



Glencoe Regional Health Services

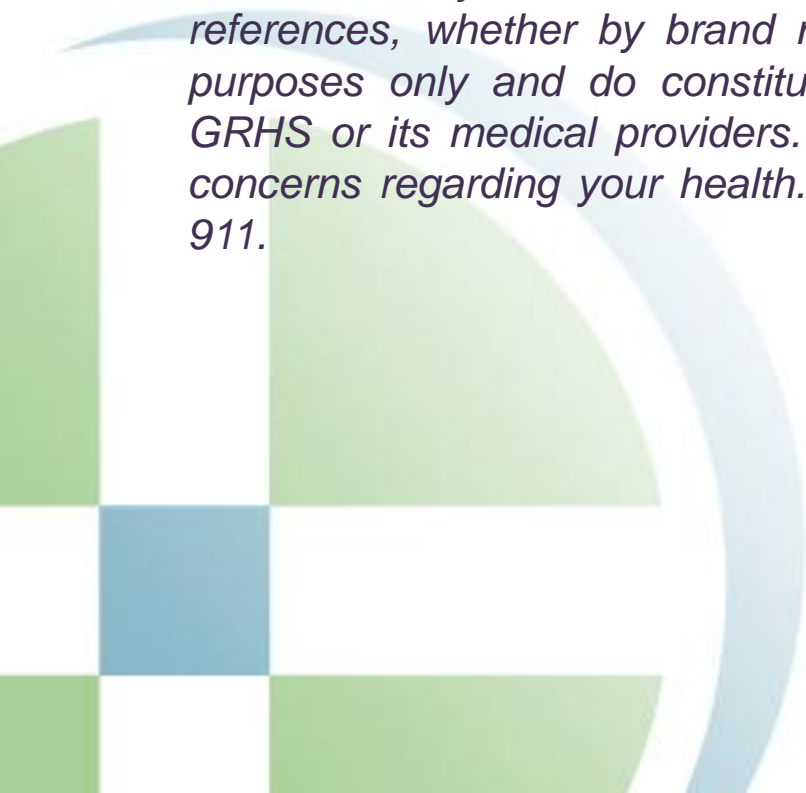
Depression: An Illness Not a Mood



**Presented by:
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March 9, 2010**

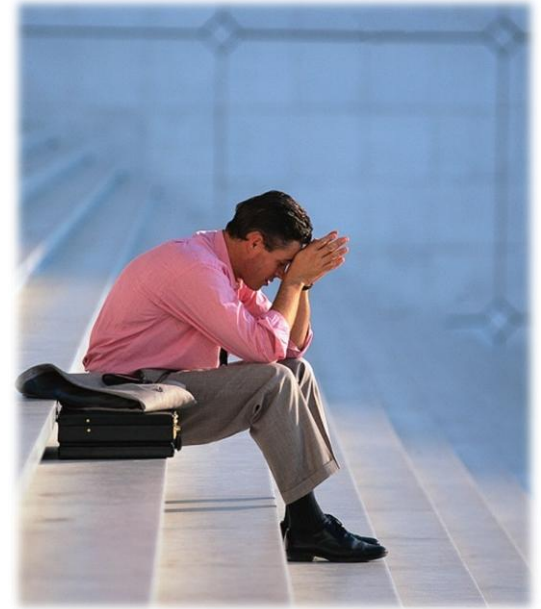
Important Notice

The information contained in this document is for informational purposes only. It is not intended to diagnose or treat specific patients and should not be used as a substitute for the medical care and advice of your health care provider. In addition, this document may contain references to specific products and/or medications. Such references, whether by brand name or generically, are provided for informational purposes only and do constitute endorsement, recommendation, or approval by GRHS or its medical providers. Always consult a medical professional if you have concerns regarding your health. If you are experiencing a medical emergency, dial 911.



What depression is not?

- Not a temporary mood
- Not a sign of personal weakness
- Won't just get over it



What is depression?

- Major depression
- Depression
- Manic depression
- Mood disorder
- Slump
- Blues



Who gets depression?

- 1 in 30 children
- 1 in 8 adolescents
- 10% (21 million) Americans over the age of 18
- Ranked 3rd in work place issues following family crisis and stress
- Leading cause of disability in the world of those 5 and older



Risk Factors for Major Depression

Female sex
(depression twice as common in females)

Loss or lack of social support

Personal or family history of depression

Postpartum or perimenopausal state

Do I have depression?

- How intense is the mood?
- How long does the mood last?
- How much does it interfere with your life?



Do I have depression?

- **How intense is the mood?**

- Depression is more intense than a simple bad mood.

- **How long does the mood last?**

- A bad mood is usually gone in a few days.

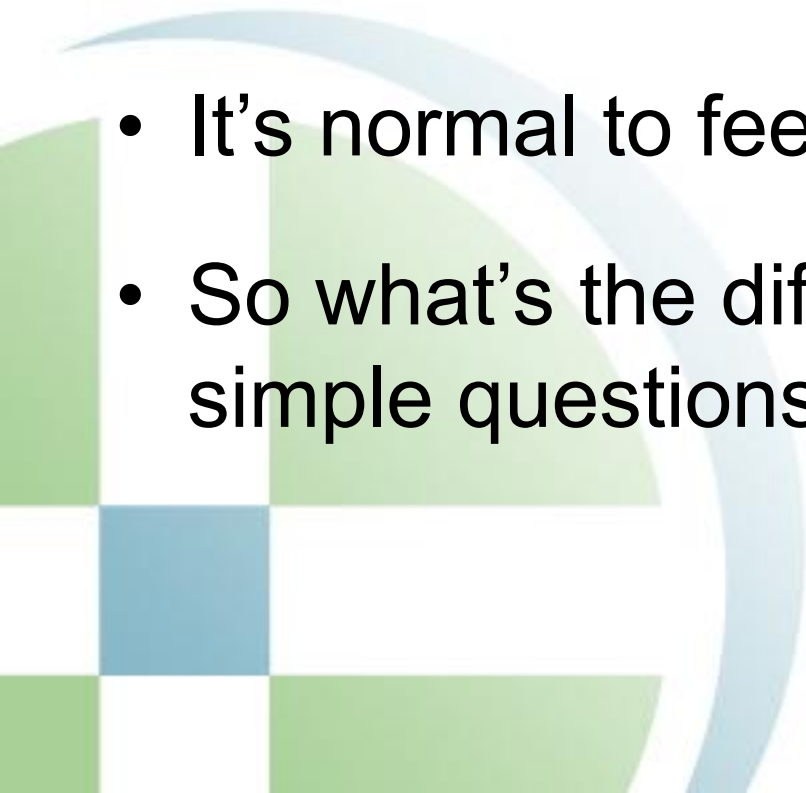
- Depression can last for weeks, months, or years and can be recurrent.

- **How much does it interfere with your life?**

- A bad mood does NOT keep you from going to work or going out with friends.

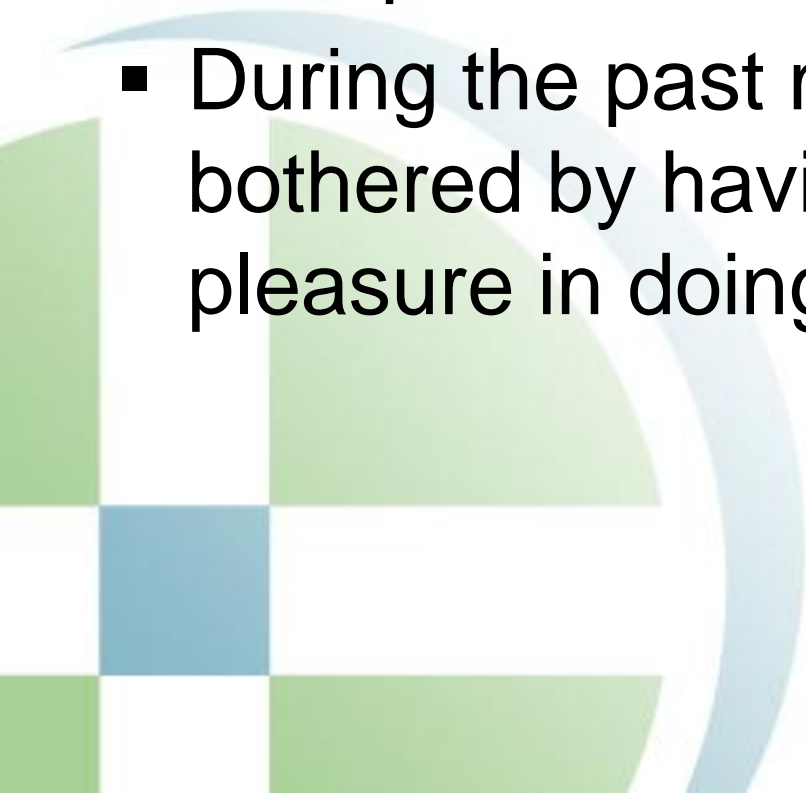
- Depression can keep you from doing these things.

Do I have depression?

- Everyone, regardless of ethnic background or social economic status, at various times in life, feels sad or blue
 - It's normal to feel sad on occasion
 - So what's the difference? Ask yourself two simple questions...
- 

Do I have depression?

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you been bothered by having little interest or pleasure in doing things?



What is depression?

- Depression is a treatable illness marked by changes in mood, thought and behavior.



Depression is Complex, Multidimensional

Emotional Symptoms

- Feelings of guilt
- Suicidal
- Lack of interest
- Sadness

Physical Symptoms

- Lack of energy
- Decreased concentration
- Change in appetite
- Change in sleep
- Change in psychomotor skills



Associated Symptoms

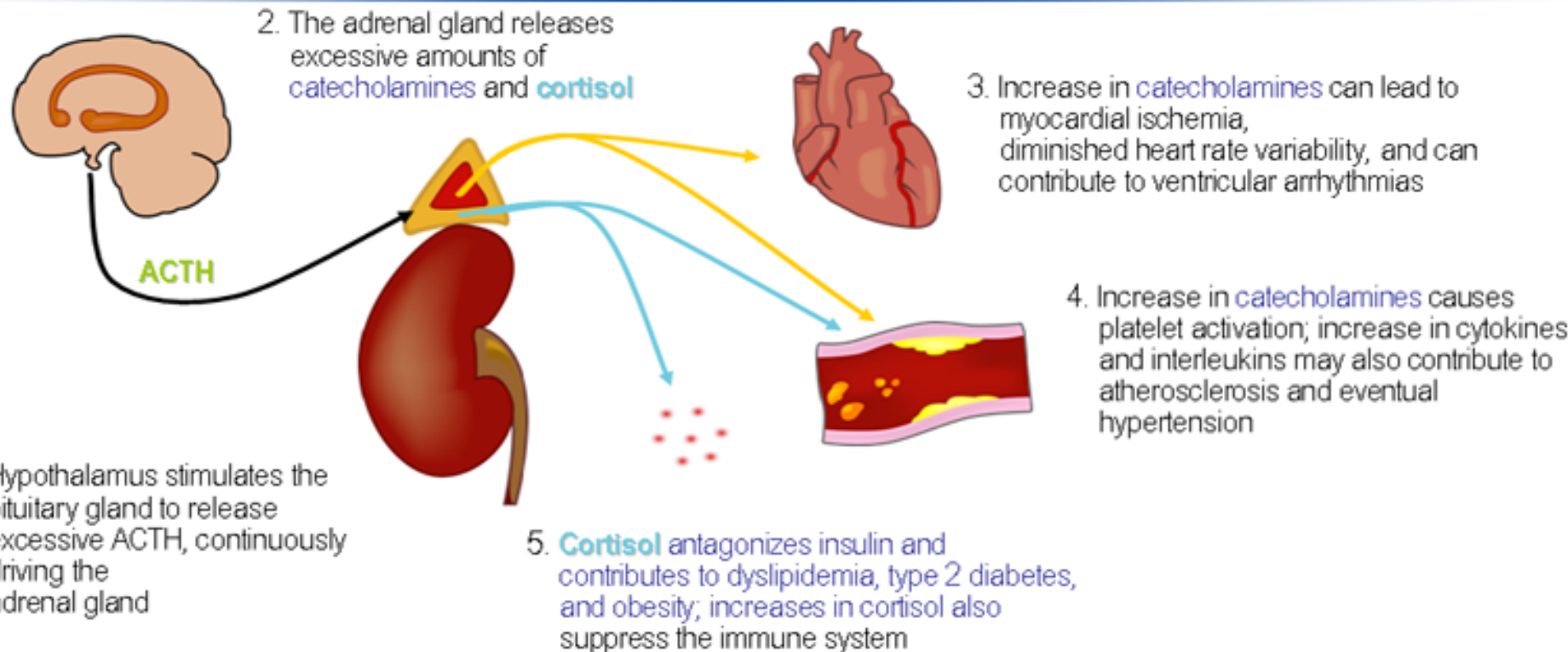
- Brooding
- Obsessive rumination
- Irritability
- Excessive worry over physical health
- Pain
- Tearfulness
- Anxiety or phobias

Depression may be associated with Illness

- Anxiety
- Substance abuse
- Chronic pain
- Diabetes
- Cancer
- Parkinsonism
- Eating disorders
- Elderly
- Fibromyalgia

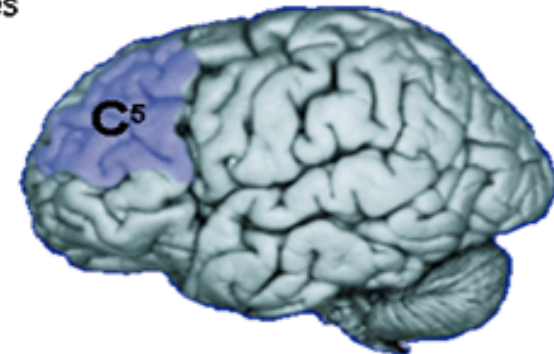
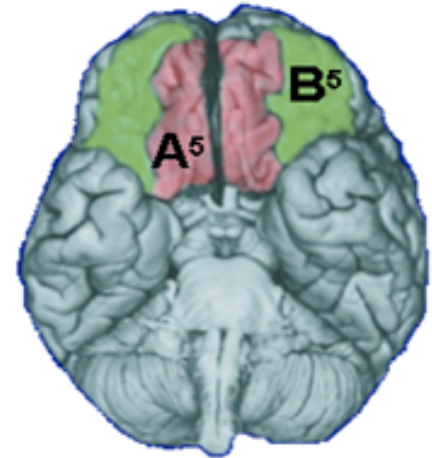


Major Depressive Disorder May Have Systemic Consequences



Key Brain Areas Involved in Regulation of Mood

- (A) Ventromedial prefrontal cortex (VMPFC)¹
 - ▶ Modulates pain and aggression, and sexual and eating behaviors²
 - ▶ Regulates autonomic and neuroendocrine response
- (B) Lateral orbital prefrontal cortex (LOPFC)³
 - ▶ Activity is increased in depression, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), and panic disorder
 - ▶ Corrects and inhibits maladaptive, perseverative, and emotional responses
- (C) Dorsolateral prefrontal cortex (DLPFC)⁴
 - ▶ Cognitive control, solving complex tasks, and manipulation of information in working memory
 - ▶ Hypoactivity of DLPFC in depression has been associated with neuropsychological manifestation of depression



1. Öngür D, Price JL. *Cereb Cortex*. 2000;10(3):206-219.
2. Swanson LW. In: Björklund A, Hökfelt T, eds. *Handbook of Chemical Neuroanatomy*; 1987:1-124.
3. Drevets WC. *Annu Rev Med*. 1998;49:341-361.

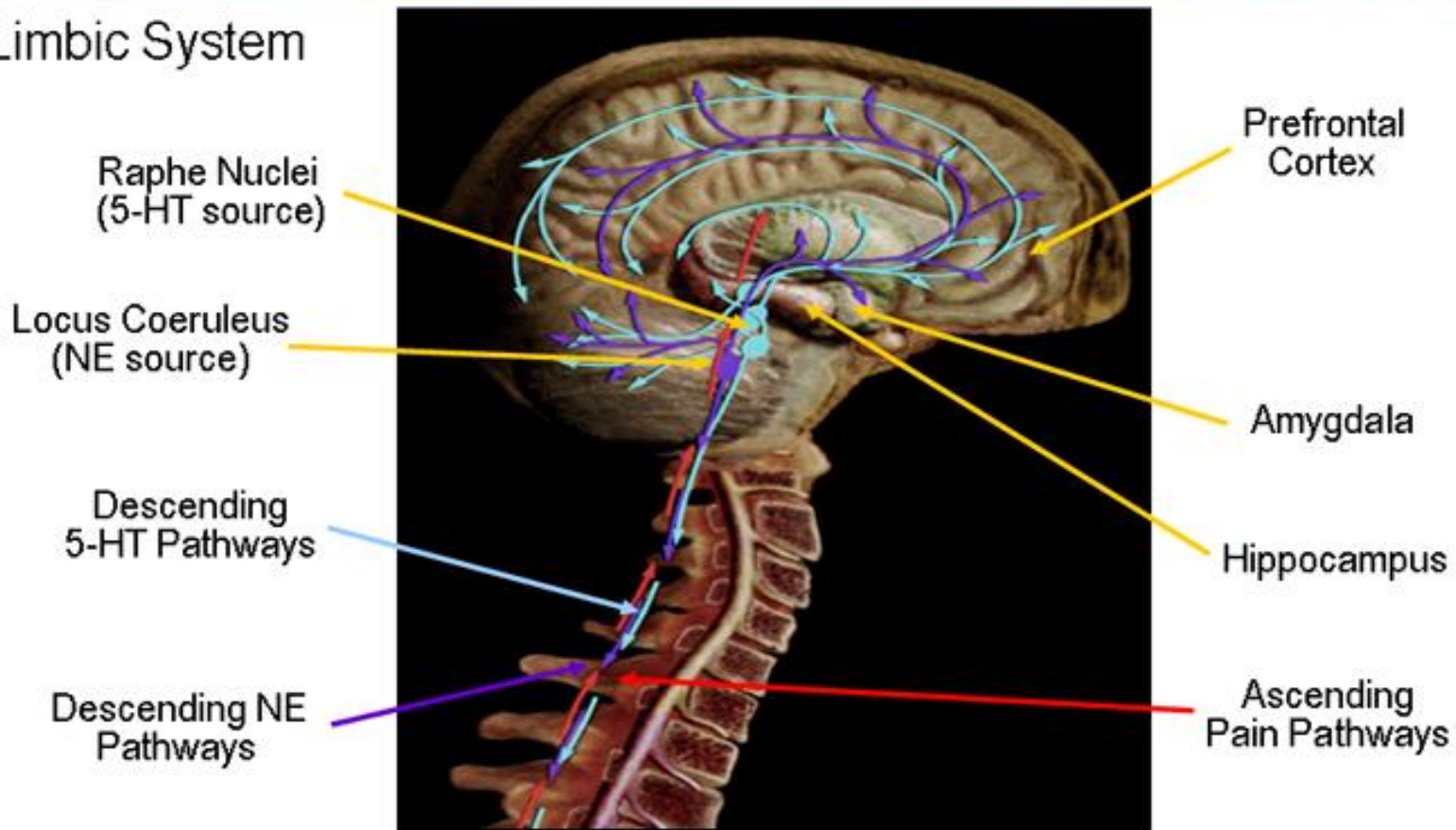
4. MacDonald AW III, et al. *Science*. 2000;288(5472):1835-1838.
5. Davidson RJ, et al. *Annu Rev Psychol*. 2002;53:545-574.

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*Slide courtesy of Eli Lilly and Company, from the L.E.A.D. teleconference series, 2008.

Serotonin (5-HT) and Norepinephrine (NE): Modulation of Mood and Pain Perception

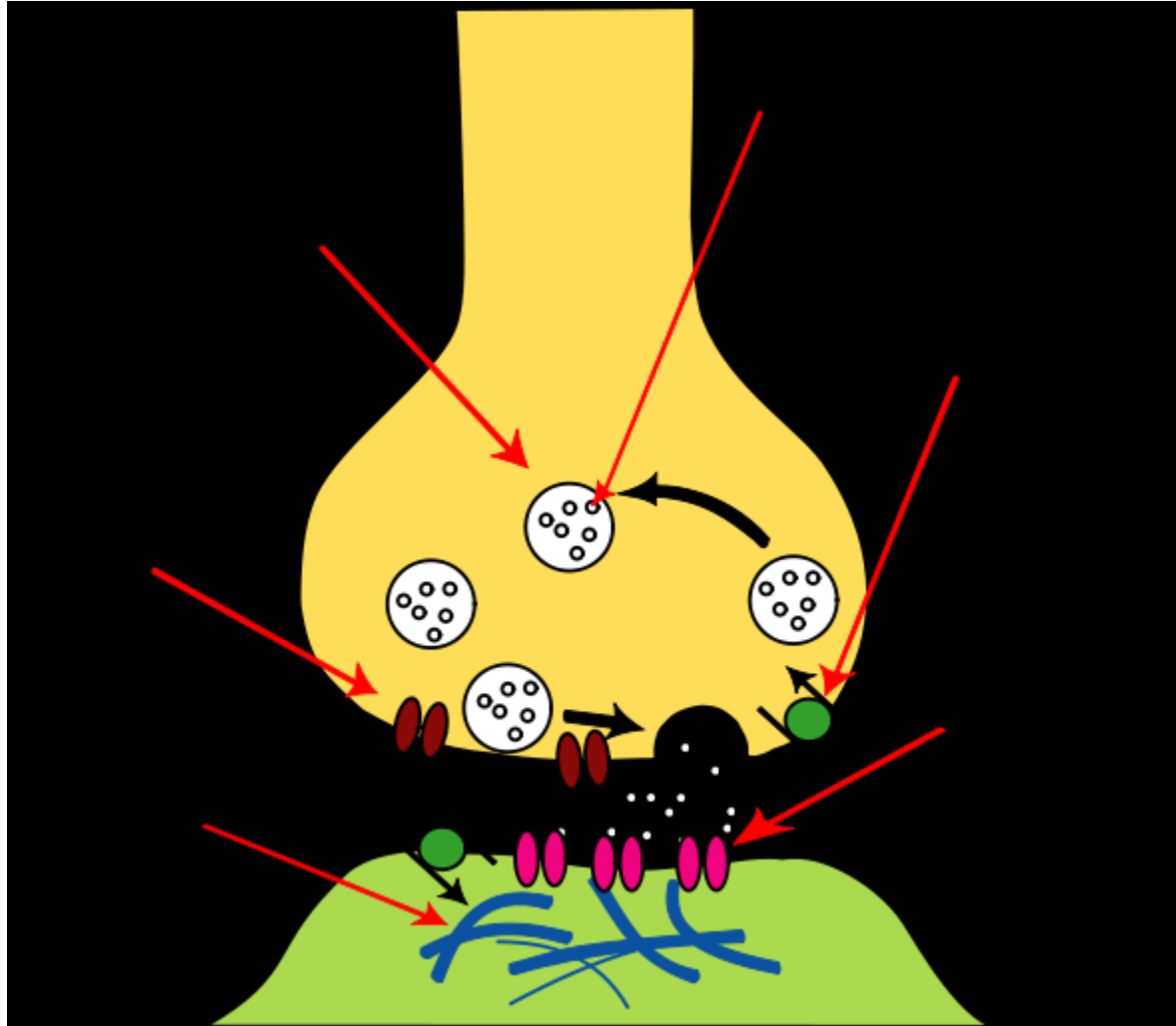
Limbic System



Adapted from: 1. Bymaster FP, et al. *Curr Pharm Des.* 2006;11(12):1475-1493;
Adapted from: 2. Fields H. *Nat Rev Neurosci.* 2004;5(7):565-575;
Adapted from: 3. Fields HL, et al. *Annu Rev Neurosci.* 1991;14:219-245.

*Slide courtesy of Eli Lilly and Company, from the L.E.A.D. teleconference series, 2008.

Chemical Synapse Illustration



Treatment

- Medication
- Therapy
- Electroconvulsive therapy
- Help yourself



Treatment

- **Medication**
 - Serotonin inhibitors
 - Antichloinergrics
 - Anticonvulsants
 - Supplements



Treatment

- **Medication**

- Side Effects

- Nausea
 - Dry mouth
 - Dizziness
 - Irritability/Anxiety
 - Drowsiness
 - Weight Changes
 - Sexual Problems



Treatment

- **Therapy**
 - “Talk” Therapy
 - Cognitive-Behavioral



Treatment

- Combined counseling and pharmacotherapy may offer advantages over either treatment individually



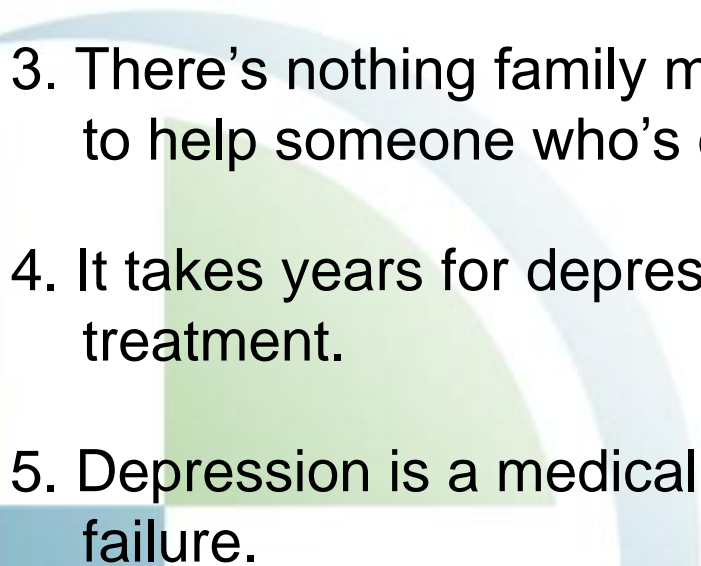
Treatment

- **Help yourself:**
 - Recognize early signs
 - Avoid alcohol
 - Set goals
 - Exercise
 - Do what you enjoy



Quiz

True or False

1. Being depressed is not the same as being sad. **True**
 2. A depressed person will get over it. It's just a matter of time. **False**
 3. There's nothing family members and friends can do to help someone who's depressed. **False**
 4. It takes years for depression to respond to treatment. **False**
 5. Depression is a medical condition, not a moral failure. **True**
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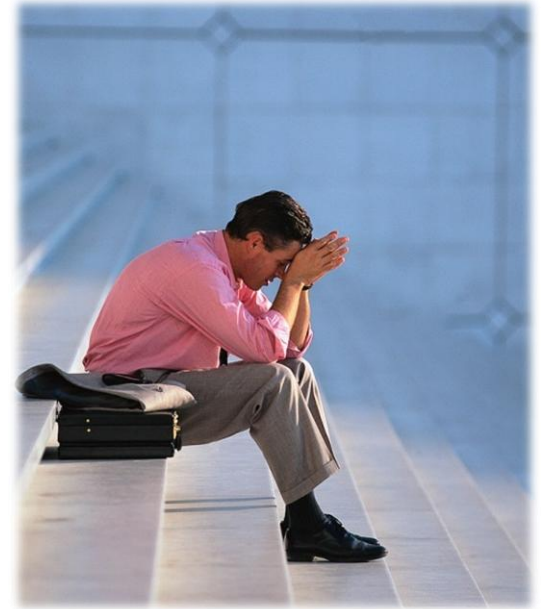
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Summary

- Depression can be a chronic, recurrent and progressive illness
- Depression is associated with alterations in functional and structural changes in the brain
- Depression, stress, anxiety and pain are all associated with similar suppression of neurotrophic factors
- By addressing emotional and physical symptoms of depression, antidepressants that enhance serotonin and/or norepinephrine may increase the chance of remission of depression

Resources & Information

- The following Web sites provide useful information and resources on depression:
 - Depression and Bipolar Support Alliance: www.dbsalliance.org
 - American Psychiatric Association: www.psych.org
 - American Psychological Association: www.apa.org
 - Center for Mental Health Services: www.mentalhealth.org
 - One on One Health: www.1on1health.com
 - Web Md: www.webmd.com