Depression

Depression is more than just feeling sad or going through a rough patch. It’s a serious mental health condition that requires understanding, treatment and a good recovery plan. With early detection, diagnosis and a treatment plan consisting of medication, psychotherapy and lifestyle choices, many people get better. But left untreated, depression can be devastating, both for the people who have it and for their families.

Some people have only one episode in a lifetime, but for most people depression recurs. Without treatment, episodes may last a few months to several years. People with severe depression can feel so hopeless that they become a risk for suicide.

An estimated 16 million American adults—almost 7% of the population—had at least 1 major depressive episode last year. People of all ages and all racial, ethnic and socioeconomic backgrounds can experience depression, but it does affect some groups of people more than others. Women are 50% more likely than men to experience depression, and young adults aged 18–25 are 60% more likely to have depression than people aged 50 or older.

Getting a comprehensive evaluation is important. Underlying medical issues that can mimic a major depressive episode, side effects of other medications (like beta blockers or antihypertensives) or any other medical causes need to be ruled out. Understanding life stressors and prior responses to treatment effort can help shape a good treatment plan. Understanding how any co-occurring conditions fit into the diagnostic picture also informs treatment options.

Causes

Depression does not have a single cause. It can be triggered, or it may occur spontaneously without being associated with a life crisis, physical illness or other risk. Scientists believe several factors contribute to cause depression:

- **Trauma.** When people experience trauma at an early age, it can cause long-term changes in how their brains respond to fear and stress. These brain changes may explain why people who have a history of childhood trauma are more likely to experience depression.
- **Genetics.** Mood disorders and risk of suicide tend to run in families, but genetic inheritance is only one factor. Identical twins share 100% of the same genes, but will both develop depression only about 30% of the time. People who have a genetic tendency to develop depression are more likely to show signs at a younger age. While a person may have a genetic tendency, life factors and events seem to influence whether he or she will ever actually experience an episode.
- **Life circumstances.** Marital status, financial standing and where a person lives have an effect on whether a person develops depression, but it can be a case of “the chicken or the egg.” For example, depression is more common in people who are homeless, but the depression itself may be the reason a person becomes homeless.
- **Brain structure.** Imaging studies have shown that the frontal lobe of the brain becomes less active when a person is depressed. Brain patterns during sleep change in a characteristic way. Depression is also associated with changes in how the pituitary gland and hypothalamus respond to hormone stimulation.
- **Other medical conditions.** People who have a history of sleep disturbances, medical illness, chronic pain, anxiety, and attention-deficit hyperactivity disorder (ADHD) are more likely to develop depression.
- **Drug and alcohol abuse.** Approximately 30% of people with substance abuse problems also have depression.

Symptoms

Just like with any mental health condition, people with depression or who are going through a depressive episode (also known as major or clinical depression) experience symptoms differently. But for most people, depression changes how they function day-to-day.

- **Changes in sleep.** Many people have trouble falling asleep, staying asleep or sleeping much longer than they used to. Waking up early in the morning is common for people with major depression.
- **Changes in appetite.** Depression can lead to serious weight loss or gain when a person stops eating or uses food as a coping mechanism.
- **Lack of concentration.** A person may be unable to focus during severe depression. Even reading the newspaper or following the plot of a TV show can be difficult. It becomes harder to make decisions, big or small.
- **Loss of energy.** People with depression may feel profound fatigue, think slowly or be unable to perform normal daily routines.
- **Lack of interest.** People may lose interest in their usual activities or lose the capacity to experience pleasure. A person may have no desire to eat or have sex.
- **Low self esteem.** During periods of depression, people dwell on losses or failures and feel excessive guilt and helplessness. Thoughts like “I am a loser” or “the world is a terrible place” or “I don’t want to be alive” can take over.
- **Hopelessness.** Depression can make a person feel that nothing good will ever happen. Suicidal thoughts often follow these kinds of negative thoughts—and need to be taken seriously.
- **Changes in movement.** People with depression may look physically depleted or they may be agitated. For example, a person may wake early in the morning and pace the floor for hours.
- **Physical aches and pains.** Instead of talking about their emotions or sadness, some people may complain about a headache or an upset stomach.
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Diagnosis
To be diagnosed with depression, a person must have experienced a major depressive episode that has lasted longer than two weeks. The symptoms of a major depressive episode include:
- Loss of interest or loss of pleasure in all activities
- Change in appetite or weight
- Sleep disturbances
- Feeling agitated or feeling slowed down
- Fatigue
- Feelings of low self-worth, guilt or shortcomings
- Difficulty concentrating or making decisions
- Suicidal thoughts or intentions

Diagnosing depression can be complicated because a depressive episode can be part of bipolar disorder or another mental illness. How a person describes symptoms often depends on the cultural lens they are looking through. Research has shown that African Americans and Latinos are more likely to be misdiagnosed, so people who have been diagnosed with depression should look for a health care professional who understands their background and shares their expectations for treatment.

Treatment
Although depression can be a devastating illness, it often responds to treatment. The key is to get a specific evaluation and a treatment plan. Today, there are a variety of treatment options available for people with depression:
- **Medications** including antidepressants, mood stabilizers and antipsychotic medications.
- **Psychotherapy** including cognitive behavioral therapy, family-focused therapy and interpersonal therapy.
- **Brain stimulation therapies** including electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS)
- **Light therapy**, which uses a light box to expose a person to full spectrum light and regulate the hormone melatonin.
- **Exercise**
- **Alternative therapies** including acupuncture, meditation and nutrition.
- **Self-management strategies and education**
- **Mind/body/spirit approaches** such as meditation, faith and prayer.

Though depression cannot be cured, it can be treated effectively.

SOURCE: http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression#sthash.1aZh3ZL.dpuf

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