURTS; it is PAINFUL to the person affected and to those around that person. It STOPS LIFE as we know it, and it is frightfully MISUNDERSTOOD by our culture.

Depression is now understood to be an imbalance and depletion of one or more of the three major chemical neurotransmitters (serotonin, norepinephrine, dopamine) in the brain, thought to be the result of a combination of situational stressors and a pre-existing genetic predisposition for the condition. A prominent theory is that after life’s inevitable stressors all of us experience temporary imbalances of the above neurotransmitters, but those of us without the genetic predisposition can rely on our levels to self-correct in varying amounts of time. However, for those with the predisposition (or chemical “flaw”) the levels do not restore and rebalance, resulting in the clinical condition known as depression.

Depression is typically divided into two main types: reactive and primary (affective). Reactive depression can include holiday blues, grief, loss, etc., and is usually self-limited in varying amounts of time. It is often responsive to “talk therapy”, lifestyle changes and time. Affective or primary depression is sometimes divided into two types: major depressive disorder (MDD) and seasonal affective disorder (SAD), although both respond to similar treatments.

A major frustration with depression is that we cannot test for levels of the neurotransmitters in the brain. Levels in the blood do not adequately correlate with levels in the brain. Therefore the diagnosis must be made by recognizing a series of symptoms. The primary clinical condition is now formally known as a Major Depressive Disorder (MDD) if it manifests as five or more of the following symptoms for at least two weeks:

1. depressed mood most of the day;
2. depressed mood most of the day;
3. loss of interest or pleasure in most activities including sexual appetite;
4. sleep disturbance (more or less);
5. appetite or weight change (up or down);

6. psychomotor agitation or retardation (fidgety or loss of energy, “stuck in the mud”);
7. decreased mental efficiency (loss of concentration, indecisiveness, memory changes);
8. guilt, low self concept;
9. low energy, fatigue, loss of motivation;
10. thoughts of death, passive death wish, suicidal feelings;
11. increased irritability, impatience, anger, easy frustration, “short fuse”.

In the following further discussion, the term depression will be used synonymously with MDD. Depression is a very serious illness that at any given time worldwide affects 10-20% of the population. The World Health Organization (WHO) calls it one of the most burdensome diseases in the world with annual worldwide cost exceeding $44 billion for medication cost, hospitalization, absenteeism, loss of productivity and loss of life. It is the second leading cause of disability worldwide. Astonishingly, in America alone, there are 30,000 suicides each year, almost all of which are secondary to depression.

Depression is also associated with many other health conditions. Patients with depression have a 2-4 times increased risk of cardiovascular disease, a 2-4 times increased risk of death after a heart attack, increased risk of diabetes, poorer diabetes control and poorer pain management. Theories suggest that the same serotonin defect in the brain that causes depression also has a direct biochemical effect on inflammatory changes throughout the body and even on blood clotting mechanisms.

Perhaps the most important message to remember is that depression is a treatable biochemical illness. Just as we can treat insulin deficiency in the pancreas (a.k.a. diabetes), we can also treat serotonin deficiency in the brain (a.k.a. depression). The primary difficulty is getting people to recognize depression for what it is - a correctable biochemical imbalance that in turn causes imbalances in our day-to-day behavior. Convincing people of this fact and encouraging them to seek help are the biggest challenge that we face.

Treatment most often involves both medication and talk therapy. No matter how we choose to cut the statistics, repeated studies show that people who do both do best. As for the medications used, they are typically NOT psychoactive in nature, meaning they do not change how you act or feel just by having them in your blood stream. What they do, and all that they do, is gradually restore normal levels of the neurotransmitters in the brain. As stated, they work gradually, typically requiring anywhere from two weeks to two months to be effective. They are non-addictive, non-psychoactive, and will not change one’s personality. No one will know a person is taking them. It is also important to remember that it is believed that there are multiple different chemical pathways that lead to depression and through which medications must act. For this reason, sometimes multiple different medications must be tried before the correct pathway is treated. That is where both the doctor and the patient need to commit themselves to the process until treatment success is achieved. The best outcomes are obtained when people commit to both medication therapy and talk therapy.

Remember - Depression is a treatable clinical illness. There is hope for an illness that robs a person of that very hope.

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