Are You Struggling with Depression?

•Symptoms of depression•Causes of depression•Treatment options•Skills and actions to manage symptoms of depression•Steps to take in finding help and support•If you feel suicidal

Everyone occasionally feels sad or blue, but often these feelings pass within a couple of days. However, when a person is experiencing depression, the condition interferes with daily life and functioning. Depression is a serious disorder, and most people who have it need treatment to get better.

The most common types of depression include:

Major depression, also known as clinical depression, is characterized by a combination of symptoms that interfere with the ability to work, sleep, eat, and enjoy life during the same two-week period. An episode of major depression may occur only once or twice, but more often, a person has several episodes (recurrent depression). If the pattern is seasonal, it will be what is commonly known as seasonal affective disorder.

Persistent depressive disorder (dysthymia) involves chronic symptoms that last for two years or more. Since depressive symptoms may be consistent in the person's daily life, they may think this is just who they are. They may keep a person from functioning at "full steam" or from feeling good when being social or working, for example. Sometimes people with persistent depressive disorder also experience major depressive episodes.

Premenstrual dysphoric disorder is a significant change in mood with depression and anger that begins a week before a woman's period and which starts to improve after the beginning of menses or becomes minimal in the week post menses.

Postpartum depression is diagnosed when a new mother has a major depressive episode within one month to a year after giving birth.

Symptoms of depression

People who are depressed may not display all symptoms of the condition. Some people experience a few, and some experience many. The frequency and severity of symptoms can vary from one person to the next.

Symptoms of depression include the following:

- persistent sad, anxious, or "empty" moods
- feelings of hopelessness or pessimism
- feelings of guilt, worthlessness, or helplessness
- loss of interest or pleasure in hobbies and once-enjoyed activities, including sex
- sleep difficulties, such as trouble falling asleep, staying asleep, or excessive sleeping
- eating too much or too little

- fatigue, lack of energy, or feeling “slowed down”
- restlessness or irritability
- difficulty concentrating, remembering, or making decisions
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive issues, and chronic pain
- thoughts of death or suicide, or self-harm or suicide attempts

Causes of depression

Depression has no single cause. It may result from a combination of genetic, biochemical, environmental, and psychological factors. For example, some types of depression tend to run in families, but depression can also occur with no family history at all. A difficult experience, such as the death of a loved one, could trigger a depressive episode as well.

Treatment options

Most people with depression—even those with severe symptoms—can be helped with treatment. Effective treatment begins with visiting a doctor to rule out any medical causes of the problem. If they find no disease or other medical condition that may be causing the depression, the next step is a psychological evaluation. The physician may refer you to a mental health professional who will talk further with you about your symptoms.

Once you have a diagnosis, treatment can proceed in several ways. The most common types of treatment are medication and psychotherapy, or both.

Medication. A doctor may prescribe antidepressants or other medications that may be helpful. Having a low level of neurotransmitters is one of several biological factors related to depression, and medication can help with it. Many people have concerns about taking medication. However, taking medication for depression is no different from someone with diabetes needing insulin or someone with high blood pressure taking medication to lower blood pressure. Yet there is often a stigma around taking medication for depression. It is important to work with your doctor to determine the best medication for you and your specific needs. You may need to try a few medications in the beginning, all while working with your doctor until you find the one that works best for you.

Antidepressant medications

Antidepressants work with natural brain chemicals known as *neurotransmitters*, such as serotonin, norepinephrine, or dopamine. Antidepressants include:

- **Selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs).** SSRIs affect a brain chemical called serotonin, and SNRIs affect two chemicals, serotonin and norepinephrine. SSRIs are often the first type of antidepressant that a doctor will recommend, in part because they often cause fewer side effects than other types.

- **Atypical antidepressants.** Some antidepressants are called “atypical” because they work differently than SSRIs or SNRIs. One commonly prescribed atypical antidepressant is bupropion, which is used both to treat depression and to prevent depression in people with seasonal affective disorder. Other medications in this category include trazodone and mirtazapine.
- **Tricyclics.** Tricyclics are an older group of antidepressants and are named for their chemical structure. They may be prescribed for people who can’t take SSRIs or SNRIs or for whom those medications don’t work well.
- **Monoamine oxidase inhibitors (MAOIs).** MAOIs are the oldest class of antidepressants, and for some people, they work better than other medications. But people who take them must avoid certain foods and drinks, such as cheese, fermented foods, and red wine.

A doctor may need to try a variety of antidepressants and adjust the dosage to find one that works for you.

If antidepressants are prescribed for you

Take these steps if an antidepressant is prescribed for you:

Ask about the side effects. Also, find out about any testing that may need to be done to monitor the effects of the medication on your body.

Be patient. Finding the right medication can take time. Work closely with your prescriber and report any side effects and benefits that you experience.

Always talk with your health professional before you stop taking a medication, even if you feel better. Some medications must be stopped gradually to give your body time to adjust. If you have chronic major depression, you may need to take medication daily to avoid disabling symptoms.

If you are taking MAOIs, know the restrictions. Remember that you will have to avoid fermented foods, including cheeses, wines, and pickles. Get a complete list of foods to avoid and always carry the list with you.

Never mix medications—prescribed, over-the-counter, or borrowed—without talking to your doctor. If your dentist or any other medical professional prescribes a drug, tell them that you are taking antidepressants. Some drugs that are safe when taken alone can be dangerous if taken with other medications.

Avoid alcohol, including beer, wine, and liquor. Alcohol can make antidepressants less effective. Talk with your doctor about how to plan for situations in which alcohol may be served.

Call your doctor if you have a question. Reach out to your doctor anytime about any drug or if you are having a problem you believe is drug related. Your questions and concerns are important.

Antidepressants may increase the risk of suicidal thoughts in children, adolescents, and young adults. People in all three groups need to be monitored closely by health professionals if they take

antidepressants, especially in the first weeks of treatment.

Psychotherapy, or "talk therapy"

Psychotherapy is a form of treatment that can help a person enhance problem solving skills, manage feelings of anxiety and depression, build relationships and social skills, and even improve job performance. Research shows that psychotherapy can be effective in treating most common mental health problems.

Therapists often draw on different forms of psychotherapy, tailoring treatment to the needs of a client. No one form of psychotherapy is best for everybody. Therapies like cognitive behavioural therapy (CBT), interpersonal, psychodynamic, and "third wave" therapies such as dialectical behaviour therapy (DBT) have all been shown to be effective with managing depressive symptoms. However, the level of comfort and trust between the client and the therapist is often more important than the type of psychotherapy used.

Depression that is severe or keeps coming back will generally require both medication and psychotherapy, but a combination of holistic treatments may help overall wellbeing.

Skills and actions to manage symptoms of depression

If there is a possibility you are experiencing depression, try to see a medical professional as soon as possible. Some research suggests that the longer you wait, the more problems you may have later. You can also help yourself by taking these steps:

Try behavioural activation. Do things you've enjoyed in the past, like going to the movies or a sports event or walking in your favourite park. Take part in social, religious, and other activities that have had meaning for you.

Set goals you can achieve. Focus on what's realistic for you to accomplish, not on what you or others think you "should" accomplish.

Break large tasks into small ones and set priorities. Do what you can, as you can. Tell yourself you will work at the task for 10 or 15 minutes. Then, if you want to work longer, that's great.

Keep your expectations realistic. Expecting too much too soon may increase feelings of failure if you fall short. Give yourself credit for what you have accomplished, even if that seems small.

Put off making major life decisions, such as whether to change jobs or get married or divorced, until you feel better. If you need to make a big decision, talk about it with people who you trust and know you well.

Expect to improve gradually, not overnight. Don't assume you can "snap out of" depression or see progress right away*. Improvement often occurs in small, meaningful steps and with support.*

Remember that you can reframe your negative thinking with more realistic thoughts. Negative thinking is part of depression. It can ease as your depression responds to treatment.

Steps to take in finding help and support

If you aren't sure where to turn for help with depression, start by talking with your health care provider. Others who can provide help and support, or referrals, include:

Mental health professionals. Psychiatrists, psychologists, social workers, and clergy members who have special training in counselling can provide different kinds of support. You can also contact your organization's assistance program (or EAP) for support and resources.

Community resources. These include family and social service agencies, mental health centres, programs, and clinics.

Support groups. Your community may have online or face-to-face support groups. Visit the website for the Canadian Mental Health Association (CMHA) or the Mood Disorders Society of Canada to learn more about support and resources in your area. You can also search for support groups online or ask your doctor for suggestions of organizations that could help you.

National organizations and agencies. Search online or ask your doctor for a list of reputable organizations in your region.

Your personal support network. Talk with trusted friends or relatives, and try to avoid becoming isolated.

If you feel suicidal

Seek help right away if your depression is causing you to think of hurting yourself or someone else. For immediate help:

Call 911 or go to a hospital emergency room. Ask a friend or relative to help you do these things if you can't do them yourself. Hospitals and emergency rooms have psychiatrists on staff. If you need an immediate evaluation, this is the quickest way to be seen by a professional.

Call your doctor. Be honest and upfront. Your doctor can only help you based on the information you share. You should tell them how you have been feeling and what you have been thinking.

Call or text the 9-8-8 Suicide Crisis Helpline. The Helpline is available 24 hours a day, 7 days a week**.**

This information is provided to supplement the care provided by your physician or mental health professional and is not to be used as a substitute for professional medical advice. Always seek the advice of your physician or another qualified health or mental health professional if you have questions about a medical condition or plan of treatment.

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