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Depression

Most people have felt depressed at some time in their lives. Feelings of discouragement, frustration and even a sense of despair are normal reactions to loss or disappointment and may last for days before gradually disappearing. But for many, the depressed moods are brief and disappear on their own.

When a case of the “blues” won’t pass after a couple of weeks and begins to interfere with work, family and other aspects of life, the low mood is usually a sign of clinical depression.

According to Health Canada and Statistics Canada, approximately 8% of adult Canadians will experience a major depression at some point in their lives, and around 5% will in a given year. Depression continues to be Canada’s fastest-rising diagnosis. From 1994 to 2004, visits for depression made to office-based doctors almost doubled. In 2003, that meant 11.6 million visits to doctors across Canada about depression.

Rates of depression are especially high among Canadian youth. A nationwide survey of Canadian youth by Statistics Canada found that 6.5%—more than a quarter million youth and young adults between 15 and 24—met the criteria for major depression in the past year. In a 2003 survey of BC teens, about 8% of students felt seriously distressed emotions in the past *month* such as ‘feeling so sad, discouraged, or hopeless that they wondered if it was all worthwhile.’ But all ages are affected.

“Depression can affect children, seniors and adult men and women of all socio-economic backgrounds,” says Ed Rogers, President of the Mood Disorders Association of BC. The stress

Treatments for Depression

- with appropriate treatment, more than 80% of people with depression get full relief from their symptoms or at least substantial improvements
- most people respond to a combination of medication and psychotherapy
- in some cases, electroconvulsive therapy (ECT) may be helpful
- people with mild or moderate depression may benefit from herbal extracts of St. John’s Wort (*Hypericum perforatum*)
- light therapy can benefit people with seasonal affective disorder (‘winter depression’)
- regular exercise and a healthy diet can help lessen overall symptoms
- spiritual faith or practice can give hope
- people with mild depression may benefit from accenting the positive and increasing pleasurable activities

Symptoms of Depression

- feeling worthless, helpless or hopeless
- sleeping more or less than usual
- eating more or less than usual
- difficulty concentrating or making decisions
- loss of interest in taking part in activities
- decreased sex drive
- avoiding other people
- overwhelming feelings of sadness or grief
- feeling unreasonably guilty and hopeless
- loss of energy, feeling very tired
- thoughts of death or suicide

of unemployment can make some people more vulnerable to depression, yet many people with depression also have prestigious and highly demanding careers, including former Ontario premier Bob Rae.

Twice as many women as men are diagnosed with depression. However, this may simply indicate that men are less comfortable seeking help or do not get an accurate diagnosis since depression in men often manifests itself as a substance use problem.

There are two main types of depression: clinical depression (or major depression) and bipolar disorder (also called manic depression). Both illnesses have mild, moderate and severe forms depending on the number and intensity of the symptoms.

During a major depression, a person’s general outlook on life can shift dramatically. It can lower a person’s sense of self-worth and change how they feel about friends and family. In some cases, the habits of a lifetime may be set aside, replaced by a feeling of complete apathy.

Since depression affects the whole body, it can alter eating and sleeping patterns, increase restlessness and overall fatigue, and even cause mysterious symptoms of physical illness. Disabling episodes of depression may occur many times or only once, twice or several times in a lifetime.

Jane, a 30-year-old biologist, says that during her depression, she felt hopeless and unable to experience joy and happiness. “I felt like I was living in my own separate reality from everyone else,” she says. “At the worst it was the negative feelings that completely took over.”

Jane was diagnosed with seasonal affective disorder or “winter depression.” Around 110,000 people in BC may experience clinical depression in the winter because of the shorter day lengths, according to the Mood Disorders Clinic at the University of British Columbia. Nevertheless, people with winter depression report signifi-

Celebrities with Clinical Depression

A partial list of figures who have made public their experiences with clinical depression:

- Buzz Aldrin, astronaut
- Drew Barrymore, actress
- Jose Canseco, baseball player
- Jim Carrey, actor
- Ray Charles, musician
- Eric Clapton, musician
- Dick Clark, television host
- Kurt Cobain, musician
- Leonard Cohen, poet
- Natalie Cole, singer
- Sheryl Crow, singer
- Rodney Dangerfield, comedian
- Charles Dickens, author
- Scott Donie, Olympic diver
- Richard Dreyfuss, actor
- F. Scott Fitzgerald, writer
- Harrison Ford, actor
- Peter Gabriel, musician
- Judy Garland, actress/singer
- Kendall Gill, basketball player
- Tipper Gore, former US Second Lady
- Ernest Hemingway, author
- Sir Anthony Hopkins, actor
- Janet Jackson, singer
- Billy Joel, musician
- Larry King, talk show host
- Kris Kristofferson, actor
- Pat LaFontaine, hockey player
- Jessica Lange, actress
- Yves Saint Laurent, designer
- Sarah McLachlan, singer
- Alanis Morissette, singer
- Jackson Pollock, painter
- Winona Ryder, actress
- Sting, musician
- Kurt Vonnegut, author
- Robin Williams, comedian

cant relief with as little as 30 minutes a day of sitting under a lightbox which provides bright, artificial light.

Bipolar disorder is a less common form of depression that affects about around 1 to 2 % of Canada's population. This illness involves cycles of depression alternating with a "high" known as mania. Sometimes the mood swings are dramatic and rapid, but more often they are gradual.

During the depressive phase of the cycle, people may experience any or all of the symptoms of a clinical depression. In contrast, the manic phase may bring excessive energy, racing thoughts, inflated self-esteem, rapid changes in emotions and impulsive behaviour such as buying sprees or sexual indiscretions.

A variety of biological and environmental factors can increase a person's risk of developing bipolar disorder or depression. For example, stress related to work, relationships, and finances can trigger a depressive episode. At times, prolonged illness can bring on depression. In many cases, especially with bipolar disorder, depressive illnesses can be traced to genetic factors.

One's general attitude towards everyday life may also play a major role in depression. Traits such as dependency, perfectionism, low self-esteem, difficulty expressing unwanted feelings and inadequate coping skills tend to make a person more susceptible to depression.

This information is useful from a prevention and treatment perspective since many ideas and approaches to life can be changed with practice and caring support. For example, cognitive therapy is based on the idea that people can alter their emotions and even improve their symptoms by re-evaluating their attitudes, thought patterns and interpretations of events.

More than 80 % of people who get adequate treatment for depression experience full relief from their symptoms or at least will improve substantially. Bipolar disorder is often a recurring condition, but with a combination of medication and psychotherapy, many people with this illness can return to work and continue to enjoy all of life's pleasures.

Risk Factors Associated with Depression in Both Sexes

- youth (ages 18-24)
- recent negative life events (e.g. moving, loss of a loved one, family problems)
- divorce
- chronic stressors (e.g. unemployment, illness, caregiving)
- low self-esteem
- a lack of closeness with family and friends
- being single
- having low to moderate self-esteem
- traumatic events (e.g. child sexual abuse, violence, rape)
- family history of mood disorders or addictions



Partners:

Anxiety Disorders Association of British Columbia

British Columbia Schizophrenia Society

Canadian Mental Health Association, BC Division

Centre for Addictions Research of BC

FORCE Society for Kids' Mental Health Care

Jessie's Hope Society

Mood Disorders Association of BC

For more information call the Mental Health Information Line toll-free in BC at 1-800-661-2121

or email bcpartners@heretohelp.bc.ca

web: heretohelp.bc.ca

Worldwide Depression Statistics

- 121,000,000 people worldwide suffer from depression.
- depressive disorders are the 4th leading cause, worldwide, of life years lost due to disability (behind infectious diseases, heart disease and respiratory infections, and before HIV/AIDS)
- depressive disorders are expected to rank 2nd in global diseases by 2020 (after heart disease)
- depression is the mental disorder most commonly leading to suicide

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Depression and Substance Use

There is a strong, entwined relationship between substance use and depression. This relationship has a variety of components. It is common for people experiencing depressive symptoms to self-medicate with the use of drugs or alcohol. These individuals may not be aware that depression is present, but they do recognize that they feel better, at least in the short term, when they use a substance.

There are certain drugs that by their very nature can create symptoms of depression. Alcohol, for example is a central nervous system depressant. People who consume alcohol report a higher level of depressive symptoms than non-drinkers. The experience of depression also typically increases with the increased use of alcohol.

Conversely, depressive symptoms are also common when people are in withdrawal from substance use. Cocaine for example, is a stimulant. Using cocaine releases dopamine and serotonin in the brain, our bodies' "feel good" chemicals. Over time, however, the body loses its ability to release dopamine properly, and depression results from cocaine use instead.

The other area of interaction between drug use and depression can occur when a person stops using drugs or alcohol completely. Following the acute withdrawal period, there occurs a post-acute withdrawal period, which typically lasts from six months to two years, depending on the substance use history and the person's stress level. During this time, the brain is repairing itself from the damage of alcohol or drug use, and oftentimes, symptoms of depression are experienced.

When someone has been using drugs or alcohol, it can be difficult to determine the origin of the depressive symptoms the person may report experiencing. Treatment however, whether depression is clinically present, or present due to drug or alcohol use is essentially the same. Over time and with ongoing evaluation, the nature of the depression can be better ascertained.

